

Lakeville
ARENAS

BOARD OF DIRECTORS

MEETING

OCTOBER 2025



Lakeville Arenas Board Meeting Agenda

Wednesday, October 22, 2025

3:30 p.m. Hasse Arena Lobby Conference Room

1) **Meeting Call to Order**

2) **Consent Agenda**

1. Approval of Lakeville Arenas Board Minutes for September 24, 2025.
2. Receipt of Lakeville Arenas' financial report, budget report, check register, and portfolio holdings for September 2025.
3. MN Paid Leave Policy – Lakeville Arenas.

Action(s) Needed: Motion to approve the consent agenda.

Action needed: Motion to approve the consent agenda.

3) **Arenas Manager's Report**

- a) Arenas Manager Report Review/Discussion.
- b) Acknowledgements/Approvals detailed in Managers' Reports.
 - i) Receipt of Managers' Profit & Loss Report.

Action needed:

Motion to accept the Arena Managers' reports, acknowledgements, and approvals as submitted.

4) **Resolution 10242025.1 Adopting the 2026 Health Plans Premiums/Rates for Lakeville Arenas.**

- a) Comments/Discussion.

Action needed: Motion to approve Resolution 10242025.1 Adopting the 2026 Health Plans Premiums/Rates for Lakeville Arenas.

5) **2025 Arenas Manager Annual Performance Appraisal**

- a) Discussion

6) **Other Business**

- a) **November & December Meeting Dates**

7) **Signatures Required**

- a) Lakeville Arenas Board Meeting Minutes for Sept 24, 2025.
- b) Memorandum of Understanding for Lakeville Arenas Operating the Dryland Shooting Area.
- c) Resolution 10242025.1

8) **Adjourn**

Lakeville Arenas Board of Directors Meetings

Board Meetings are held on the 4th Wednesday of the month at 3:30 pm in the Hasse Arena Lobby Conference Room, 8525 215th Street. Lakeville, MN 55044.



Lakeville
ARENAS

Monthly Arenas Managers Report for OCTOBER 2025

Joe Bergquist - Lakeville Areas General Manager

I. CUSTOMER NEWS & EVENTS

a. Lakeville Hockey Association (LHA)

- i. The season is underway, and Lakeville Arenas staff are attending team managers' and coaches' meetings to review the arenas' policies and procedures with them.
- ii. Later this month, LHA members will receive a season kickoff newsletter with arena news, updates, policies, and procedures.

b. High Schools

- i. No updates to share.

c. Heritage Figure Skating Club.

- i. A copy of the amended user agreement is attached for review.

d. Arenas Programming

- i. Staff are beginning to plan for next spring and summer. No additional updates to share.

II. ARENA OPERATIONS

a. STAFFING

We have hired two new Driver Supervisors and are actively recruiting and hiring part-time operations workers for the season. Additionally, one of our other Driver Supervisors has submitted a two-week notice because he is taking a parks position at a nearby arena, highlighting the need to gradually adjust the Driver Supervisor salary plan each year until their pay aligns with that of our park maintenance workers and staff in other cities. Our pool of candidates remains limited due to this disparity and the requirement for staff to work evenings and weekends year-round. Now that off-season revenue has increased enough to support a full team of full-time Drivers, we plan to start closing the gap each year by offering these positions a higher cost-of-living adjustment until our salaries become competitive with park staff. We believe this strategy will significantly reduce turnover with minimal impact on the budget. We plan to propose a 5-6% annual increase instead of the usual 3%, which the 2026 budget will be able to accommodate.

b. Allina Health Pavilion Rink:

Construction of the amenities continues gradually but steadily. Locker rooms, wind and sunscreens, and radiant heaters will all be ready for the start of the outdoor season on Thanksgiving weekend. After these items are finished, some staff will begin work on the walkway connecting the buildings, which will include a concessions stand, catering kitchen, and lobby area. In spring, we will install the patio, playground, landscaping, and fencing, followed by the buildout of the Zam & Equipment Shed over the summer.

c. Repairs & Maintenance

There were no major R&M expenses in September; however, we are expecting a significant repair to one of our rooftop units at Ames, which has a bad compressor and is aging out. We are getting bids to connect our new boiler to a new unit, which is a more efficient heating method. The initial cost to run water lines would be expensive for a single unit, but the other three units are also in

need of replacement soon, so it will allow us to connect all of them to the boiler as we replace each of them in the future.

i. Year-to-Date report attached.

III. FINANCIALS.

Financials remain strong and are expected to meet or exceed the budget. A forecast has been added to the report to help monitor and adjust line items as needed, ensuring we reach our overall year-end bottom line. Forecasted items include remaining line items as budgeted for the year. Any blue bold numbers indicate an expected change or adjustment.

Ice rental costs have been adjusted based on actual reservations through the end of the year, leading to a decrease from the budget due to the cancellation of the Youth World Juniors Tournament. Electric and gas costs have been increased by 20% for the remaining months to reflect higher expenses caused by changes in solar credits and other factors this year.

a. General Fund – Managers' P & L & Forecast Report Attached.

IV. OPERATIONAL STATISTICS

ICE HOURS SOLD	SEPTEMBER			YEAR TO DATE		
	2024	2025	Change	2024	2025	Change
LHA ICE	38.5	39	0.5	1040.5	1223	182.5
ISD 194 HS ICE	0	0	0	404	370.5	-33.5
HFSC ICE	36	36	0	343.5	290	-53.5
CLINICS/CAMP ICE	70.5	90.5	20	671.5	597.5	-74
OTHER ICE	186	202	16	832	1389	557
ADULT HOCKEY ICE	32	33	1	280	389	109
PICKUP ICE SALES	28	26.5	-1.5	143	195.5	52.5
TOTAL HOURS	391	427	36	3714.5	4454.5	740

ICE RENTAL REVENUE	SEPTEMBER			YEAR TO DATE		
	2024	2025	Change	2024	2025	Change
LHA ICE RENTALS	\$7,875	\$7,574	-\$301	\$269,232	\$294,658	\$25,426
HS ICE RENTALS	\$0	\$0	\$0	\$106,681	\$100,159	-\$6,522
OTHER ICE SALES	\$65,946	\$73,576	\$7,630	\$442,357	\$547,499	\$105,142
TOTAL REVENUE	\$73,821	\$81,150	\$7,329	\$818,270	\$942,316	\$124,046

SKATING ACADEMY	LTS REVENUE			LTS REGISTRATIONS		
	2024	2025	Change	2024	2025	Change
Winter Session	\$ 35,022.00	\$ 42,160.00	\$7,138	359	398	39
Spring Session	\$ 33,398.00	\$ 34,502.00	\$1,104	321	327	6
Summer Session	\$ 21,601.00	\$ 19,464.00	-\$2,137	165	149	-16
Fall Session	\$ 31,548.00	\$ 27,707.00	-\$3,841	238	228	-10
TOTAL REVENUE	\$121,569	\$123,833	\$2,264	1083	1102	19

PROGRAMS & ADMISSIONS	SEPTEMBER			YEAR TO DATE		
	2024	2025	Change	2024	2025	Change
PUBLIC ADMISSIONS	2,965	2,055	\$ (910)	\$ 44,992	\$ 25,572	\$ (19,420)
HS GAME ADMISSIONS	-	-	\$ -	\$ 29,875	\$ 26,267	\$ (3,608)
ARENA PROGRAMMING	733	1,637	\$ 904	\$ 41,888	\$ 63,708	\$ 21,820
TOTAL SALES	\$ 3,698	\$ 3,692	\$ (6)	\$ 116,755	\$ 115,547	\$ (1,208)

WELCOME CENTER SALES	SEPTEMBER			YEAR TO DATE		
	2024	2025	Change	2024	2025	Change
CONCESSIONS	733	9,333	\$ 8,600	\$ 99,120	\$ 130,460	\$ 31,340
PRO SHOP SALES	332	617	\$ 285	\$ 4,341	\$ 1,209	\$ (3,132)
SKATE SHARPENING	745	1,460	\$ 715	\$ 8,430	\$ 11,525	\$ 3,095
SKATE RENTALS	27	171	\$ 144	\$ 4,311	\$ 4,425	\$ 114
TOTAL SALES	\$ 1,837	\$ 11,581	\$ 9,744	\$ 116,202	\$ 147,619	\$ 31,417

Manager's Report Respectfully Submitted



Joe Bergquist - Lakeville Arenas General Manager

**SECOND AMENDMENT
TO
LAKEVILLE ARENAS USE AGREEMENT**

THIS SECOND AMENDMENT TO LAKEVILLE ARENAS USE AGREEMENT (“Second Amendment”) dated as of _____, 2025, (“Agreement”) by, between and among the **CITY OF LAKEVILLE**, a Minnesota municipal corporation (the “City”), **LAKEVILLE ARENAS**, a Minnesota Joint Powers Entity, (“Lakeville Arenas”) and the **HERITAGE FIGURE SKATING CLUB**, a Minnesota non-profit corporation (the “Heritage”).

RECITALS

A. The City, Lakeville Arenas and Heritage entered into a Lakeville Arenas Use Agreement dated March 18, 2019 (“Original Agreement”) and a First Amendment to the Original Agreement on August 15, 2022 (“First Amendment”) (collectively, the “Agreement”) to provide financing for Heritage’s use of the ice rinks and the associated facilities and for a capital improvement fund for the Arenas, as further defined in the Agreement;

B. A parties desire to amend the Agreement to reduce Heritage’s payment obligations and authorized number of ice hours allocated to Heritage.

NOW THEREFORE, in consideration of their mutual covenants, the parties agree as follows:

1. AMENDMENT TO SECTION 5.1 OF THE AGREEMENT. Subsection (a) of Section 5.1 of the Agreement is amended to read as follows:

(a) Heritage shall pay to the City on January 25 and July 25 of 2022 and 2023 (or the next Business Day thereafter if the 25th is not a Business Day), the sum of \$5,000 (“Heritage Payments”), for a total annual amount of \$10,000. Beginning in 2024, Heritage shall pay to the City, on each January 25 and July 25 (or the next Business Day thereafter if the 25th is not a Business Day), the sum of \$5,750 (“Heritage Payments”), for a total annual amount of \$11,500. Beginning in 2026, Heritage shall pay to the City, on each January 25 and July 25 (or the next business day thereafter if the 25th is not a business day), the sum of \$2,875, for a total annual amount of \$5,750. The first \$2,875 payment will be paid on January 25, 2026 and the last payment will be paid on July 25, 2043.

2. AMENDMENT TO SECTION 6.2 OF THE AGREEMENT. Section 6.2 of the Agreement is amended to read as follows:

Section 6.2. Heritage will be provided access to 90 hours of ice time per season pursuant to the City of Lakeville’s Lakeville Arenas Facility Use Policy, dated August 2022. Heritage shall allowed a maximum ice time of two hours of weeknight (Monday through Friday) per week during the prime winter season (November through February).

2025 CONTRACT REPAIR & MAINTENANCE YTD EXPENSES

01/01/2025	REV 12/31/24 CORRECTION	\$ 141.00
01/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/HASSE ELEVATOR MAINTENANCE JAN25	\$ 238.54
01/03/2025	R & R SPECIALTIES INC/ZAM BLADE SHARPENING	\$ 115.00
01/03/2025	R & R SPECIALTIES INC/SET UP NEW ZAMBONI LEVELING SYSTEM	\$ 1,461.10
01/03/2025	RINK TEC INTERNATIONAL INC/AMES ANUAL MAINTENANCE PROGRAM AGREEMENT	\$ 6,228.40
01/08/2025	NAC/AMES TOILET REPAIRS	\$ 1,022.93
01/15/2025	NARDINI FIRE EQUIPMENT CO INC/AMES - ANNUAL FIRE EXT INSPECTION-RECHAR	\$ 813.00
01/15/2025	NAC/HASSE URINAL REPAIRS	\$ 1,182.07
01/16/2025	NARDINI FIRE EQUIPMENT CO INC/HASSE - ANNUAL FIRE EXT INSPECTION-RECHA	\$ 185.00
01/16/2025	RINK TEC INTERNATIONAL INC/HASSE ANUAL MAINTENANCE PROGRAM AGREEMEN	\$ 6,228.40
01/20/2025	R & R SPECIALTIES INC/ZAMBONI BLADE SHARPRNING	\$ 115.00
01/22/2025	OLE AND LENA'S DOOR SERVICE, LLC/HASSE OVERHEAD DOOR REPAIRS	\$ 3,307.79
01/24/2025	COOL AIR MECHANICAL INC/AMES DH1 SEDRVICE CALL	\$ 573.50
01/29/2025	J.F. AHERN CO/HASSE SPRINKLER SYSTEM REPAIRS	\$ 3,024.00
01/31/2025	AID ELECTRIC CORPORATION/INSTALL ZAM CHARGER CORD	\$ 268.57
01/31/2025	In *az Securities Llc/bathroom door handle repairs at Ames and	\$ 332.00
01/31/2025	Lano Equipment Shakope/skid steer repair to fuel system	\$ 371.20
01/31/2025	Lano Equipment Shakope/50 hour break in maintenance on skid ste	\$ 972.25
02/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/HASSE ELEVATOR MONTHLY MAINTENANCE	\$ 238.54
02/05/2025	J.F. AHERN CO/AMES SPRINKLER SYSTEM REPAIRS	\$ 108.46
02/11/2025	R & R SPECIALTIES INC/ZAMBONI REPAIR RINK 1	\$ 793.65
02/12/2025	RINK TEC INTERNATIONAL INC/AMES ICE PLANT MAINTENANCE	\$ 874.21
02/13/2025	AID ELECTRIC CORPORATION/FIX ELECTRIC SIGN AMES-ORG INV PD SHORT	\$ 84.23
02/13/2025	R & R SPECIALTIES INC/ZAM BLADE SHARPENING	\$ 115.00
02/13/2025	AID ELECTRIC CORPORATION/FIXED ELECTRIC SIGN AMES	\$ 142.00
02/27/2025	R & R SPECIALTIES INC/ZAM BLADE SHARPENING	\$ 40.00
02/28/2025	In *az Securities Llc/Locks training center doors, door levers	\$ 1,125.50
03/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/MAR 2025 HASSE ELEVATOR MAINTAINCE	\$ 238.54
03/07/2025	COOL AIR MECHANICAL INC/AMES DHU	\$ 813.50
03/13/2025	R & R SPECIALTIES INC/ZAM BLADE SHARPENING	\$ 65.00
03/27/2025	R & R SPECIALTIES INC/ZAM BLADE SHARPENING	\$ 65.00
04/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/APR2025 HASSE ELEVATOR MAINT	\$ 238.54
04/18/2025	SCR INC/PROGRAMMING ICE PLANT SOFTWARE	\$ 260.00
04/23/2025	AID ELECTRIC CORPORATION/AMES ZAM DOOR WIRING	\$ 339.59
04/25/2025	AID ELECTRIC CORPORATION/HASSE WIRING	\$ 555.56
04/25/2025	AID ELECTRIC CORPORATION/HASSE ZAM CHARGER OUTLET INSTALL	\$ 866.01
04/28/2025	COOL AIR MECHANICAL INC/AMES BOILER SERVICE CALL REPAIRS	\$ 2,551.72
04/30/2025	O&l Door Systems/2 instl Ames R1 overhead fire door rplmt	\$ 6,934.51
05/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/MAY 2025 HASSE ELEVATOR MAINT.	\$ 238.54
05/29/2025	NAC/INVESTIGATE RINK PUMP VOLTAGE	\$ 313.00
06/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/JUN 2025 HASSE ELEVATOR MAINTENANCE	\$ 238.54
06/03/2025	TREATS N STUFF TWO LLC/FREEZER SERVICE CALL	\$ 314.10
06/03/2025	TREATS N STUFF TWO LLC/FREEZER REPAIR	\$ 997.32
06/05/2025	AID ELECTRIC CORPORATION/AMES MAINT OUTLETS	\$ 724.75
06/06/2025	R & R SPECIALTIES INC/ZAM BLADE SHARPENING	\$ 65.00
06/25/2025	RINK TEC INTERNATIONAL INC/ICE PLANT MAINT AMES	\$ 2,670.28
06/25/2025	RINK TEC INTERNATIONAL INC/AMES PUMP ICE PLANT REPAIR	\$ 3,821.59
06/30/2025	SCHADEGG MECHANICAL/2025 RPZ TESTING	\$ 975.99
07/07/2025	STZR HOLDINGS/ZAM BLADE SHARPENING	\$ 40.00
07/07/2025	STZR HOLDINGS/HASSE ZAM REPAIR	\$ 2,985.90

2025 CONTRACT REPAIR & MAINTENANCE YTD EXPENSES

07/11/2025	MEI TOTAL ELEVATOR SOLUTIONS/HASSE ELEVATOR JULY MAINT	\$	238.54
07/18/2025	SCR INC/HASSE LOBBY FTU SERVICE CALL	\$	853.10
07/24/2025	STZR HOLDINGS/ZAMBONI PARTS - LEAF SPRINGS	\$	334.50
07/31/2025	In *az Securities Llc/6283- Locksmith repair on Hasse bathroom	\$	166.33
08/01/2025	MEI TOTAL ELEVATOR SOLUTIONS/AUG 2025 HASSE ELEVATOR MAINTENANCE	\$	238.54
08/14/2025	STZR HOLDINGS/ZAM BLADE SHARPENING	\$	115.00
08/31/2025	CULLIGAN ULTRAPURE INC/WATER SOFTNER REPAIRS & ADJUSTMENTS	\$	472.84
09/01/2025	ADS ON BOARDS/DASHER BOARD CLEANING	\$	1,400.00
09/11/2025	MEI TOTAL ELEVATOR SOLUTIONS/MONTHLY ELEVATOR SERVICE	\$	250.47
09/30/2025	In *az Securities Llc/push bar repair and door adjustments at	\$	564.66
09/30/2025	In *az Securities Llc/Door lock repair from Hasse lobby to rin	\$	775.69
09/30/2025	Kraft Mechanical/Ames rink 1 pump repair	\$	1,165.19
09/30/2025	Kraft Mechanical/Ames Emergency exhaust fan replacement	\$	2,273.84

FUND 8970 LAKEVILLE ARENAS DESCRIPTIONS	MONTH ACTIVITY	MONTH ACTIVITY	MONTH ACTIVITY	MONTH ACTIVITY	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	END OF YEAR	END OF YEAR	END OF YEAR	END OF YEAR	BUDGET-YR 2025	FORECAST/BGT
	PRIOR-YR 2024	CURRENT-YR 2025	BUDGET-YR 2025	BUDGET	PRIOR-YR 2024	CURRENT-YR 2025	BUDGET-YR 2025	BUDGET	FORECAST	FORECAST	FORECAST	FORECAST	BUDGET	VARIANCE
	SEP- PRIORYR	SEP- ACTUAL	SEP- BUDGET	VARIANCE	PRIORYR YTD	ACTUAL YTD	BUDGET YTD	VARIANCE	OCTOBER	NOVEMBER	DECEMBER	DECEMBER	BUDGET	VARIANCE
REVENUES														
CONVENIENCE FEE (CR CARDS)	0.00	198.00	658.00	(460.00)	0.00	3,611.00	3,217.43	393.57	535.00	190.00	90.00	4,426.00	4,032.43	393.57
INSURANCE REFUNDS/REBATES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,439.00	2,439.00	2,439.00	0.00
INTEREST ON INVESTMENTS	2,158.00	1,459.00	1,618.50	(159.50)	16,643.00	14,461.00	14,330.88	130.12	1,116.00	850.50	520.50	16,948.00	16,817.88	130.12
NET CHG IN FV OF INVESTMENTS	1,224.00	332.00	1,224.00	(892.00)	7,685.00	1,286.28	6,589.28	(5,303.00)	(471.00)	(260.00)	538.00	1,093.28	6,396.28	(5,303.00)
DONATIONS	0.00	0.00	0.00	0.00	0.00	(419.00)	0.00	(419.00)	0.00	0.00	0.00	(419.00)	0.00	(419.00)
VENDING MACHINE REVENUE	0.00	0.00	0.00	0.00	2,610.00	2,113.38	1,477.38	636.00	0.00	0.00	0.00	2,113.38	1,477.38	636.00
OTHER / REBATES	1,087.00	0.00	1,087.00	(1,087.00)	4,454.00	1,600.00	4,938.09	(3,338.09)	0.00	0.00	673.00	2,273.00	5,611.09	(3,338.09)
ICE RENTAL - LHA	6,355.00	7,574.58	9,516.00	(1,941.42)	264,711.00	293,369.26	298,805.68	(5,436.42)	84,863.00	119,745.00	136,445.00	634,422.26	669,333.76	(34,911.50)
ICE RENTAL - ISD 194	0.00	0.00	0.00	0.00	113,746.00	97,931.67	97,931.67	0.00	6,300.00	55,346.00	63,250.00	222,827.67	219,275.75	3,551.92
ICE RENTAL - OTHER	62,343.00	77,618.42	78,495.00	(876.58)	434,959.00	554,285.07	564,950.63	(10,665.56)	52,260.00	20,960.00	23,590.00	651,095.07	651,002.31	92.76
LAKEVILLE SKATING ACADEMY - LTS	6,157.00	9,008.00	6,464.85	2,543.15	77,931.00	90,037.42	87,946.77	2,090.65	2,000.00	0.00	37,353.75	129,391.17	130,984.17	(1,593.00)
PUBLIC ADMISSIONS	2,965.00	2,055.00	2,965.00	(910.00)	44,992.00	22,858.00	30,883.02	(8,025.02)	2,569.00	5,967.00	9,951.00	41,345.00	49,370.02	(8,025.02)
HS GAME ADMISSIONS	0.00	0.00	0.00	0.00	29,875.00	19,891.20	19,891.20	0.00	0.00	0.00	19,700.00	39,591.20	39,591.20	0.00
ARENA ADVERTISING SALES	4,442.00	6,801.00	6,700.00	101.00	39,975.00	60,961.41	60,193.41	768.00	6,700.00	6,700.00	6,700.00	81,061.41	80,293.41	768.00
ARENA CONCESSION SALES	733.00	9,333.00	1,282.75	8,050.25	99,120.00	185,959.00	168,899.31	17,059.69	13,179.25	28,663.25	59,108.00	286,909.50	269,849.81	17,059.69
PROSHOP SALES	332.00	617.00	488.04	128.96	4,341.00	4,617.00	4,662.44	(45.44)	880.53	495.39	852.60	6,845.52	6,890.96	(45.44)
SKATE SHARPENING	745.00	1,460.00	782.25	677.75	8,430.00	11,525.00	10,838.00	687.00	1,365.00	2,147.25	3,018.75	18,056.00	17,369.00	687.00
ARENA PROGRAMMING	733.00	1,637.00	806.30	830.70	41,888.00	67,844.02	65,689.12	2,154.90	0.00	0.00	0.00	67,844.02	65,689.12	2,154.90
SKATE RENTAL	27.00	171.00	28.35	142.65	4,664.00	4,428.00	5,258.65	(830.65)	379.05	1,012.20	1,822.80	7,642.05	8,472.70	(830.65)
ARENA DRY FLOOR ACTIVITIES	0.00	0.00	0.00	0.00	600.00	3,044.72	2,404.72	640.00	0.00	0.00	0.00	3,044.72	2,404.72	640.00
<u>LEASE/RENTAL REVENUE</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>7,500.00</u>	<u>7,500.00</u>	<u>0.00</u>	<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,000.00</u>	<u>10,000.00</u>	<u>0.00</u>
TOTAL REVENUE	89,301.00	118,264.00	112,116.04	6,147.96	1,196,624.00	1,446,904.43	1,456,407.68	(9,503.25)	174,175.83	241,816.59	366,052.40	2,228,949.25	2,257,300.99	(28,351.74)
COST OF GOODS														
ICE ARENA PROSHOP COGS	0.00	11,514.00	244.02	11,269.98	0.00	15,804.83	3,148.22	12,656.61	440.27	247.70	426.30	16,919.09	4,262.48	12,656.61
<u>ICE ARENA CONCESSIONS COGS</u>	<u>0.00</u>	<u>238.00</u>	<u>513.10</u>	<u>(275.10)</u>	<u>0.00</u>	<u>62,514.14</u>	<u>61,498.47</u>	<u>1,015.67</u>	<u>5,271.70</u>	<u>11,465.30</u>	<u>23,643.20</u>	<u>102,894.34</u>	<u>101,878.67</u>	<u>1,015.67</u>
TOTAL COST GOODS	0.00	11,752.00	757.12	10,994.88	0.00	78,318.97	64,646.69	13,672.28	5,711.97	11,713.00	24,069.50	119,813.43	106,141.15	13,672.28
PERSONNEL EXPENDITURES														
SALARIES PERMANENT - REGULAR	31,729.00	40,153.00	51,642.48	(11,489.48)	208,389.00	349,230.98	363,175.98	(13,945.00)	51,642.48	51,642.48	51,811.58	504,327.52	518,272.51	(13,945.00)
SALARIES PERMANENT - OVERTIME	374.00	498.00	1,248.78	(750.78)	661.00	6,659.95	11,463.22	(4,803.27)	1,248.78	1,248.78	1,258.93	10,416.44	15,219.71	(4,803.27)
SALARIES PART-TIME - REGULAR	16,587.00	15,587.00	12,387.00	3,200.00	183,618.00	140,155.04	152,989.76	(12,834.72)	16,660.00	22,861.00	26,248.00	205,924.04	218,758.76	(12,834.72)
SALARIES PART-TIME - OVERTIME	0.00	0.00	200.00	(200.00)	1,858.00	391.00	1,435.00	(1,044.00)	200.00	200.00	200.00	991.00	2,035.00	(1,044.00)
<u>SALARIES TEMPORARY</u>	<u>3,758.00</u>	<u>7,259.00</u>	<u>3,555.65</u>	<u>3,703.35</u>	<u>31,920.00</u>	<u>62,711.68</u>	<u>50,212.58</u>	<u>12,499.10</u>	<u>7,111.30</u>	<u>3,555.65</u>	<u>0.00</u>	<u>73,378.63</u>	<u>60,879.53</u>	<u>12,499.10</u>
TOTAL PERSONNEL SALARIES	52,448.00	63,497.00	69,033.91	(5,536.91)	426,446.00	559,148.65	579,276.54	(20,127.89)	76,862.56	79,507.91	79,518.51	795,037.62	815,165.51	(20,127.89)

FUND 8970 LAKEVILLE ARENAS DESCRIPTIONS	MONTH ACTIVITY	MONTH ACTIVITY	MONTH ACTIVITY	MONTH ACTIVITY	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	END OF YEAR	END OF YEAR	END OF YEAR	END OF YEAR	BUDGET-YR 2025	FORECAST/BGT
	PRIOR-YR 2024	CURRENT-YR 2025	BUDGET-YR 2025	BUDGET	PRIOR-YR 2024	CURRENT-YR 2025	BUDGET-YR 2025	BUDGET	FORECAST	FORECAST	FORECAST	FORECAST	BUDGET	VARIANCE
	SEP - PRIOR YR	SEP - ACTUAL	SEP - BUDGET	VARIANCE	PRIOR YR YTD	ACTUAL YTD	BUDGET YTD	VARIANCE	OCTOBER	NOVEMBER	DECEMBER	FORECAST	BUDGET	VARIANCE
PERA - REGULAR	3,340.00	3,864.00	5,177.54	(1,313.54)	24,594.00	34,691.90	40,063.29	(5,371.39)	5,764.69	5,963.09	5,963.89	52,383.57	57,754.96	(5,371.39)
FICA/MEDICARE	3,827.00	4,819.00	5,177.54	(358.54)	32,458.00	42,591.33	43,781.72	(1,190.39)	5,764.69	5,963.09	5,963.89	60,283.00	61,473.39	(1,190.39)
MEDICAL INSURANCE	725.00	3,595.00	3,600.00	(5.00)	7,742.00	25,239.46	19,849.46	5,390.00	3,600.00	3,600.00	3,600.00	36,039.46	30,649.46	5,390.00
LIFE AND DISABILITY INSURANCE	11.00	31.00	50.00	(19.00)	(45.00)	288.60	401.60	(113.00)	50.00	50.00	50.00	438.60	551.60	(113.00)
LONG TERM DISABILITY	0.00	73.00	150.00	(77.00)	316.00	658.89	1,128.89	(470.00)	150.00	150.00	150.00	1,108.89	1,578.89	(470.00)
DENTAL INSURANCE	56.00	167.00	150.00	17.00	446.00	1,503.07	1,345.07	158.00	150.00	150.00	150.00	1,953.07	1,795.07	158.00
WORKERS COMPENSATION INSURANCE	1,517.00	1,466.00	2,205.98	(739.98)	13,654.00	13,190.67	16,048.48	(2,857.81)	2,456.14	2,540.68	2,541.01	20,728.50	23,586.31	(2,857.81)
FSA PLAN	0.00	11.00	50.00	(39.00)	36.00	83.00	325.25	(242.25)	50.00	50.00	50.00	233.00	475.25	(242.25)
TOTAL PERSONNEL OTHER EXPENSE	9,476.00	14,026.00	16,561.06	(2,535.06)	79,763.00	119,228.92	123,943.77	(4,714.85)	17,985.53	18,466.86	18,468.79	174,150.10	178,864.94	(4,714.85)
TOTAL PERSONNEL EXPENSE	61,924.00	77,523.00	85,594.97	(8,071.97)	506,209.00	678,377.57	703,220.31	(24,842.74)	94,848.08	97,974.77	97,987.30	969,187.72	994,030.46	(24,842.74)
SUPPLY EXPENDITURES														
OPERATING SUPPLIES	17,358.00	6,091.00	2,500.00	3,591.00	46,996.00	20,865.29	28,534.80	(7,669.51)	5,000.00	5,000.00	20,000.00	50,865.29	53,534.80	(2,669.51)
MOTOR FUELS	1,230.00	500.00	500.00	0.00	2,559.00	4,620.46	4,486.46	134.00	500.00	500.00	500.00	6,120.46	5,986.46	134.00
BUILDING JANITORIAL SUPPLIES	414.00	966.00	1,000.00	(34.00)	8,114.00	13,778.00	9,815.78	3,962.22	2,000.00	2,000.00	2,000.00	19,778.00	12,815.78	6,962.22
CLOTHING	1,922.00	0.00	5,000.00	(5,000.00)	1,952.00	285.80	5,050.80	(4,765.00)	0.00	0.00	0.00	285.80	5,050.80	(4,765.00)
CHEMICALS	688.00	2,303.00	1,700.00	603.00	8,836.00	14,713.38	13,762.38	951.00	1,700.00	1,700.00	1,700.00	19,813.38	18,862.38	951.00
EQUIPMENT PARTS	10,857.00	377.00	500.00	(123.00)	29,055.00	7,212.29	3,573.29	3,639.00	500.00	500.00	500.00	8,712.29	5,073.29	3,639.00
BUILDING MAINTENANCE SUPPLIES	0.00	8,481.00	4,000.00	4,481.00	4,068.00	43,199.20	49,157.93	(5,958.73)	5,000.00	5,000.00	5,000.00	58,199.20	62,157.93	(3,958.73)
LANDSCAPING MATERIALS	0.00	0.00	0.00	0.00	5,092.00	0.00	2,500.00	(2,500.00)	0.00	0.00	0.00	0.00	2,500.00	(2,500.00)
SIGNS AND STRIPING SUPPLIES	0.00	0.00	1,000.00	(1,000.00)	0.00	0.00	8,516.14	(8,516.14)	1,000.00	1,000.00	1,000.00	3,000.00	11,516.14	(8,516.14)
SMALL TOOLS & EQUIPMENT	0.00	0.00	1,000.00	(1,000.00)	410.00	2,933.95	6,673.95	(3,740.00)	1,000.00	1,000.00	1,000.00	5,933.95	9,673.95	(3,740.00)
COMPUTER SUPPLIES	0.00	0.00	250.00	(250.00)	5,460.00	462.96	1,962.96	(1,500.00)	250.00	250.00	250.00	1,212.96	2,712.96	(1,500.00)
TOTAL SUPPLY EXPENSES	32,469.00	18,718.00	17,450.00	1,268.00	112,542.00	108,071.33	134,034.49	(25,963.16)	16,950.00	16,950.00	31,950.00	173,921.33	189,884.49	(15,963.16)
PROFESSIONAL SERVICES														
FISCAL CONSULTANT FEES	3,365.00	3,447.00	3,447.00	0.00	30,285.00	31,023.00	31,023.00	0.00	3,447.00	3,447.00	3,447.00	41,364.00	47,364.00	(6,000.00)
BANK CHARGES	18.00	103.00	105.00	(2.00)	158.00	958.05	968.05	(10.00)	105.00	105.00	105.00	1,273.05	1,283.05	(10.00)
AUDIT	0.00	0.00	0.00	0.00	8,000.00	10,000.00	7,500.00	2,500.00	0.00	0.00	0.00	10,000.00	7,500.00	2,500.00
USE OF PERSONAL AUTO	0.00	0.00	200.00	(200.00)	0.00	0.00	1,000.00	(1,000.00)	200.00	200.00	200.00	600.00	1,600.00	(1,000.00)
ADVERTISING	98.00	422.00	374.85	47.15	373.00	678.78	855.69	(176.91)	50.00	50.00	50.00	828.78	1,005.69	(176.91)
GENERAL LIABILITY INSURANCE	3,937.00	3,661.00	3,661.33	(0.33)	35,575.00	33,836.32	32,951.97	884.35	3,661.33	3,661.33	3,661.33	44,820.31	43,935.96	884.35
TOTAL PROFESSIONAL EXPENSES	7,418.00	7,633.00	7,788.18	(155.18)	74,391.00	76,496.15	74,298.71	2,197.44	7,463.33	7,463.33	7,463.33	98,886.14	102,688.70	(3,802.56)
UTILITIES EXPENSE														
UTILITY ENERGY SAVINGS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ELECTRIC SERVICE	16,241.00	25,997.00	20,000.00	5,997.00	145,647.00	210,844.67	193,266.67	17,578.00	24,000.00	24,000.00	26,400.00	285,244.67	255,266.67	29,978.00
GAS SERVICE	3,233.00	0.00	3,233.00	(3,233.00)	41,087.00	48,675.31	41,322.30	7,353.01	7,460.00	11,830.80	13,180.80	81,146.91	65,465.30	15,681.61
WATER	2,400.00	0.00	3,200.00	(3,200.00)	24,338.00	12,810.36	22,454.36	(9,644.00)	3,200.00	3,200.00	3,200.00	22,410.36	32,054.36	(9,644.00)
WASTE DISPOSAL	537.00	621.00	579.92	41.08	6,010.00	8,242.84	7,160.33	1,082.51	416.75	416.75	1,277.78	10,354.12	9,271.61	1,082.51
TELEPHONE	660.00	170.00	910.00	(740.00)	3,171.00	2,850.77	3,222.77	(372.00)	417.00	587.00	713.00	4,567.77	4,939.77	(372.00)
TOTAL UTILITIES	23,071.00	26,788.00	27,922.92	(1,134.92)	220,253.00	283,423.95	267,426.43	15,997.52	35,493.75	40,034.55	44,771.58	403,723.83	366,997.71	36,726.12

FUND 8970 LAKEVILLE ARENAS DESCRIPTIONS	MONTH ACTIVITY	MONTH ACTIVITY	MONTH ACTIVITY	MONTH ACTIVITY	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	END OF YEAR	END OF YEAR	END OF YEAR	END OF YEAR	BUDGET-YR 2025	FORECAST/BGT
	PRIOR-YR 2024	CURRENT-YR 2025	BUDGET-YR 2025	BUDGET	PRIOR-YR 2024	CURRENT-YR 2025	BUDGET-YR 2025	BUDGET	FORECAST	FORECAST	FORECAST	FORECAST	BUDGET	VARIANCE
	SEP- PRIOR YR	SEP- ACTUAL	SEP- BUDGET	VARIANCE	PRIOR YR YTD	ACTUAL YTD	BUDGET YTD	VARIANCE	OCTOBER	NOVEMBER	DECEMBER	FORECAST	BUDGET	VARIANCE
CONTRACTUAL EXPENSES														
OTHER CONTRACTUAL	234.00	2,011.00	1,000.00	1,011.00	11,032.00	30,007.39	13,914.00	16,093.39	1,000.00	1,000.00	1,000.00	33,007.39	16,914.00	16,093.39
CONTRACT EQUIPMENT REPAIR	1,522.00	0.00	843.41	(843.41)	11,605.00	8,965.20	14,574.86	(5,609.66)	692.37	198.45	2,433.22	12,289.24	17,898.90	(5,609.66)
CONTRACT BUILDING REPAIR	4,133.00	6,430.00	4,000.00	2,430.00	55,405.00	56,298.04	43,443.95	12,854.09	10,000.00	7,500.00	7,500.00	81,298.04	63,443.95	17,854.09
TOTAL CONTRACT EXPENSES	5,889.00	8,441.00	5,843.41	2,597.59	78,792.00	95,270.63	71,932.81	23,337.82	11,692.37	8,698.45	10,933.22	126,594.67	98,256.85	28,337.82
OTHER MISC. EXPENDITURES														
SOFTWARE SUBSCRIPTIONS	0.00	17,367.00	0.00	17,367.00	0.00	17,367.00	0.00	17,367.00	0.00	0.00	0.00	17,367.00	0.00	17,367.00
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MAJOR MAINTENANCE	0.00	0.00	0.00	0.00	75,023.00	73,647.50	75,022.50	(1,375.00)	0.00	0.00	0.00	73,647.50	75,022.50	(1,375.00)
MISCELLANEOUS	0.00	0.00	137.81	(137.81)	6,897.00	0.01	137.82	(137.81)	0.00	0.00	28.67	28.68	166.49	(137.81)
SCHOOLS AND CONFERENCES	1,068.00	0.00	750.00	(750.00)	5,052.00	4,087.50	5,684.50	(1,597.00)	750.00	750.00	750.00	6,337.50	7,934.50	(1,597.00)
MEETING EXPENSES	0.00	0.00	0.00	0.00	0.00	553.00	0.00	553.00	0.00	0.00	0.00	553.00	0.00	553.00
DUES AND SUBSCRIPTIONS	1,171.00	4,593.00	4,621.68	(28.68)	10,068.00	11,058.79	13,711.44	(2,652.65)	669.22	285.55	1,346.15	13,359.71	16,012.36	(2,652.65)
LICENSES AND TAXES	0.00	0.00	0.00	0.00	0.00	0.00	204.30	(204.30)	0.00	0.00	0.00	0.00	204.30	(204.30)
SNOW REMOVAL	0.00	0.00	0.00	0.00	7,058.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CREDIT CARD FEES	1,463.00	1,626.00	1,260.00	366.00	16,918.00	20,974.27	18,422.67	2,551.60	2,100.00	1,165.34	3,443.11	27,682.72	25,131.12	2,551.60
TOTAL OTHER MISC. EXPENSES	3,702.00	23,586.00	6,769.49	16,816.51	121,016.00	127,688.07	113,183.23	14,504.84	3,519.22	2,200.89	5,567.93	138,976.11	124,471.27	14,504.84
CAPITAL EXPENSES														
CAP OUTLAY BUILDINGS	0.00	0.00	0.00	0.00	0.00	11,229.77	25,098.77	(13,869.00)	0.00	0.00	0.00	11,229.77	25,098.77	(13,869.00)
CAP OUTLAY MACHINERY/EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAP OUTLAY OTHER IMPROVEMENTS	0.00	0.00	50,000.00	(50,000.00)	0.00	0.00	50,000.00	(50,000.00)	0.00	0.00	0.00	0.00	50,000.00	(50,000.00)
CAPITAL OUTLAY COMPUTERS	0.00	0.00	0.00	0.00	0.00	0.00	16,000.00	(16,000.00)	0.00	0.00	0.00	0.00	16,000.00	(16,000.00)
CAPITAL LEASE PAYMENTS	0.00	0.00	0.00	0.00	0.00	0.00	13,858.82	(13,858.82)	0.00	19,834.00	0.00	19,834.00	33,692.82	(13,858.82)
INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TO ESCROW FUNDS	11,667.00	11,667.00	11,667.00	0.00	105,000.00	105,000.68	105,000.01	0.67	11,667.00	11,666.00	11,667.00	140,000.68	140,000.01	0.67
TOTAL CAPITAL EXPENSES	11,667.00	11,667.00	61,667.00	(50,000.00)	105,000.00	116,230.45	209,957.60	(93,727.15)	11,667.00	31,500.00	11,667.00	171,064.45	264,791.60	(93,727.15)
TOTAL EXPENDITURES	146,140.00	174,356.00	213,035.97	(38,679.97)	1,218,203.00	1,485,558.15	1,574,053.58	(88,495.43)	181,633.75	204,821.99	210,340.36	2,082,354.25	2,141,121.08	(58,766.83)
TOTAL REVENUES	89,301.00	118,264.00	112,116.04	6,147.96	1,196,624.00	1,446,904.43	1,456,407.68	(9,503.25)	174,175.83	241,816.59	366,052.40	2,228,949.25	2,257,300.99	(28,351.74)
TOTAL COST OF GOODS	0.00	11,752.00	757.12	10,994.88	0.00	78,318.97	64,646.69	13,672.28	5,711.97	11,713.00	24,069.50	119,813.43	106,141.15	13,672.28
TOTAL EXPENDITURES	146,140.00	174,356.00	213,035.97	(38,679.97)	1,218,203.00	1,485,558.15	1,574,053.58	(88,495.43)	181,633.75	204,821.99	210,340.36	2,082,354.25	2,141,121.08	(58,766.83)
NET EARNINGS/LOSSES	(56,839.00)	(67,844.00)	(101,677.05)	33,833.05	(21,579.00)	(116,972.69)	(182,292.58)	65,319.89	(13,169.89)	25,281.61	131,642.54	26,781.57	10,038.77	16,742.80

LAKEVILLE ARENAS

RESOLUTION NO. 1022025.1

Resolution Approving Employee Health and Dental Insurance Rates for 2026

WHEREAS, the Lakeville Arenas Board of Directors will establish insurance plans that will be provided; and

WHEREAS, the Lakeville Arenas Board of Directors will establish the costs the Arenas will pay for employee and dependent coverage under the City of Lakeville group health and dental insurance programs and

WHEREAS, the Lakeville Arenas Board of Directors chooses to promote employee wellness;

NOW, THEREFORE, BE IT RESOLVED by the Lakeville Arenas Board of Directors of Lakeville Arenas that the following monthly cost responsibility is approved for the Minnesota Healthcare Consortium (MHC) health insurance plans (A & B) and Health Partners dental insurance plan (C) effective January 1, 2026:

Eligible employees actively enrolled in one of the above health plans will receive a monthly employer contribution to either their HSA or HRA/VEBA account (depending on plan enrollment).

A. Minnesota Healthcare Consortium (MHC) Health Insurance Plans			
Park Nicollet First ACO & VantagePlus ACO	MONTHLY PREMIUM COSTS		
	Employee	Employer	Total Premium
High Deductible 3400/HSA (80/20%)			
Employee	0.00	766.58	766.58
EE + Child(ren)	76.00	1,454.16	1,530.16
EE + Spouse	165.00	1,486.18	1,651.18
Family	403.00	1,613.84	2,016.84
High Deductible 3400/HSA (100/0%)			
Employee	43.00	766.98	809.98
EE + Child(ren)	162.00	1,454.82	1,616.82
EE + Spouse	258.00	1,486.68	1,744.68
Family	517.00	1,614.04	2,131.04
High Deductible 2500/VEBA (80/20%)			
Employee	64.00	766.98	830.98
EE + Child(ren)	204.00	1,454.74	1,658.74
EE + Spouse	303.00	1,486.92	1,789.92
Family	572.00	1,614.32	2,186.32
Medica Elect	MONTHLY PREMIUM COSTS		
	Employee	Employer	Total Premium
High Deductible 3400/HSA (80/20%)			
Employee	22.00	767.12	789.12
EE + Child(ren)	121.00	1,454.18	1,575.18
EE + Spouse	213.00	1,486.74	1,699.74
Family	462.00	1,614.16	2,076.16
High Deductible 3400/HSA (100/0%)			
Employee	67.00	766.80	833.80

EE + Child(ren)	210.00	1,454.36	1,664.36
EE + Spouse	309.00	1,486.98	1,795.98
Family	579.00	1,614.72	2,193.72
High Deductible 2500/VEBA (80/20%)			
Employee	88.00	767.42	855.42
EE + Child(ren)	253.00	1,454.54	1,707.54
EE + Spouse	356.00	1,486.56	1,842.56
Family	636.00	1,614.62	2,250.62
Medica Choice Passport	MONTHLY PREMIUM COSTS		
	Employee	Employer	Total Premium
High Deductible 3400/HSA (80/20%)			
Employee	135.00	766.84	901.84
EE + Child(ren)	346.00	1,454.20	1,800.20
EE + Spouse	456.00	1,486.56	1,942.56
Family	758.00	1,614.74	2,372.74
High Deductible 3400/HSA (100/0%)			
Employee	186.00	766.92	952.92
EE + Child(ren)	447.00	1,455.14	1,902.14
EE + Spouse	566.00	1,486.56	2,052.56
Family	893.00	1,614.10	2,507.10
High Deductible 2500/VEBA (80/20%)			
Employee	211.00	766.64	977.64
EE + Child(ren)	497.00	1,454.46	1,951.46
EE + Spouse	619.00	1,486.80	2,105.80
Family	958.00	1,614.14	2,572.14

Eligible employees actively enrolled in one of the above health plans will receive a monthly employer contribution to either their HSA or HRA/VEBA account (depending on plan enrollment).

Employer contribution	Monthly	Total Annually
Employee	\$176.67	\$2,120.00
Employee + child(ren)	\$218.33	\$2,620.00
Employee + spouse	\$218.33	\$2,620.00
Family	\$238.33	\$2,860.00

B. Minnesota Healthcare Consortium (MHC) Health Insurance Plans (50% Offset Option)				
Park Nicollet First ACO & VantagePlus ACO	MONTHLY PREMIUM COSTS			
	Employee	Employer	Total Premium	HSA Contribution
High Deductible 3400/HSA (80/20%)				
EE + Spouse	55.84	1,595.34	1,651.18	109.17
Family	283.84	1,733.00	2,016.84	119.17
High Deductible 3400/HSA (100/0%)				
EE + Child(ren)	52.84	1,563.98	1,616.82	109.17
EE + Spouse	148.84	1,595.84	1,744.68	109.17
Family	397.84	1,733.20	2,131.04	119.17
Medica Elect	MONTHLY PREMIUM COSTS			
	Employee	Employer	Total Premium	HSA Contribution
High Deductible 3400/HSA (80/20%)				
EE + Child(ren)	11.84	1,563.34	1,575.18	109.17
EE + Spouse	103.84	1,595.90	1,699.74	109.17
Family	342.84	1,733.32	2,076.16	119.17
High Deductible 3400/HSA (100/0%)				
EE + Child(ren)	100.84	1,563.52	1,664.36	109.17
EE + Spouse	199.84	1,596.14	1,795.98	109.17
Family	459.84	1,733.88	2,193.72	119.17
Medica Choice Passport	MONTHLY PREMIUM COSTS			
	Employee	Employer	Total Premium	HSA Contribution
High Deductible 3400/HSA (80/20%)				
Employee	46.67	855.17	901.84	88.34
EE + Child(ren)	236.84	1,563.36	1,800.20	109.17
EE + Spouse	346.84	1,595.72	1,942.56	109.17
Family	638.84	1,733.90	2,372.74	119.17
High Deductible 3400/HSA (100/0%)				
Employee	97.67	855.25	952.92	88.34
EE + Child(ren)	337.84	1,564.30	1,902.14	109.17
EE + Spouse	456.84	1,595.72	2,052.56	109.17
Family	773.84	1,733.26	2,507.10	119.17

<i>C. HealthPartners Dental Insurance</i>			
	MONTHLY PREMIUM COSTS		
	Employee	Employer	Total Premium
Employee	0.00	55.69	55.69
EE + 1	44.83	55.69	100.52
Family	109.42	55.69	165.11

ADOPTED by the Lakeville Arenas Board of Directors this 22nd day of October 2025.

LAKEVILLE ARENAS

Board Chair

ATTEST

Lakeville Arenas Board Secretary



BOARD OF DIRECTORS MEETING
October 22, 2025, CONSENT AGENDA

1. Approval of Lakeville Arenas Board Minutes for September 24, 2025.
2. Receipt of Lakeville Arenas Financial Report for September 2025.
3. Receipt of Lakeville Arenas Budget Report for September 2025.
4. Receipt of Lakeville Arenas Check Register for September 2025.
5. Receipt of Lakeville Arenas Portfolio Holdings for September 2025.
6. Receipt of Lakeville Arenas, MN Paid Leave Policy.

Lakeville Arenas Board Meeting Minutes

Wednesday, September 24, 2025

3:30 p.m. Hasse Arena Lobby Conference Room

1) Meeting Call to Order

Board Secretary Patterson called the Lakeville Arenas Board Meeting to order at 3:40 p.m. on Wednesday, September 24, 2025.

Members Present: Miller, Patterson, Baumann.

Other Present: Joe Bergquist – Lakeville Arenas General Manager

2) Consent Agenda

Mr. Miller moved to approve the consent agenda, and Mr. Baumann seconded the motion. There was no further discussion, and the motion passed 3-0.

3) Arenas Manager's Report

a) Acknowledgements/Approvals detailed in Managers' Reports.

- i) Receipt of Dryland Training Center MOU with LHA.
- ii) Receipt of Managers' Profit & Loss Report.
- iii) Receipt of the Pavilion Rink Budget Report.
- iv) Receipt of Pavilion Rink Budget updated 9.22.24

Mr. Miller moved to approve the Memorandum of Understanding between Lakeville Arenas and Lakeville Youth Hockey, whereby Lakeville Arenas will manage the Dryland Training Area. Mr. Baumann seconded the motion. There was no further discussion, and the motion carried 3-0.

Mr. Baumann moved to approve the Arena Managers' Report, along with the acknowledgments and approvals as submitted. Mr. Miller seconded the motion. There was no further discussion, and the motion passed 3-0.

4) 2025-2026 Fees Schedule

Mr. Miller moved to approve the 2025-2026 Fees Schedule, and Mr. Baumann seconded the motion. There was no further discussion, and the motion passed 3-0.

5) 2025 Arenas Manager Annual Performance Appraisal

The discussion about the Arena Managers' annual appraisal was postponed until the next meeting when the full board will be present.

6) Other Business

There was no additional business discussed.

7) Adjourn

Mr. Miller moved to adjourn the meeting, and Mr. Baumann seconded the motion. There was no further discussion, and the motion passed 3-0.

Lakeville Arenas Board of Directors Meetings

Board meetings are scheduled for the 4th Wednesday of each month at 3:30 pm in the Hasse Arena Lobby Conference Room, 8525 215th Street, Lakeville, MN 55044.



Memorandum

To: Lakeville Arenas Board
From: Joseph Bergquist, Arenas Manager
Suzette Hall, Financial Analyst
Copy: Cheri Donovan, Assistant Finance Director
Date: October 15, 2025
Subject: September 30, 2025 Monthly Financial Statements (unaudited)

The September 2025 monthly financial report covers the period January 1, 2025 through September 30, 2025.

STATEMENT OF NET ASSETS
Operating & Capital Project Funds
(Unaudited)

Assets		
Cash	\$	16,748
Cash on hand		2,000
Investments		892,734
Market Value Adjustment		631
Interest receivable		3,063
Accounts receivable		96,842
Accounts receivable - Other		48,662
Inventory		19,620
Prepaid expenses		32,902
Total assets	\$	<u>1,113,202</u>
Liabilities		
Salaries payable	\$	41,851
Accounts payable		92,046
Sales tax payable		5,230
Deferred revenue		22,297
Total liabilities		<u>161,424</u>
Net assets	\$	<u>951,778</u>

As of September, the Lakeville Arenas had cash balances of \$18,748 and an investment balance of \$892,734. Cash and investment balances reflect the need for liquidity due to impending expenditures.

At the end of September, there were eleven investments held by Lakeville Arenas. The overall investment strategy is based on cash flow projections. Money not required for short-term operations is invested in a manner that ensures safety, liquidity and public trust while maximizing yield.

See the attached investment portfolio as of September 30, 2025.

Accounts receivable on September 30, 2025, amounted to \$96,842.44. The table below shows a breakdown of the accounts receivable. There are two prepayments for upcoming ice rental that reduce the total by \$5,456.50.

Days	0-30	31-60	61-90	>90	Total
Amount	57,444	33,095	6,720	5,040	102,299
Percentage	56%	32%	7%	5%	100%

ACCOUNTS RECEIVABLE @ 9/30/2025		PER	Accts Rec.	Transit	Housing	Trnsprt	Late	Accts Rec.	Payment
		ABOVE	Sales Tax	Tax	Sales Tax	Sales Tax	Fees	Rental	Date
GENO PARRISH HOCKEY	(06/25, 07/25 & 08/25)	17,091.36	1,388.67	-	-	-	-	18,480.04	
LHA TEAM ICE	(08/25)	1,747.98	-	-	-	-	-	1,747.98	
PLAY HOCKEY USA	(08/25)	13,352.63	1,084.90	-	-	-	-	14,437.53	10/1/2025
HFSC - HERITAGE FIGURE SKATING CLUB	(08/25 & 09/25)	13,401.16	-	-	-	-	-	13,401.16	10/1 & 10/10/25
PERRY WILKINSON	(08/25 & 09/25)	3,884.40	315.61	-	-	-	-	4,200.01	
MN MENACE - 2012's	(08/25 & 09/25)	2,330.64	189.36	-	-	-	-	2,520.00	
MGHCA - Premier Prep League	(09/25)	1,747.98	-	-	-	-	-	1,747.98	
LHA	(09/25)	7,574.58	-	-	-	-	-	7,574.58	
HALL OF FAME	(09/25)	3,107.52	252.49	-	-	-	-	3,360.01	
X HOCKEY	(09/25)	3,495.96	284.05	-	-	-	-	3,780.01	10/1/2025
TIM CONBOY	(09/25)	3,713.30	301.71	-	-	-	-	4,015.01	10/10/2025
NORTH BOYS HS BOOSTER CLUB	(09/25)	1,942.20	-	-	-	-	-	1,942.20	
SOUTH HS BOYS BOOSTER CLUB	(09/25)	5,826.60	-	-	-	-	-	5,826.60	
SOUTH HS GIRLS BOOSTER CLUB	(09/25)	1,165.32	-	-	-	-	-	1,165.32	10/10/2025
JOHN SCHUMANN	(09/25)	1,165.32	94.68	-	-	-	-	1,260.00	
JANNE KIVIHALME	(09/25)	582.66	47.34	-	-	-	-	630.00	
HOCKEY FINDER	(09/25)	6,247.42	507.60	-	-	-	-	6,755.02	
MN HOCKEY HP 18's - CHARLIE GRAVES	(09/25)	5,826.60	-	-	-	-	-	5,826.60	10/15/2025
TEAM WESTWOOD	(09/25)	2,719.08	220.93	-	-	-	-	2,940.01	
NIKKI EITEL	(09/25)	540.00	43.88	-	-	-	-	583.88	
THE BARN ACADEMY - MICHELLE ROBERTS	(09/25)	97.11	7.89	-	-	-	-	105.00	
LHA JR GOLD - JIM CONDON	(10/25)	(1,680.00)	(136.50)	-	-	-	-	(1,816.50)	
NORTH GIRLS HS BOOSTER	(10/25 & 11/25)	(3,640.00)	-	-	-	-	-	(3,640.00)	
		-	-	-	-	-	-	-	
		92,239.82	4,602.61	-	-	-	-	96,842.44	-

Inventory is comprised of pro-shop merchandise and concessions at the Ames and Hasse Arenas.

Prepaid expenses include a 2026 contract for R&R Specialties and general liability insurance (4th quarter) and workers' compensation (4th quarter).

Salaries payable of \$41,851, represent the wages earned through September 30, 2025 to be paid in the following month.

STATEMENTS OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE

General Fund

The statement of revenues and expenses and changes in fund balance is presented on page four (4) and only reports activity in the "General (Operating) Fund."

STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE

GENERAL FUND

FOR THE NINE-MONTH PERIOD ENDING SEPTEMBER 30, 2025

(unaudited)

	Amended Budget	9/30/2025 Actual	Variance From Amended Budget Pos / (Neg)	%	9/30/2024 Actual	Variance from 2024 Actual Pos / (Neg)
Operating Revenues						
Arena rental	\$ 1,542,017	\$ 948,631	\$ (593,386)	61.5%	\$ 814,016	\$ 134,615
Lease / Rental	70,126	7,500	(62,626)	10.7%	-	7,500
Learn to skate	130,985	90,037	(40,948)	68.7%	77,931	12,106
Admissions-public skating	49,370	22,858	(26,512)	46.3%	44,992	(22,134)
Arena Programming	65,689	67,844	2,155	103.3%	41,888	25,956
Event admissions (ISD Games)	39,591	19,891	(19,700)	50.2%	29,875	(9,984)
Concession sales	269,850	185,959	(83,891)	68.9%	99,120	86,839
Proshop sales	6,891	4,617	(2,274)	67.0%	4,341	276
Skate sharpening	17,369	11,525	(5,844)	66.4%	8,430	3,095
Skate rental	8,473	4,428	(4,045)	52.3%	4,664	(236)
Vending machines	1,477	2,113	636	143.1%	2,610	(497)
Advertising contract	80,293	60,961	(19,332)	75.9%	39,975	20,986
Other / donations	8,050	1,181	(6,869)	14.7%	4,454	(3,273)
Convenience Fees - CC	4,032	3,611	(421)	89.6%	-	3,611
Interest income	16,818	14,461	(2,357)	86.0%	16,643	(2,182)
Net Chg in FV of Investments	6,396	1,286	(5,110)	20.1%	7,685	(6,399)
Total Gross Revenues	<u>2,317,427</u>	<u>1,446,903</u>	<u>(870,524)</u>	<u>62.4%</u>	<u>1,196,624</u>	<u>250,279</u>
COG Concessions	(4,262)	(74,207)	(69,945)	0.0%	-	(74,207)
COG Pro Shop	(101,879)	(4,112)	97,767	0.0%	-	(4,112)
Total Net Revenues	<u>2,211,286</u>	<u>1,368,584</u>	<u>(842,702)</u>	<u>62.4%</u>	<u>1,196,624</u>	<u>171,960</u>
Operating Expenses						
Personnel	994,030	678,379	315,651	68.2%	506,209	(172,170)
Commodities	187,171	107,604	79,567	57.5%	107,081	(523)
Utilities	320,732	259,520	61,212	80.9%	186,734	(72,786)
Contractual	98,260	95,270	2,990	97.0%	78,042	(17,228)
Other	373,782	166,134	207,648	44.4%	160,113	(6,021)
Major Maintenance	87,272	73,648	13,624	0.0%	75,023	1,375
Capital reserve fund	140,000	105,000	35,000	75.0%	105,000	-
Total Expenses	<u>2,201,247</u>	<u>1,485,555</u>	<u>715,692</u>	<u>67.5%</u>	<u>1,218,202</u>	<u>(267,353)</u>
Change in fund balance	116,180	(116,971)	(233,151)		(21,578)	(95,393)
Fund balance - January 1, 2025		611,962				
Fund balance - September 30, 2025		<u>\$ 494,991</u>				

Capital Maintenance Reserve Fund

The following statement of revenues and expenses and changes in fund balance reflects activity for the "Capital Maintenance Reserve Fund."

**CAPITAL MAINTENANCE RESERVE FUND
FOR THE NINE-MONTH PERIOD ENDING SEPTEMBER 30, 2025
(unaudited)**

	2025 Adopted Budget	9/30/2025 Actual	Variance from Amended Budget Positive(Negative)
Revenues			
From General Fund	\$ 140,000	\$ 105,000	\$ (35,000)
Interest Revenue	\$ 9,993	\$ 12,250	\$ 2,257
Other Grants	<u>10,000</u>	<u>-</u>	<u>\$ (10,000)</u>
Total Revenues	159,993	117,250	(42,743)
Expenses	<u>50,000</u>	<u>9,452</u>	<u>40,548</u>
Change in fund balance	109,993	107,798	(2,195)
Fund balance - January 1, 2025		<u>348,989</u>	
Fund balance - September 30, 2025		<u>\$ 456,787</u>	

Capital Projects 2025	Adopted Budget	YTD Expense	Comments
	50,000	9,452	Hot water / Pressure washer
	<u>-</u>	<u>-</u>	
Total Expenses	50,000	9,452	

A transfer is made from the General Fund to the Capital Maintenance Reserve Fund each year. This transfer finances future capital acquisitions and building improvements.

ARENA DEBT

The Hasse Arena construction was originally financed with a Lease Revenue Bond issued by the Lakeville Housing and Redevelopment Authority in 2006. The debt is repaid with property taxes levied by the City of Lakeville and Independent School District 194. The 2006 bonds were advance refunded by HRA Lease Revenue Refunding Bonds, Series 2016A. The HRA2016A debt was refunded in April 2022. See details below.

In June 2020, the Lakeville City Council authorized the issuance of debt (approximately \$770,000) for the Ames Arena parking lot improvements. The competitive sale took place on July 20 and closed on August 13. The bonds were issued with a premium of \$145,777 which were used to reduce the amount of debt issued to \$620,000. True interest cost was 0.83%. The debt principal will be paid by contributions from the Lakeville Hockey Association (LHA) and the Heritage Figure Skating Club (HFSC). The interest will be paid by Lakeville Arenas. Staff will be calculating an allocation of the premium so LHA and HFSC will be paying the par plus premium.

On November 16, 2020, the Lakeville City Council authorized the issuance of debt (approximately \$8 million) to fund the APEX energy savings improvement projects at both the Hasse and Ames Arenas. The competitive sale took place on January 19, 2021 and closed on February 16, 2021. The bonds were issued with a premium of \$313,284 which was used to reduce the amount of debt issued to \$7,770,000. True interest cost was 1.48%. The debt will be repaid using property taxes and revenues received from Independent School District #194 per a Joint Powers Agreement approved in August 2020. Per the JPA the debt and debt-related costs are paid 50/50 by the City and ISD#194. Lakeville Arenas approved resolution 5172023.1 which approved a commitment to appropriate funding of \$63,460/year for debt service associated with the APEX energy savings improvement project.

On February 7, 2022, the City Council authorized the issuance of Taxable General Obligation Bonds, Series 2022B, to refund the HRA Lease Revenue Refunding Bonds, Series 2016A (noted above) and provide funding for constructing a new outdoor rink at the Hasse Arena. The sale of the bonds was held on March 7, 2022 and closed on April 5, 2022. True interest cost was 2.69%. The refunding resulted in savings of approximately \$130,000 over the term of the bonds. An amended and restated joint powers agreement to address the payment of the refunding portion of the 2022B bonds was approved by ISD#194 and the City of Lakeville in February 2022. Agreements have been approved with Lakeville Hockey Association (LHA) and Heritage Figure Skating Club (HFSC) for additional contributions to be used for debt repayment of the bonds issued for the new outdoor rink.

CAPITAL CONTRIBUTIONS NOT REFLECTED IN ARENA FINANCIAL REPORTS

In 2019, the City of Lakeville entered into gaming revenue/facility use agreements with Lakeville Hockey Association (LHA) and Heritage Figure Skating Club (HFSC). Per the agreements, funds received are recorded in a separate City capital projects fund.

The first amendment to the gaming revenue agreements was approved with both the Lakeville Hockey Association and the Heritage Figure Skating Club on August 15, 2022. The following chart is a summary of the agreements:

Organization	Revised Term	Payments	Total Payments Anticipated
LHA	Twenty-three (23) years; 08/02/2019 – 08/01/2043	2020-2023: \$70,000/year 2024-2043: \$88,500/year	\$2,050,000
HFSC	Twenty-three (23) years; 08/02/2019 – 08/01/2043	2019-2023: \$10,000/year 2024-2043: \$11,500/year	\$280,000

The Lakeville Hockey Association has made both 2025 contributions (LHA paid 2/13/25 & 9/3/25). Heritage Figure Skating Club has made both their 2025 contributions. (HFSC paid 1/29/25 and 7/15/25).

RECOMMENDATION

Lakeville Arena Board “acknowledges” the receipt of the September 30, 2025 Financial Report.



LAKEVILLE ARENAS
Financial Statements as of 09/30/25
(Preliminary and Unaudited)

ASSETS	CAPITAL		
	OPERATIONS	PROJECTS	COMBINED
Current Assets			
Cash & Investments	\$ 446,700	\$ 464,782	\$ 911,482
Market Value Adjustment	631	-	631
Interest Receivable	1,607	1,456	3,063
Accounts Receivable - Customers	96,842	-	96,842
Accounts Receivable - Other	48,662	-	48,662
Inventory	19,620	-	19,620
Prepaid Expenses	32,902	-	32,902
Total Current Assets	646,964	466,238	1,113,202
Total Assets	\$ 646,964	\$ 466,238	\$ 1,113,202
LIABILITIES AND RETAINED EARNINGS			
Current Liabilities			
Wages Payable	\$ 41,851	\$ -	\$ 41,851
Accounts Payable	82,595	9,451	92,046
Sales Tax Payable	5,230	-	5,230
Deferred Revenue - Advertising	22,297	-	22,297
Total Current Liabilities	151,973	9,451	161,424
Retained Earnings			
Reserved for Future Capital Purchases	-	456,787	456,787
Unreserved	494,991	-	494,991
Total Retained Earnings	494,991	456,787	951,778
Total Liabilities and Retained Earnings	\$ 646,964	\$ 466,238	\$ 1,113,202



LAKEVILLE ARENAS
Financial Statements as of 09/30/2025
(Preliminary and Unaudited) - Operations Only

	2025		Variance from		9/30/2024	Variance from
	Amended	9/30/2025	Amended Budget	Actual	9/30/2024	2024 Actual
	Budget	Actual	Positive (Negative)	Percent	Actual	Positive (Negative)
Operating Revenues						
Ice Rental	\$ 1,539,612	\$ 945,586	\$ (594,026)	61.4%	\$ 813,416	\$ 132,170
Dry Floor Activities	2,405	3,045	640	126.6%	600	2,445
Lease / Rental	70,126	7,500	(62,626)	10.7%	-	7,500
Learn to Skate	130,985	90,037	(40,948)	68.7%	77,931	12,106
Admissions-Public Skating	49,370	22,858	(26,512)	46.3%	44,992	(22,134)
Arena Programming	65,689	67,844	2,155	103.3%	41,888	25,956
Event Admissions (ISD 194 Games)	39,591	19,891	(19,700)	50.2%	29,875	(9,984)
Concession Sales (COG below)	269,850	185,959	(83,891)	68.9%	99,120	86,839
Proshop Sales (COG below)	6,891	4,617	(2,274)	67.0%	4,341	276
Skate Sharpening	17,369	11,525	(5,844)	66.4%	8,430	3,095
Skate Rental	8,473	4,428	(4,045)	52.3%	4,664	(236)
Vending Machines	1,477	2,113	636	143.1%	2,610	(497)
Other - Advertising Contract	80,293	60,961	(19,332)	75.9%	39,975	20,986
Donations/Other	8,050	1,181	(6,869)	14.7%	4,454	(3,273)
Convenience Fees - CC	4,032	3,611	(421)	89.5%	-	3,611
Interest Income	16,818	14,461	(2,357)	86.0%	16,643	(2,182)
Net Chg in FV of Investments	6,396	1,286	(5,110)	20.1%	7,685	(6,399)
Total Gross Revenue	2,317,427	1,446,903	(870,524)	62.4%	1,196,624	250,279
COG Concessions	(4,262)	(74,207)	(69,945)	0.0%	-	-
COG Pro Shop	(101,879)	(4,112)	97,767	0.0%	-	-
Total Net Revenue	2,211,286	1,368,584	(842,702)	62.4%	1,196,624	171,960
Operating Expenses						
Salaries - Full Time	518,273	349,231	169,042	67.4%	208,389	(140,842)
Salaries - Full Time - Overtime	15,220	6,660	8,560	43.8%	661	(5,999)
Salaries - Part Time	218,759	140,155	78,604	64.1%	183,618	43,463
Salaries - Part Time - Overtime	2,035	391	1,644	19.2%	1,858	1,467
Salaries - Part Time/Temporary	60,879	62,712	(1,833)	103.0%	31,920	(30,792)
Pera	57,755	34,692	23,063	60.1%	24,594	(10,098)
FICA	61,473	42,591	18,882	69.3%	32,458	(10,133)
Hospitalization	30,649	25,239	5,410	82.3%	7,742	(17,497)
Life and Disability	552	289	263	52.4%	(45)	(334)
Long Term Disability	1,579	659	920	41.7%	316	(343)
Unemployment Compensation	1,000	982	18	0.0%	562	(420)
FSA Plan	475	83	392	17.5%	36	(47)
Dental Insurance	1,795	1,504	291	83.8%	446	(1,058)
Workers Compensation Insurance	23,586	13,191	10,395	55.9%	13,654	463
Office/Operating Supplies	53,535	20,862	32,673	39.0%	46,995	26,133
Motor Fuels	5,987	4,620	1,367	77.2%	2,559	(2,061)
Cleaning Supplies	12,815	13,778	(963)	107.5%	8,114	(5,664)
Clothing	5,051	286	4,765	5.7%	1,952	1,666
Chemicals	18,863	14,713	4,150	78.0%	8,836	(5,877)
Equipment Parts	5,073	7,212	(2,139)	0.0%	-	(7,212)
Building Maintenance Supplies	73,673	43,199	30,474	58.6%	33,123	(10,076)
Landscaping Materials	2,500	-	2,500	0.0%	5,092	5,092
Small Tools/Equipment	9,674	2,934	6,740	30.3%	410	(2,524)
Computer Supplies	2,713	463	2,250	17.1%	5,460	4,997
Fiscal Management Fee	47,364	31,023	16,341	65.5%	30,285	(738)
Bank Charges	1,283	958	325	74.7%	158	(800)
Audit	7,500	10,000	(2,500)	133.3%	8,000	(2,000)
Use of Personal Auto	1,600	-	1,600	0.0%	-	-
Advertising	1,005	679	326	67.6%	373	(306)
Insurance	43,936	33,836	10,100	77.0%	35,575	1,739
Electric Service	255,267	210,845	44,422	82.6%	145,647	(65,198)
Gas Service	65,465	48,675	16,790	74.4%	41,087	(7,588)
Water and Sewer Service	32,054	12,810	19,244	40.0%	24,338	11,528
Waste Disposal	9,272	8,243	1,029	88.9%	6,010	(2,233)
Telephone/IS	4,940	2,851	2,089	57.7%	3,171	320
Other Contractual/Landscaping	16,917	30,007	(13,090)	177.4%	11,032	(18,975)
Equipment Repair and Maintenance	17,899	8,965	8,934	50.1%	11,605	2,640
Building Repair and Maintenance	63,444	56,298	7,146	88.7%	55,405	(893)
Software Subscriptions	-	17,367	(17,367)	-	-	(17,367)
Contract Cleaning	-	-	-	0.0%	750	750
Major Maintenance	75,022	73,648	1,374	98.2%	75,023	1,375
Schools and Conferences	7,934	4,088	3,846	51.5%	5,052	964
Business Meetings/Misc. Expenses	166	553	(387)	333.1%	6,897	6,344
Dues/Subscriptions/Licenses	16,012	11,059	4,953	69.1%	10,068	(991)
Licenses & Taxes	204	-	204	0.0%	-	-
Snow Removal	-	-	-	-	7,058	7,058
Credit Card Fees	25,131	20,974	4,157	83.5%	16,918	(4,056)
Capital Outlay	184,918	11,230	173,688	6.1%	-	(11,230)
Capital Reserve Fund	140,000	105,000	35,000	75.0%	105,000	-
Total Expenses	2,201,247	1,485,555	715,692	67.5%	1,218,202	(267,353)
Net Income (Loss)	\$ 10,039	\$ (116,971)	\$ (154,832)	0.0%	\$ (21,578)	\$ (95,393)

CHECK DISBURSEMENT REPORT FOR CITY OF LAKEVILLE

CHECK DATE 09/01/2025 - 09/30/2025

FUNDS: 8924, 8970

Check Date	Bank Account	Check #	Payee	Description	Account	Dept	Amount
Fund: 8970 LAKEVILLE ARENAS - OPERATIONS							
09/09/2025	A-CKG	100134	STZR HOLDINGS	NEW ZAMBONI CHARGER	6131.00	8970	4,076.00
				CREDIT FOR RETURNED PARTS	6131.00	8970	(414.00)
							<u>3,662.00</u>
09/09/2025	A-CKG	100135	XCEL ENERGY	AUG 2025 AMES ELECTRIC SVC	6271.00	8970	15,947.75
				JUL 2025 AMES SOLAR CREDIT	6271.00	8970	(13,974.60)
							<u>1,973.15</u>
09/23/2025	A-CKG	100136	CHARTER COMMUNICATIONS	TELEPHONE	6276.00	8970	125.85
09/23/2025	A-CKG	100137	CHEMAQUA	AMES ICE PLANT WATER TREATMENT	6126.00	8970	634.84
09/23/2025	A-CKG	100138	CITY OF LAKEVILLE	09-2025 FISCAL AGENT FEES	6214.00	8970	3,447.00
09/23/2025	A-CKG	100139	FRONTIER COMMUNICATIONS	TELEPHONE	6276.00	8970	128.97
09/23/2025	A-CKG	100140	MN ENERGY RESOURCES CORP	GAS AMES ARENA	6272.00	8970	2,041.38
				GAS HASSE ARENA	6272.00	8970	1,676.03
							<u>3,717.41</u>
09/23/2025	A-CKG	100141	STZR HOLDINGS	FREIGHT MISSED ORIG ZAMBONI CHRGR INV	6131.00	8970	96.00
				ZAM BLADE SHARPENING	6131.00	8970	65.00
							<u>161.00</u>
09/11/2025	LVCKG	22712(E)	WELLS FARGO PCARD-CITY	ANNUAL PRIME MEMBERSHIP	6313.00	8970	71.00
09/24/2025	LVCKG	22832(A)	ST CROIX COFFEE TEA COMPANY	CONCESSIONS COG INVENTORY	5532.00	8970	454.05
09/30/2025	LVCKG	22993(E)	WEX HEALTH - CITY	FSA PLAN	6057.00	8970	11.00
09/23/2025	LVCKG	327404	UHL COMPANY	FIRE SYSTEM TROUBLE ALARM REPAIR	6133.00	8970	411.00
09/10/2025	A-CKG	370(A)	ACE HARDWARE-NIEMAN FOODS INC	BUILDING REPAIR SUPPLIES	6133.00	8970	6.72
09/10/2025	A-CKG	371(A)	CINTAS	TOWEL & MOP SERVICE	6280.00	8970	60.42
09/10/2025	A-CKG	372(A)	DICK'S SANITATION	SEP 2025 AMES ARENA WASTE DISPOSAL	6275.00	8970	389.18
				SEP 2025 HASSE ARENA WASTE DISPOSAL	6275.00	8970	231.81
							<u>620.99</u>
09/10/2025	A-CKG	373(A)	FASTENAL COMPANY	JANITORIAL SUPPLIES	6123.00	8970	284.21
09/10/2025	A-CKG	374(A)	HOWIES HOCKEY TAPE	PRO SHOP SUPPLIES	5531.00	8970	596.95
				OPERATING SUPPLIES	6120.00	8970	1,281.14
							<u>1,878.09</u>
09/10/2025	A-CKG	375(A)	MEI TOTAL ELEVATOR SOLUTIONS	MONTHLY ELEVATOR SERVICE	6283.00	8970	250.47
09/10/2025	A-CKG	376(A)	VONAGE BUSINESS	AUG 2025 PHONE SERVICE AMES	6276.00	8970	96.87
				AUG 2025 PHONE SERVICE HASSE	6276.00	8970	72.67
							<u>169.54</u>
09/11/2025	A-CKG	380(E)	WELLS FARGO PCARD-ARENAS	kool aid packets, detergent rack, counte powerade	5532.00	8970	52.09
				spray bottles for chemicals	5532.00	8970	35.88
				replacement cheese machine for cheese sa beverages, sink stopper/ strainer for wa	6123.00	8970	18.28
					5532.00	8970	99.00
					5532.00	8970	127.19

CHECK DISBURSEMENT REPORT FOR CITY OF LAKEVILLE

CHECK DATE 09/01/2025 - 09/30/2025

FUNDS: 8924, 8970

Check Date	Bank Account	Check #	Payee	Description	Account	Dept	Amount
Fund: 8970 LAKEVILLE ARENAS - OPERATIONS							
				pop and sports drinks for concessions	5532.00	8970	227.62
				crackers, cookies, creamer, candy, drink	5532.00	8970	373.69
				shop towels for towel self-service	6123.00	8970	45.28
				breakfast foods, lunch foods, drinks, ho	5532.00	8970	107.83
				snacks, candy, drinks for concessions	5532.00	8970	255.62
				Fruit snacks, beverages, lunch foods for	5532.00	8970	189.56
				Concessions inventory	5532.00	8970	311.17
				cups and lids for mite league slushies -	6120.00	8970	149.80
				cold coffee beverages for concessions	5532.00	8970	39.96
				printer/ copier paper	6120.00	8970	39.48
				LTS membership Brandi Rogers	6313.00	8970	20.00
				LTS badge kit	6120.00	8970	89.96
				LTS membership Gina Grieppe	6313.00	8970	20.00
				Stahls-mite league jersey logo's - MITE	6120.00	8970	169.80
				LTS USA Leave your mark kit.25.00	6120.00	8970	25.00
				Misc. Operating Supplies - i-pad case &	6120.00	8970	1,255.86
				Hoses for Hase Zam Fill Station	6133.00	8970	532.94
				Concrete screed Tool - Damaged-Returned	6120.00	8970	238.35
				Plumbing Tool	6140.00	8970	219.00
				Employee Scheduling Software Subscriptio	6313.00	8970	213.50
				Google Ads	6255.00	8970	119.06
				Equipment Fuel for Landscaping Project	6121.00	8970	257.89
				Food Managers Lic. Processing Fee	6314.00	8970	1.08
				Steel Mounting Beam - Zam Room	6120.00	8970	264.16
				Food Managers Lic. Continuing Education	6311.00	8970	59.95
				Assessments for Training Class	6311.00	8970	50.00
				network cable, pressure hose	6133.00	8970	382.89
				Amoco-482239- 8.12.25 - lawn mower fuel	6121.00	8970	5.33
				lawn mower fuel	6121.00	8970	47.13
				truck fuel	6121.00	8970	101.05
				salt	6126.00	8970	386.54
				cash bags	6120.00	8970	7.99
				rink 2 aux cable	6120.00	8970	7.99
				salt	6126.00	8970	358.61
				anchors for PTZ	6131.00	8970	13.89
				weed killer	6126.00	8970	358.61
				Screed damaged-returned	6120.00	8970	49.99
				partial refund for ptz arms from Montavu	6120.00	8970	(238.35)
				partial refund for PTZ adapter from Mont	6133.00	8970	(67.26)
				ARENAS - OPERATIONS	6133.00	8970	(36.04)
				Check A-CKG 380(E) Total for Fund 8970 LAKEVILLE ARENAS - OPERATIONS			6,987.37
09/24/2025	A-CKG	381(A)	A.H. HERMEL COMPANY	CONCESSIONS COG INVENTORY	5532.00	8970	316.02
09/24/2025	A-CKG	382(A)	ACE HARDWARE 691-NIEMAN FOODS INC	MISC. FASTNERS - HASSE -JOE	6133.00	8970	82.47
				BUILDING REPAIR SUPPLIES	6133.00	8970	61.56
				BLDG R&M AMES MISC - NICK	6133.00	8970	14.99
				ARENAS - OPERATIONS			159.02
09/24/2025	A-CKG	383(A)	CULLIGAN ULTRAPURE INC	WATER SOFTNER REPAIRS & ADJUSTMENTS	6283.00	8970	472.84
09/24/2025	A-CKG	384(A)	ECOLAB PEST ELIM	PEST ELIMINATION SVC	6280.00	8970	122.52

CHECK DISBURSEMENT REPORT FOR CITY OF LAKEVILLE

CHECK DATE 09/01/2025 - 09/30/2025

FUNDS: 8924, 8970

Check Date	Bank Account	Check #	Payee	Description	Account	Dept	Amount
Fund: 8970	LAKEVILLE A-CKG	ARENAS - OPERATIONS					
09/24/2025	A-CKG	385(A)	MARCO TECHNOLOGIES LLC	COPIER LEASES	6280.00	8970	888.18
09/24/2025	A-CKG	386(A)	WALCOTT SOLAR, LLC	HASSE JULY 2025 SOLAR CREDITS	6271.00	8970	1,607.56
09/22/2025	A-CKG	387(E)	CITY OF LAKEVILLE	Q3 2025 WATER HASSE	6274.00	8970	2,263.57
				Q3 2025 WATER AMES	6274.00	8970	3,070.36
							<u>5,333.93</u>
09/22/2025	A-CKG	389(E)	MN DEPT OF REVENUE	AUGUST SALES TAX	2121.00	0000	8,155.00
							<u>42,110.15</u>
							<u>42,110.15</u>

Check A-CKG 387(E) Total for Fund 8970 LAKEVILLE ARENAS - OPERATIONS

Total For Fund: 8970

Report Total:

City of Lakeville
Portfolio Holdings
Investment Portfolio - by Portfolio
Report Format: By Transaction
Group By: Portfolio Name
Average By: Face Amount / Shares
Portfolio / Report Group: Lakeville - Arenas
As of 9/30/2025

Description	CUSIP/Ticker	Settlement Date	YTM @ Cost	Face Amount/Shares	Cost Value	Book Value	Market Value	Maturity Date	Days To Maturity	Accrued Interest	% of Portfolio
Lakeville - Arenas											
4M General LGIP	LGIP6101M	4/1/2019	4.167	437,734.06	437,734.06	437,734.06	437,734.06	N/A	1		49.03
Luana Savings Bank, Luana IA 0.45 10/7/2025	549104XD4	4/7/2021	0.450	40,000.00	40,000.00	40,000.00	39,969.99	10/7/2025	7	86.79	4.48
Live Oak Banking, Wilmington NC 0.65 10/20/2025	538036PS7	4/20/2021	0.650	25,000.00	25,000.00	25,000.00	24,953.29	10/20/2025	20	12.91	2.80
Charles Schwab Bank, Westlake TX 4.25 11/18/2025	15987UDL9	5/23/2025	4.250	50,000.00	50,000.00	50,000.00	50,002.46	11/18/2025	49	756.85	5.60
Discover Bank, Greenwood DE 5.1 3/23/2026	2546733A2	3/22/2023	5.100	40,000.00	40,000.00	40,000.00	40,228.13	3/23/2026	174	44.71	4.48
Morgan Stanley Bank, N.A., Salt Lake City UT 4.55	61690U4Z0	4/27/2023	4.550	40,000.00	40,000.00	40,000.00	40,138.31	4/27/2026	209	777.86	4.48
Henderson State Bank, Henderson NE 4.2 6/18/2026	425246CJ2	6/18/2025	4.200	50,000.00	50,000.00	50,000.00	50,117.69	6/18/2026	261	598.36	5.60
Unity Bank, Clinton NJ 4.1 8/5/2026	91330AJB4	8/5/2025	4.100	40,000.00	40,000.00	40,000.00	40,088.51	8/5/2026	309	251.62	4.48
JP Morgan Chase Bank N.A. 4.12 8/28/2026-26	46659CJV3	8/29/2025	4.120	50,000.00	50,000.00	50,000.00	50,045.32	8/28/2026	332	180.60	5.60
Bank of Baroda, New York NY 3.85 9/17/2026	06063HWE9	9/17/2025	3.850	40,000.00	40,000.00	40,000.00	40,021.84	9/17/2026	352	54.85	4.48
Regions Bank, Birmingham AL 4.05 10/31/2026	759187JC2	7/31/2025	4.050	40,000.00	40,000.00	40,000.00	40,109.42	10/31/2026	396	270.74	4.48
Goldman Sachs Bank, N.A. 3.6 9/23/2027	38150V6R5	9/23/2025	3.600	40,000.00	40,000.00	40,000.00	39,955.97	9/23/2027	723	27.62	4.48
Sub Total / Average Lakeville - Arenas			3.917	892,734.06	892,734.06	892,734.06	893,364.99		134	3,062.91	100.00
Total / Average			3.917	892,734.06	892,734.06	892,734.06	893,364.99		134	3,062.91	100

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.



1241 John Q. Hammons Drive, Madison, WI 53717 • PO Box 5008, Madison, WI 53705
(800) 356-9601 • www.madisonlife.com

Minnesota Paid Family Medical Leave Policy

This Policy is intended to comply fully and completely with the Minnesota Family and Medical Benefit Insurance Program, Chapter 268B, and its implementing Regulations, including 3317.0010 et seq., (collectively, "the Program"), developed by the Minnesota Department of Employment and Economic Development ("The Department"), and will be interpreted and applied to be consistent with the requirements of the Program. If any provision of this Policy conflicts with or violates the Program, provisions of the Program will control, and the Policy will be interpreted and applied to comply with the Program, unless the Policy provisions are more advantageous to the Covered Individual in which case the Policy terms will prevail.

If there are any changes, amendments, or regulatory clarifications to the provisions of the Program, this Policy and all claims practices will be promptly updated. This Policy will be reviewed and updated at least annually to comply with any changes, amendments or regulatory clarifications. Additional requirements of the Program applicable to Minnesota's Family and Medical Benefit Insurance Program but not recited herein may be applicable to the Policyholder, Covered Individuals and/or this Policy.

The Benefits under this Policy are available to all Covered Individuals employed by the Policyholder located in Minnesota as defined by the Program.

This Policy is a legal contract between the group Policyholder and Us. We issue this Policy based on the Policyholder's application and payment of premium when due. This Policy alone is the only contract under which payment will be made. The Policy is administered on Our behalf by the Policy Administrator. If you have questions regarding this Policy, you can contact the Policy Administrator using the contact information shown on the Policy Schedule Page. The Policyholder should read this Policy carefully and contact Us promptly with any questions.

This Policy is delivered in and governed by the laws of Minnesota.

Coverage will be Effective on the Policy Effective Date at 12:01 a.m. in the time zone of the Policyholder's address. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. This Policy may be renewed for successive renewal periods by the payment of the Premium in accordance with the Program on each renewal date. Each time this Policy is renewed, the new term begins when the old term ends. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

This Policy is signed for Us by:

President and Chief Executive Officer

Executive Vice President and Corporate Secretary

POLICY INDEX GUIDE

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DEFINITIONS

This section provides the meaning of special or capitalized terms used in this Policy. Definitions from the Program not listed here will continue to apply as required and to the extent they are applicable.

Active Duty means duty during domestic deployment; duty during the deployment of a member of the Armed Forces to a foreign country; and duty during the deployment of a reserve member with the Armed Forces to a foreign country under a call or order to active duty under a provision of law referred to in Section 101(a)(13)(B) of Title 10 of the United States Code.

Average Weekly Wage means an amount equal to the Employee's High Quarter Wage Credits divided by 13.

Base Period means those most recent four quarters in which Wage Credits were earned. If the Policyholder does not have four quarters of Wage detail information, the Policyholder must accept an Employee's certification of Wage Credits, based on the Employee's records. If the Employee does not provide certification of additional Wage Credits, the Policyholder may use a Base Period that consists of all available quarters. The Base Period is calculated once during the Benefit Year.

Benefit(s) means the monetary Weekly Benefit Amount a Covered Individual is eligible to receive under this Policy, as provided by the Program. Benefits includes Family Leave Benefits and Medical Leave Benefits.

Benefit Year means a 12-month period measured forward from a Covered Individual's first Day of leave taken.

Bond or Bonding means time spent by a Covered Individual who is a biological, adoptive, or foster Parent with a biological, adopted, or foster Child in conjunction with the Child's birth, adoption, or placement.

Calendar Day or Day means a fixed 24-hour period corresponding to a single calendar date.

Calendar Quarter means the period of three consecutive calendar months ending on March 31, June 30, September 30, or December 31.

Calendar Week or Week means the consecutive seven Calendar Days starting Sunday and ending at midnight Saturday.

Calendar Year means the 12-month period from January 1 through December 31.

Child means the Covered Individual's biological child, adopted child, foster child, stepchild, child of a domestic partner, or child to whom the Covered Individual stands In Loco Parentis, is a legal guardian, or is a de facto custodian

Continuous Leave means one uninterrupted period of Leave.

Covered Employment means performing services of whatever nature, unlimited by the relationship of master and servant as known to the common law, or any other legal relationship performed for Wages or under any contract calling for the performance of services, written or oral, express or implied, subject to the following requirements:

1. 50 percent or more of the employment during the Calendar Year is performed in Minnesota;
2. 50 percent or more of the employment during the Calendar Year is not performed in Minnesota or any other single state within the United States, or United States territory or foreign nation, but some of the employment is performed in Minnesota and the Employee's residence is in Minnesota during 50 percent or more of the Calendar Year; or
3. 50 percent or more of the employment during the Calendar Year is not performed in Minnesota or any other state, or Canada, but the place from where the Employee's employment is controlled and directed is based in Minnesota.

Covered Individual means an Employee who is Financially Eligible.

Effective Date of Leave means the date of first absence associated with a Leave under the Policy.

Department means the Department of Employment and Economic Development, unless otherwise indicated by context.

Employee means an individual who performs Covered Employment for the Policyholder.

Employee does not include:

1. employees of the United States of America;
2. a self-employed individual, as defined by the Program;
3. an independent contractor, as defined by the Program; or
4. a seasonal employee, as defined by the Program.

Family Caregiving means a Covered Individual caring for a Family Member with a Serious Health Condition or caring for a Family Member who is a military member experiencing a Qualifying Exigency.

Family Member means a Covered Individual's spouse or domestic partner, Child, Parent or legal guardian, a sibling, a grandchild, a grandparent or spouse's grandparent, a son-in-law or daughter-in-law, and an individual who has a personal relationship with the Covered Individual that creates an expectation and reliance that the Covered Individual care for the individual without compensation, whether or not the Covered Individual and the individual reside together.

Family Leave Benefits means the monetary Weekly Benefit Amount a Covered Individual is eligible to receive under this Policy, as provided by the Program, for Family Care Leave which offers Covered Individuals time off in the event of a Serious Health Condition of their Family Member, in the event of a Qualifying Exigency, in the event of a Safe Leave event, or to Bond with a Child during the first year following the birth, adoption or placement through foster care.

Family and Medical Benefit Insurance Program or "the Program" means the Minnesota Family and Medical Benefit Insurance Program, Chapter 268B, and its implementing Regulations, including 3317.0010 et seq., developed by the Minnesota Department of Employment and Economic Development.

Financially Eligible means an Employee who has Wage Credits of at least 5.3% of the state's average annual wage, rounded down to the nearest \$100.

Health Care Provider means an individual who is licensed, certified, or otherwise authorized under law to practice in the individual's scope of practice as a physician; physician assistant; podiatrist; osteopath; surgeon; advanced

practice registered nurse; an alcohol and drug counselor; a mental health professional; or any other individual determined by the Program to be capable of providing health care services.

High Quarter means the Calendar Quarter in the Covered Individual's Base Period with the highest amount of Wage Credits.

In Loco Parentis means a relationship in which a person puts himself or herself in the situation of a parent by assuming and discharging the obligations of a parent to a child. Although no legal or biological relationship is necessary, grandparents or other relatives, such as siblings, may stand In Loco Parentis to a child as long as the relative satisfies the In Loco Parentis requirements. Persons who are In Loco Parentis include those with day-to-day responsibilities to care for or financially support a child. In determining In Loco Parentis status, We will consider the age of the child; the degree to which the child is dependent on the person; the amount of financial support, if any, provided; and the extent to which duties commonly associated with parenthood are exercised. The fact that a child has a biological parent in the home, or has a mother and a father, does not prevent a Covered Individual from standing In Loco Parentis to that child. The specific facts of each situation will determine whether a Covered Individual stands In Loco Parentis to a child.

Incapacity means inability to perform regular work, attend school, or perform regular daily activities due to a Serious Health Condition, treatment therefore, or recovery therefrom.

Initial Paid Week means the first seven Days of a leave, which must be paid and is a payable period for all Leave types, except for Family Leave Benefits related to Bonding. For Intermittent Leave, Initial Paid Week means seven consecutive or nonconsecutive, or a combination of consecutive and nonconsecutive, Calendar Days from the Effective Date of Leave, of which only Days when Leave is taken are payable. The initial Week must be paid retroactively after the Covered Individual has satisfied the Seven-Day Qualifying Event Eligibility Period. A retroactive payment must be included in the first Benefit payment to the Covered Individual.

Inpatient Care means an overnight stay in a hospital, hospice, or residential medical care facility, including any period of Incapacity, or any subsequent treatment in connection with such inpatient care.

Intermittent Leave means Leave taken in separate periods of time, rather than for one continuous period of time. Examples of Intermittent Leave include Leave taken on an occasional basis for medical appointments or Leave taken several Days at a time spread over a period of months. A Covered Individual's Intermittent Leave must be based on a single qualifying event, which satisfies the requirements of the Seven-Day Qualifying Event Eligibility Period of this Policy.

Leave or Paid Family and Medical Leave means paid time off from Covered Employment for which a Covered Individual is eligible to receive Benefits under this Policy as provided for in the Program.

Maximum Weekly Benefit Amount means the state's average weekly wage as calculated under Minnesota Law (section 268.035, subdivision 23).

Medical Care Related to Pregnancy includes prenatal care or Incapacity due to pregnancy or recovery from childbirth, stillbirth, miscarriage, or related health conditions.

Medical Leave Benefits means the monetary Weekly Benefit Amount a Covered Individual is eligible to receive under this Policy, as provided by the Program, for Medical Leave which offers Covered Individuals time off in the event of their own Serious Health Condition or for Medical Care Related to Pregnancy.

Parent means the biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of a Covered Individual or the Covered Individual's spouse, or an individual who stood In Loco Parentis to the Covered Individual when the Covered Individual was a Child.

Policy means this contract issued by Us to the Policyholder that describes the benefits, terms, conditions, exclusions and limitations of the insurance issued.

Policyholder means the entity named on this Policy's coverage page, to whom We issue this Policy.

Policyholder-Provided Paid Time Off (PTO) means vacation leave, paid sick leave, paid personal leave and any other paid time off provided by the Policyholder to the Covered Individual. Policyholder-Provided PTO does not include benefits under a short-term or long-term disability policy or a separate bank of time off solely for the purpose of paid family and medical leave.

Qualifying Exigency means needs arising out of a Covered Individual's Family Member's Active Duty service or notice of an impending call or order to Active Duty in the United States armed forces, including, but not limited to, providing for the care or other needs of the Family Member's Child or other dependents, making financial or legal arrangements for the Family Member, attending counseling, attending military events or ceremonies, spending time with the Family Member during a rest and recuperation leave or following return from deployment, or making arrangements following the death of the Family Member, who is a current or former member of the United States armed forces, including a member of the National Guard or reserves.

Safety Leave means leave from work because of domestic abuse, sexual assault, or stalking of the Covered Individual or Covered Individual's Family Member, provided the Leave is to:

1. seek medical attention related to the physical or psychological injury or disability caused by domestic abuse, sexual assault, or stalking;
2. obtain services from a victim services organization;
3. obtain psychological or other counseling;
4. seek relocation due to the domestic abuse, sexual assault, or stalking; or
5. seek legal advice or take legal action, including preparing for or participating in any civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual assault, or stalking.

Serious Health Condition means a physical or mental illness, injury, impairment, condition, or substance use disorder that involves:

1. Inpatient Care in a hospital, hospice, or residential medical care facility, including any period of Incapacity by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider, in person or via telemedicine visit;
2. continuing treatment or supervision by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider, in person or via telemedicine visit, which includes any one or more of the following:
 - a. a period of Incapacity of seven or more Days, and any subsequent treatment or period of Incapacity relating to the same condition, that also involves:
 - i. treatment two or more times, within 30 Days of the first Day of Incapacity, unless extenuating circumstances beyond the individual's control prevent a follow-up visit from occurring as planned, by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider; or
 - ii. treatment by a Health Care Provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the Health Care Provider;
 - b. a period of Incapacity due to Medical Care Related To Pregnancy;

- c. a period of Incapacity or treatment for a chronic health condition that:
 - i. requires periodic visits, defined as at least twice a year, for treatment by a Health Care Provider or under orders of, or on referral by, a Health Care Provider;
 - ii. continues over an extended period of time, including recurring episodes of a single underlying condition; and
 - iii. may cause episodic rather than continuing periods of Incapacity;
- d. a period of Incapacity which is permanent or long term due to a condition for which treatment may not be effective. The Covered Individual or Family Member must be under the continuing supervision of, but need not be receiving active treatment by, a Health Care Provider; or
- e. a period of absence to receive multiple treatments, including any period of recovery from the treatments, by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider, for:
 - i. restorative surgery after an accident or other injury; or
 - ii. a condition that would likely result in a period of Incapacity of more than seven full Calendar Days in the absence of medical intervention or treatment.

Treatment includes but is not limited to examinations to determine if a Serious Health Condition exists and evaluations of the condition.

Absences attributable to Incapacity or treatment due to Medical Care Related To Pregnancy or chronic health conditions qualify for Leave under this Policy even if the Covered Individual or the Family Member does not receive treatment from a Health Care Provider during the absence, and even if the absence does not last more than seven consecutive, full Calendar Days.

Typical Work Week means the average number of hours worked per Week by a Covered Individual within the last two Calendar Quarters prior to the date which the Covered Individual applies for Leave.

Wage Credit(s) means the amount of Wages paid to an Employee within the Base Period for Covered Employment.

Wages means compensation provided to the Employee by the Policyholder as defined under Minnesota Law (section 268.035, subdivision 29).

We, Us, Our (whether or not capitalized) means Madison National Life Insurance Company, Inc.

Weekly Benefit Amount means the amount payable under this Policy for Leave on a weekly basis as calculated and described in the Benefits Section of this Policy, consistent with the requirements of the Program.

CONDITIONS OF COVERAGE

Eligibility

A Covered Individual is eligible to receive coverage under this Policy for any Week if:

1. the Covered Individual is unable to perform regular work due to a Serious Health Condition, a Qualifying Exigency, Safety Leave, Family Caregiving, Bonding, or Medical Care Related to Pregnancy.
2. the Covered Individual meets the Financial Eligibility requirements;
3. the Covered Individual has submitted a Certification as required by the Certification Section of this Policy;
4. the Week for which Leave is requested is after the Policy's Effective Date.

A Covered Individual is not eligible to receive coverage under this Policy for any Week if:

1. the Leave occurs prior to the Policy's Effective Date;
2. the Covered Individual fails or refuses to provide information on an issue of eligibility, as required by the Program;
3. the Covered Individual has worked for pay within the requested Week;
4. the Covered Individual is incarcerated; or
5. the Covered Individual is receiving or has received unemployment insurance benefits.

When Coverage Starts

A Covered Individual's coverage under this Policy will become effective on the later of the following:

1. the Policy Effective Date; or
2. the Covered Individual's date of hire.

When Coverage Ends

A Covered Individual's coverage under this Policy will end effective on the earlier of the following:

1. the Covered Individual ceases to be a Covered Individual under this Policy consistent with the Program; or
2. when the premium is not paid on the premium Due Date subject to the Grace Period.

BENEFITS

Subject to the terms, conditions, exclusions, and limitations of the Policy, We will pay the Benefits described below for a Covered Individual's Leave.

1. MEDICAL LEAVE BENEFIT

We will pay the Weekly Benefit Amount, subject to the Medical Leave Maximum Benefit Duration shown in the Policy Schedule Page, to the Covered Individual if the Covered Individual suffers a Serious Health Condition or requires Medical Care Related to Pregnancy which makes the Covered Individual unable to perform the functions of their employment. We will require that a request for Medical Leave Benefits be supported by a certification, as described in the Certification and Documentation section of this Policy, issued by the Covered Individual's Health Care Provider.

2. FAMILY LEAVE BENEFIT

We will pay the Weekly Benefit Amount, subject to the Family Leave Maximum Benefit Duration shown in the Policy Schedule Page, to the Covered Individual if the Covered Individual is unable to perform the functions of their employment for one of the following qualifying reasons:

1. to Bond with a Child during the first year following the birth, adoption, or placement through foster care of a Child;
2. to care for a Family Member with a Serious Health Condition;
3. because of any Qualifying Exigency Leave;
4. and because of a need for Safety Leave.

We will require that a request for Family Leave Benefits be supported by a certification, as described in the Certification and Documentation section of this Policy.

Bonding Leave must end within 12 months of the birth, adoption, or placement of a foster Child, except that, in the case where the Child must remain in the hospital longer than the mother, the leave must end within 12 months after the Child leaves the hospital.

Covered Individuals may use Bonding Leave before the actual placement or adoption of a Child in situations that include, but are not limited to, where the Covered Individual may be required to:

1. attend counseling sessions;
2. appear in court;
3. consult with the attorney or doctors representing the birth parent
4. submit to a physical examination; or
5. travel to another country to complete an adoption.

BENEFIT PROVISIONS

Seven-Day Qualifying Event Eligibility Period

The period for which the Covered Individual is seeking Benefits must be based on a single event which causes a Covered Individual to be unable to perform the functions of their Covered Employment for at least seven Calendar Days due to:

1. Medical Care Related To Pregnancy;
2. Family Caregiving;
3. a Qualifying Exigency;
4. Safety Leave; or
5. a Covered Individual's own Serious Health Condition.

The Days must be consecutive, unless the leave is Intermittent. The Seven-Day Qualifying Event Eligibility Period under this paragraph is a retroactively payable period, not an unpaid waiting period. Benefits for this Seven-Day Qualifying Event Eligibility Period will be paid retroactively as the Initial Paid Week. The Seven-Day Qualifying Event Eligibility Period requirement does not apply to Leave for the purposes of Bonding.

Intermittent Leave

A Covered Individual may take Intermittent Leave in increments consistent with the established policy of the Policyholder to account for use of other forms of leave. The Policyholder's policy must permit a minimum increment of at most one Calendar Day of Intermittent Leave.

A Covered Individual is not permitted to apply for payment for Benefits associated with Intermittent Leave until the Covered Individual has eight hours of accumulated leave time, unless more than 30 Calendar Days have lapsed since the initial taking of the leave. The Weekly Benefit Amount shall be prorated for any Intermittent Leave taken.

Leave due to the Covered Individual's own or the Covered Individual's Family Member's Serious Health Condition may be taken Intermittently if such Leave is reasonable and appropriate to the needs of the individual with the Serious Health Condition. For all other forms of Leave under this Policy, Leave may be taken Intermittently.

A Covered Individual requesting Intermittent Leave will provide the Policyholder with a schedule of needed workdays off as soon as practicable and must make reasonable effort to schedule Intermittent Leave so as not to disrupt unduly the operations of the Policyholder. If this cannot be done to the satisfaction of both Policyholder and Covered Individual, the Policyholder cannot require the Covered Individual to change their Leave schedule to accommodate the Policyholder.

The Policyholder shall not be required to provide more than 480 hours of Intermittent Leave in any 12-month period. If the Policyholder limits the hours of Intermittent Leave, the Covered Individual is entitled to take their remaining leave continuously, subject to the Maximum Benefit Leave Duration of the Policy.

The Policyholder may run Intermittent Leave available under the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654, as amended, concurrent with a Covered Individual's entitlement to Intermittent Leave under this Policy.

Extension of Paid Leave Benefits

If a Covered Individual is using approved Leave under this Policy when the Policyholder changes from this Policy to the state plan or another private plan, this Policy will continue to pay Benefits under this Policy for Continuous, Intermittent and reduced schedule leave through the previously approved duration. If the Covered Individual requests an extension of their original Leave, or recertification is required, the Covered Individual must reapply for Benefits with their new plan.

AMOUNT OF BENEFITS

Payment of Benefits

We will pay Benefits Weekly.

Calculation of Weekly Benefit Amount

Subject to the Maximum Weekly Benefit Amount, shown in the Policy Schedule Page, the Covered Individual's Weekly Benefit Amount is calculated by adding the amounts obtained by applying the following percentages to a Covered Individual's Average Weekly Wage:

1. 90 Percent of Wages that do not exceed 50 percent of the State's Average Weekly Wage; plus
2. 66 Percent of Wages that exceed 50 percent of the State's Average Weekly Wage; plus
3. 55 Percent of Wages that exceed 100 percent of the State's Average Weekly Wage.

If a Covered Individual has changed employers within the Base Period, the Weekly Benefit Amount is calculated based on the Highest Quarter of Wages in the Base Period. The Weekly Benefit Amount shall be based on the Covered Individual's Typical Work Week and Wages earned with the Policyholder at the time of an application for Benefits. If the Policyholder does not have complete Base Period Wage detail information, the Policyholder may accept a Covered Individuals Certification of Wage Credits, based on the Covered Individual's records.

The Maximum Weekly Benefit Amount is equal to the State's Average Weekly Wage as calculated under Minnesota Statutes, 268.035, subdivision 23. The State's Average Weekly Wage is calculated at the time the Weekly Benefit Amount is first determined. The Maximum Weekly Benefit Amount, as determined in accordance with the Program, applies to leaves established effective on or after the last Sunday in October. Once established, a Covered Individual's Weekly Benefit Amount is not affected by the last Sunday in October Change in the state's Maximum Weekly Benefit Amount.

A Weekly Benefit Amount will be prorated when:

1. The Covered Individual works hours for Wages;
2. The Covered Individual uses Policyholder Provided PTO that is not considered a supplemental benefit payment as defined in the Substitution of Policyholder-Provided PTO section of this Policy; or
3. Leave is taken Intermittently.

LIMITATIONS AND COORDINATION WITH OTHER LEAVE TYPES

Substitution of Policyholder-Provided PTO

A Covered Individual may use Policyholder-Provided PTO in lieu of Leave under this Policy, provided the Covered Individual is concurrently eligible and subject to the Maximum Duration of Leave shown in the Policy Schedule Page. A Covered Individual who uses Policyholder Provided PTO in lieu of Leave under this Policy is entitled to the same Employment Protections as provided by the Program for a Covered Individual taking Leave under this Policy.

The use of such Policyholder-Provided PTO to supplement the Weekly Benefit Amount requires mutual agreement between the Policyholder and the Covered Individual. If either the Policyholder or the Covered Individual does not mutually agree, such Policyholder-Provided PTO may not be used to supplement the Weekly Benefit Amount.

If the Policyholder and the Covered Individual mutually agree to the use of such Policyholder-Provided PTO to supplement the Weekly Benefit Amount, then the Policyholder-Provided PTO may not exceed the difference between the Covered Individual's Weekly Benefit Amount and the Covered Individual's Average Weekly Wage. Any such agreement must be in writing and must be retained by the Policyholder.

If a Covered Individual receives both Weekly Benefit Amount and Policyholder-Provided PTO for the same hours absent, any Policyholder-Provided PTO in excess of the difference between the Covered Individual's Weekly Benefit Amount and the Covered Individual's Average Weekly Wage may be considered an overpayment by the Policyholder, subject to the Overpayments provision.

Limitations with Workers Compensation Benefits

A Covered Individual is not entitled to Benefits under this Policy for an absence from employment if the individual is receiving or has received compensation for loss of Wages equal to or in excess of the Covered Individual's Weekly Benefit Amount under the Workers' Compensation Laws of Minnesota, Workers' Compensation Laws any other state, or similar federal law.

If the amount of Workers' Compensation benefits for any Week is less than the Covered Individual's Weekly Benefit Amount, the Weekly Benefit Amount will be reduced by the amount of the Worker's Compensation benefit payment.

If a Covered Individual later receives compensation as a result of a pending Workers' Compensation claim and Benefits were paid under this Policy, the Benefits paid under this Policy will be considered an overpayment and subject to the Overpayment Provision of this Policy.

Limitations with Separation, Severance or Other Bonus Payments

A Covered Individual is not eligible to receive Benefits under this Policy, for any Week the Covered Individual is receiving, has received, or will receive separation pay, severance pay, bonus pay, or any other payments paid by the Policyholder because of, upon, or after separation from employment. This will apply to all Weeks the Covered Individual is eligible for Benefits.

Payments are applied to the period immediately following the later of the date of separation from employment or the date the Covered Individual first becomes aware that the Policyholder will be making such payment. The date the payment is actually made or received, or when a Covered Individual must agree to a release of claims does not affect the provision.

If the payment amount is equal to or more than the Covered Individual's Weekly Benefit Amount, the Covered Individual is ineligible for Benefits under this Policy for that Week. If the payment amount is less than the Covered Individual's Weekly Benefit Amount, the Weekly Benefit Amount will be reduced by the payment amount.

Coordination with Disability Payments

A Covered Individual may receive disability insurance payments in addition to Benefits under this Policy, provided the Covered Individual is concurrently eligible for both benefits. Disability insurance benefits may be offset by benefits under this Policy pursuant to the terms of the disability insurance policy.

Coordination with Social Security Disability Benefits

A Covered Individual who is receiving, has received, or has filed for primary Social Security disability benefits for any Week is ineligible for Benefits under this Policy for that Week, unless:

1. the Social Security Administration approved the collecting of primary Social Security disability benefits each month Covered Individual was employed during the Base Period; or
2. the Covered Individual provides a statement from an appropriate Health Care Provider who is aware of the Covered Individual's Social Security disability claim and the basis for that claim, certifying that the Covered Individual is able to perform the essential functions of their employment with or without a reasonable accommodation.

If the Covered Individual meets either requirement for this coordination, there will be no deduction from the Covered Individual's Weekly Benefit Amount.

Information from the Social Security Administration is conclusive, absent specific evidence showing the information was erroneous.

Seasonal Employment Coverage

An individual is not eligible to receive Benefits under this Policy for any Week they are a seasonal employee, as defined by the Program. If the individual remains employed for more than 150 Days, the individual will be considered a Covered Individual and will be eligible for Benefits under this Policy, beginning the Sunday following the completion of the 150-Day period.

Former Employee Coverage

Former Employees that have been separated from employment with the Policyholder for less than 26 Weeks and remains unemployed at time of application for Benefits, will be eligible for Benefits under this Policy.

Former Employees that have been separated from employment with the Policyholder for less than 26 Weeks and have become employed by a different employer, will file for benefits based on the new employer's coverage. If the new employer is covered under the state plan, the former Employee shall submit the application to the state. If the new employer has an approved private plan, the former Employee shall submit the application for Benefits to the private plan in accordance with the requirements established by their new employer.

POLICYHOLDER RESPONSIBILITIES

Leave and Employment Protection

The Policyholder will not discharge, discipline, penalize, interfere with, threaten, restrain, coerce, or otherwise retaliate or discriminate against a Covered Individual for requesting or obtaining Benefits, or for exercising any other right under this chapter. This protection applies to Leave taken for any Day the Covered Individual is eligible for Benefits under this policy, any Day for which the Covered Individual meets the Eligibility criteria under this Policy, or any Day the Covered Individual has applied for Benefits in good faith.

Penalty for Violation

If the Policyholder is found in violation of the retaliatory protections of the Program, including obstructing or impeding any application for Leave, the Commissioner of Labor and Industry may issue a penalty to the Policyholder, payable to the Employee aggrieved, in addition to the remedies provided by the Program.

Right to Reinstatement

On return from Leave under this Policy, a Covered Individual is entitled to be returned to the same position the Covered Individual held when Leave commenced or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment, even if the Covered Individual has been replaced or the Covered Individual's position has been restructured to accommodate the Covered Individual's absence, except as provided in the Limitations to Reinstatement provision below.

If the Covered Individual is no longer qualified for the position due to the Covered Individual's inability to attend a necessary course, renew a license, fly a minimum number of hours, or similar condition, as a result of the Leave, the Covered Individual must be given a reasonable opportunity to fulfill those conditions upon return from Leave. The meaning of equivalent position, equivalent benefits, pay and other terms of employment shall have the same meaning as defined by the Program, Employment Protection 268B.09.

Limitations on Reinstatement

A Covered Individual has no greater right to reinstatement or to other benefits and conditions of employment than if the Covered Individual had been continuously employed during the period of Leave under this Policy. The Policyholder must be able to show that a Covered Individual would not otherwise have been employed at the time reinstatement is requested in order to deny restoration of employment.

If a Covered Individual is laid off during the course of taking a Leave under this Policy and employment is terminated, the Policyholder's responsibility to continue the Leave, maintain group health benefit plans and restore the Covered Individual ceases at the time the Covered Individual is laid off, subject to any obligations under a collective bargaining agreement. The Policyholder has the burden of proving that a Covered Individual would have been laid off during the period of Leave under this Policy and, therefore, would not be entitled to restoration to a job slated for layoff when the Covered Individual's original position would not meet the requirements of an equivalent position.

If a shift has been eliminated or overtime has been decreased, a Covered Individual would not be entitled to return to work that shift or the original overtime hours upon restoration. However, if a position has been filled by another employee, the Covered Individual is entitled to return to the same shift on which employed before taking leave under this Policy.

If a Covered Individual was hired for a specific term or only to perform work on a discrete project, the Policyholder has no obligation to restore the Covered Individual if the employment term or project is over and the Policyholder would not otherwise have continued to employ the Covered Individual.

CERTIFICATION AND DOCUMENTATION

The Covered Individual may be required to provide verification, certification, and other documentation required by the Program to support the requested qualifying Leave. We will provide claim forms and will follow the requirements and procedures in compliance with the Program.

A Covered Individual will need to submit some or all of the following, as applicable, to file a claim for Benefits, or an extension to an existing approved Claim:

1. Covered Individual information, including:
 - a. first and last name;
 - b. date of birth;
 - c. Social Security Number or Individual Taxpayer Identification Number; and
 - d. contact information, including mailing address and telephone number.
2. documentation verifying the Covered Individual's identity
3. information about the Covered Individual's current employment from which they are requesting Leave;
 - a. business name and dates of employment; and
 - b. number of hours in a Typical Work Week.
4. whether the Covered Individual is eligible for any other type of benefits, including workers compensation and disability benefits.
5. a written or electronically signed statement declaring under oath that the information provided in support of the claim for Benefits is true and correct to the best of the Covered Individual's knowledge.

In addition to the information described above, We may require the following additional information, as applicable to file a claim for Benefits, or an extension to an existing approved claim:

1. For Medical Leave Benefits for the Covered Individual's own Serious Health Condition, the certification must be reviewed and signed by a Health Care Provider with knowledge of the qualifying event and include:
 - a. the date on which the Serious Health Condition began;
 - b. the probable duration of the Serious Health Condition;
 - c. the appropriate medical facts within the knowledge of the Health Care Provider provided as required by the Program;
 - d. an explanation of how Intermittent Leave would be medically beneficial to the Covered Individual, if applicable;
 - e. a reasonable estimate of frequency and duration of expected Leave, if the Covered Individual is taking Intermittent Leave;
 - f. an estimated treatment schedule, if applicable; and
 - g. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator.
2. For Medical Leave Benefits for the Covered Individual's Medical Care Related To Pregnancy, the certification must be reviewed and signed by a Health Care Provider with knowledge of the qualifying event and include:
 - a. the Covered Individual is experiencing Medical Care Related To Pregnancy;
 - b. the expected recovery period based on the appropriate medical facts within the knowledge of the Health Care Provider; and
 - c. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator.

3. For Family Leave Benefits to care for a Family Member with a Serious Health Condition, the certification must be reviewed and signed by a Health Care Provider with knowledge of the qualifying event and include:
 - a. the date on which the Serious Health Condition commenced;
 - b. the probable duration of the Serious Health Condition;
 - c. the appropriate medical facts within the knowledge of the Health Care Provider, provided as required by the Program;
 - d. a statement that the Family Member requires care;
 - e. a reasonable estimate of amount of time that the Family Member will require care;
 - f. an explanation of how Intermittent Leave to care for the Covered Individual's Family Member would be medically beneficial, if applicable; and
 - g. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator.

4. For Family Leave Benefits to Bond because of the birth of a Covered Individual's Child, the certification must be reviewed and signed by a Health Care Provider with knowledge of the qualifying event and include:
 - a. the Child's birth certificate; or
 - b. a document issued by the Health Care Provider of the Child or the Health Care Provider of the person who gave birth, stating the Child's birth date or estimated due date; and
 - c. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator.

5. For Family Leave Benefits to Bond because of the placement of a Child with the Covered Individual for adoption or foster care, the certification must include:
 - a. proof of adoption placement and date of placement, which may include documentation from a court or an adoption agency, or Health Care Provider; and
 - b. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator].

If a Covered Individual status changes as an adoptive or foster parent while application for Benefits is pending or while the Covered Individual is receiving Benefits, the Covered Individual must notify Us or the Policy Administrator of the change in writing.

6. For Family Leave Benefits because of a Qualifying Exigency, the certification must include:
 - a. a copy of the Family Member's active-duty orders;
 - b. other documentation issued by the United States armed forces; and
 - c. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator.

7. For Family Leave Benefits because of a Safety Leave, the certification must include:
 - a. a court record or documentation signed by a qualified person acting in the qualified person's professional capacity to declare a need for Safety Leave, this record is not required to disclose the Covered Individual's, or the Covered Individual's Family Member's, domestic abuse, sexual assault, or stalking; and
 - b. any other reasonable information or documentation necessary to adjudicate the claim for Benefits, as requested by Us or the Policy Administrator.

APPEALS

In the event that a Covered Individual's request for Leave is denied, in whole or in part, or the amount of the Benefits is contested, the Covered Individual has the right to request administrative review of a decision by Us within 30 Calendar Days. If We maintain the denial, the Covered Individual may appeal to the Department as permitted in the Program, Minnesota Statutes 268B.08.

If no appeal is filed within 30 Days, the determination or decision is conclusive and final, unless the appealing party can demonstrate "Good Cause" for failing to file in a timely manner. For the purposes of this section, "Good Cause" is a reason that would have prevented a reasonable person acting with due diligence from filing in a timely manner. Deadlines to file an appeal will be extended to 60 days for "Good Cause".

Reasons for Appeal

- A. Within 30 Days from the issuance of one of the following determinations, a Covered Individual may appeal to Us:
1. a financial eligibility determination or amended financial eligibility determination regarding:
 - a. whether services performed constitute employment;
 - b. whether the employment is Covered Employment;
 - c. whether money paid constitutes Wages; or
 - d. a denial resulting from the applicant's missing or incomplete documentation;
 2. an eligibility determination related to the seasonal employment status of an individual;
 3. an eligibility determination regarding:
 - a. the financial eligibility of the Covered Individual;
 - b. calculations of Weekly Benefit Amount;
 - c. work schedule, and leave balance available; or
 - d. a denial resulting from missing or incomplete documentation;
 4. the denial of a Good Cause demonstration; and
 5. a determination of overpayment penalty.
- B. Within 30 Days from the issuance of one of the following determinations, the Policyholder may appeal to Us:
1. a denial of an application for seasonal worker status under section 268B.01, subdivision 35;
 2. a financial eligibility determination or amended financial eligibility determination regarding:
 - a. whether services performed constitute employment;
 - b. whether the employment is Covered Employment; or
 - c. whether money paid constitutes Wages;
 3. a notice of penalties is sent by Us under section 268B.10, subdivision 17;
 4. a notice of the determination of the calculation of premiums;
 5. a determination of denial; and
 6. a determination of penalty.

The computation of time provisions of Minnesota Law sections 645.15 and 645.151 apply to this section.

CLAIMS PROVISION

Required Notice to the Policyholder by Covered Individual

A Covered Individual shall give not less than 30 Calendar Days' notice to the Policyholder of the anticipated start date of Leave. If the necessity for Leave is not foreseeable or providing 30 Days' notice is not possible, the notice must be provided as soon as practicable, within 30 Days after their first Day of Leave is taken. The Covered Individual shall make a reasonable effort to schedule Leave so as not to unduly disrupt the operations of the Policyholder.

Whether Leave is Continuous or to be taken Intermittently, notice need only be given one time, but the Covered Individual must advise the Policyholder as soon as practicable if dates of scheduled Leave changes, are extended, or were initially unknown.

Such notification may be in the same manner as the Covered Individual and Policyholder typically communicate work availability, and absent unusual circumstances, must comply with the Policyholder's usual and customary notice and procedural requirements for Leave, unless those requirements are contrary to rights, Benefits, or protections afforded to the Covered Individual under the Program. Leave under this Policy must not be delayed or denied where the Policyholder's usual and customary notice or procedural requirements require notice to be given sooner than set forth in the Program.

The Policyholder may require a copy of the Certification, that is required by the Certifications and Documentations section of this Policy, be provided to the Policyholder by the Covered Individual. Upon written request the Covered Individual will provide a copy of the certification as soon as practicable and possible given all the facts and circumstance in the individual case.

The Policyholder must not require the Covered Individual seek or find a replacement worker to cover the hours the Covered Individual uses under this Policy.

Application for Benefits

An application for Benefits under this Policy may be filed up to 60 Days prior to Leave being taken in person, by mail, or by electronic transmission as required by Us or the Policy Administrator. The Covered Individual must include a Certification supporting a request for Leave, as required by the Certification and Documentation Section of this Policy. The Covered Individual must meet Eligibility Requirements and provide all requested information. If the Covered Individual fails to provide all requested information within 31 days, the Covered Individual's application for Benefits will be closed.

We will examine each application to determine the Base Period and Benefit Year, and based upon the Employee's Wage Credits in the Base Period, We will determine the Financial Eligibility of the Covered Individual, which includes the Weekly Benefit Amount available, if any, and the Maximum Amount of Benefits available, if any.

We will notify the Policyholder for which the Covered Individual is taking Leave, either in writing or electronically, not more than 5 business Days after a claim for Benefits has been filed by a Covered Individual or former Employee.

We may at any time within 12 months from the establishment of a Leave, reconsider any determination of Benefits and make an amended determination if We find the Wage Credits listed in the determination were incorrect for any reason. An amended determination of Benefits must be promptly sent to the Covered Individual and the Policyholder, by mail or electronic Transmission. The ability to amended determination may not apply to determinations of eligibility or determinations of ineligibility issued.

If an amended determination of Benefits reduces the Weekly Benefit Amount or the Maximum Amount of Benefits available, any Benefits that have been paid greater than the Covered Individual is entitled to will be considered an Overpayment and subject to the Overpayment Provision of this Policy.

Determination of Eligibility

Within two weeks of receiving an application for Benefits, We will determine any issue raised by the information provided by the Covered Individual's application for Benefits and send a determination of eligibility or a determination of ineligibility to both the Covered Individual and the Policyholder, via mail or electronic transmission.

If additional information is needed from the Covered Individual prior to Our determination being made, We shall provide 30 days for the Covered Individual to respond to a request for additional information. If the requested information is not provided in time, the Covered Individual's application will be denied.

If a submitted application has been determined to be incomplete, We will close the application. A Covered Individual will have the ability to reopen a closed claim in a manner and form prescribed by Us.

The Covered Individual will have the ability to appeal a determination of ineligibility in accordance with the Appeals Section of this Policy. The determination of ineligibility will indicate the consequences of the Covered Individual not appealing.

If it is determined that an applicant has obtained Benefits through misrepresentation, We will issue a determination of ineligibility within 12 months of the Effective Date of Leave. The applicant will be subject to the Overpayments Due to Misrepresentation provision of this Policy and the Program.

If it is determined that an applicant has obtained Benefits under this Policy that they are not eligible for due to the Workers' Compensation Laws of Minnesota, Workers' Compensation Laws any other state, or similar federal law, We will file an intervention in a Workers' Compensation matter and We will issue a determination of ineligibility within 48 months of the Effective Date of Leave.

Child Support

The Covered Individual must disclose if child support obligations are owed and, if so, in what state and country. If child support obligations are owed and the Covered Individual receives Benefits under this Policy, We must notify the child support agency.

We must deduct and withhold from any Benefits payable under this Policy to a Covered Individual who owes child support obligations:

1. the amount required under a proper order of a court or administrative agency; or
2. the amount determined under an agreement under United States Code, title 42, section 454 (20)(B)(i), of the Social Security Act; or
3. the amount specified by the Covered Individual.

Any amount deducted and withheld must be paid to the child support agency, must for all purposes be treated as if it were paid to the Covered Individual as a Benefit under this Policy and paid by the Covered Individual to the child support agency in satisfaction of the Covered Individual's child support obligations. This does not include spousal maintenance or foster care payments.

PREMIUM PROVISIONS

Premium Payments

The first premium is due on the Policy Effective Date. Premiums paid after the first premium are renewal premiums. Renewal premiums are payable on or before the Due Date. Premiums will include rider premiums, if any.

Employee Premium Contributions

A Covered Individual premium contribution amount will be calculated consistent with the requirements of the Program. If the Covered Individuals contribute to the premium the contribution amount will not exceed the maximum portion of contribution for Covered Individuals as described in the Program. The Covered Individual's premium contribution amount will be 50%.

Contributions will be paid through a deduction of the Covered Individual's Wages. This deduction must be in equal proportion to the premiums paid based on the Wages of that Covered Individual. Deductions for premium contributions must not cause a Covered Individual's Wage to fall below the rate required to be paid to a Covered Individual by any applicable statute, regulation, rule ordinance, or government resolution or policy, whichever rate of pay is greater.

Grace Period

A Grace Period of 31 Days will be granted for the payment of each premium falling due after the first premium. During the Grace Period, the coverage offered under this Policy shall continue in force unless the Policyholder gives Us written notice of termination in advance of the date of termination and in accordance with the terms of this Policy. If the entire premium is not paid by the end of the Grace Period, the coverage provided by this Policy will terminate.

Reinstatement

If any renewal premium is not paid within the Grace Period and this Policy is terminated, a subsequent acceptance of premium by Us or by any agent duly authorized by Us to accept such premium, without requiring an application for reinstatement, shall reinstate the Policyholder's coverage. However, if We or Our agent require an application for reinstatement, the Policyholder's coverage will be reinstated upon the earlier of the approval of the application by Us, or the 45th Day following the date the premium was received by Us, unless We have previously notified the Policyholder in writing of Our disapproval of the application.

The reinstated insurance shall cover only Leaves occurring after the date of reinstatement. In all other respects, all parties shall have the same rights as under the Policy immediately before the due date of the defaulted premium, subject to the provisions of any Rider which may be attached in connection with the reinstatement.

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 Days prior to the date of reinstatement.

GENERAL PROVISIONS

Entire Contract

The Policy, including any endorsements, amendments and Riders, the Policyholder application which is attached to the Policy when issued, and any Covered Individual enrollment forms issued comprise the entire contract between the parties.

All statements made by the Policyholder or the Covered Individual, in the absence of fraud, are representations and not warranties. Only written statements by the Policyholder or the Covered Individual and attached to this Policy, will be used to deny a claim.

Assignment

Any assignment of Benefits under this Policy is void. Benefits are exempt from levy, execution, attachment, or other remedy provided for the collection of debt. Any waiver of this provision is void.

Reimbursement of Advance Payments

If the Policyholder makes advance payments to a Covered Individual that are equal to or greater than the amount required under this Policy, during any period of Leave for which such Covered Individual is entitled to the Benefits provided by this Policy, We shall reimburse the Policyholder out of any Benefits due or to become due for the existing Leave, if the claim for reimbursement is filed with Us prior to Our payment of the Benefits under this Policy to the Covered Individual.

Any Weekly Benefit Amount awarded pursuant to this provision are paid directly to the Policyholder, not to the Covered Individual. The Policyholder must verify to Us that it paid the Covered Individual partial or full Weekly Benefit Amount in excess of what would be due under the Program prior to receiving reimbursement.

The Policyholder assumes the risk that a Covered Individual for whom the Policyholder paid the Weekly Benefit Amount in advance will not apply for Benefits, that We will award the Weekly Benefit Amount in an amount less than that which was advanced to the Covered Individual, or that We will award no Weekly Benefit Amount.

If the Policyholder is not reimbursed or is reimbursed an amount less than that which the Covered Individual was paid in advance, it may not recoup from the Covered Individual the difference between the amount paid in advance and the amount reimbursed.

The Policyholder's prepayment of Benefits does not modify the Covered Individual's appeal rights or procedures.

Verification of Wages

If the Policyholder does not submit Wage detail information as required by the Program, We may accept a Covered Individual's certification of Wage Credits, based on the Covered Individual's records to determine the Financial Eligibility of the Covered Individual.

Overpayments

Any Covered Individual who, because of a determination or amended determination or because of an appeals decision, has received Benefits that the Covered Individual is not entitled to, is overpaid the Benefits and must promptly repay the Benefits to Us. If the Covered Individual fails to repay the overpaid Benefits, including any penalty and interest assessed as allowable by the Program, the total due may be collected by the methods allowable under state and federal law.

Overpayments Due to Misrepresentation

A Covered Individual who has committed misrepresentation if the Covered Individual is overpaid Benefits by making an intentionally false statement or representation in effort to fraudulently collect Benefits. Overpayment because of misrepresentation does not occur where there is an unintentional mistake or a good faith belief as to the eligibility or correctness of the statement or representation.

After the discovery of facts indicating interpretation, We will issue a Determination of Overpayment penalty, assessing a penalty equal to 15% of the amount overpaid. The Determination of Overpayment penalty will state the methods of collection We may use to recover the overpayment, penalty, and interest assessed. Money received in repayment of overpaid Benefits, penalties, and interest is first applied to the Benefits overpaid, second to the penalty amount due, and third to any interest due. We are authorized to issue a Determination of Overpayment penalty within 24 months of the establishment of the Leave upon which the Benefits were obtained through misrepresentation.

For any Benefits obtained by misrepresentation, and any penalty assessed under this provision, We must assess interest on any amount that remains unpaid beginning 30 Calander Days after the date of the Determination of Overpayment Penalty. Interest is assessed at the rate of 6% per year. A Determination of Overpayment Penalty will state that interest will be assessed. Interest is not assessed on unpaid interest.

Overpayments Due to Theft

An individual is guilty of theft and must be sentenced under section 609.52 if the individual obtains or attempts to obtain, or aids or abets any other individual to obtain, by intentional false statements or representations, by intentional concealment of material fact, or by impersonation or other fraudulent means, Benefits to which the individual is not entitled to under this Policy.

The Policyholder, or any officer or agent of the Policyholder, or any other individual has committed fraud and is guilty of a crime, if, in order to avoid or reduce any payment required from the Policyholder under this Policy, to improperly secure a grant under section 268B.29, or to prevent or reduce the payment of Benefits to a Covered Individual, they:

1. make a false statement or representation knowing it to be false;
2. knowingly fail to disclose a material fact; or
3. knowingly advise or assist a Policyholder in violating either clause 1 or 2.

If Benefits are paid erroneously or as a result of willful misrepresentation, or if a claim for Benefits is rejected after Benefits are paid, the Claimant must promptly repay the Benefits to Us.

Conformity with State Statutes

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

POLICY SCHEDULE PAGE

POLICY NUMBER: 9042
POLICYHOLDER: Lakeville Arenas
POLICY EFFECTIVE DATE: January 1, 2026
INITIAL POLICY TERM: January 1, 2026 – December 31, 2026
POLICY ANNIVERSARY: January 1
ISSUE STATE: Minnesota
PREMIUM DUE DATE: First of month

Policy Administrator:

Related Risk, An Alera Insurance Agency, LLC
5 Cold Hill Road South, Ste 20
Mendham, NJ 07945
800-401-2691
Info@absencesolved.com
<https://absencesolved.com/>

ELIGIBLE CLASS

All Covered Individuals employed by the Policyholder located in Minnesota as defined by the Program.

MAXIMUM BENEFIT DURATION

- 1. Medical Leave Benefit:** The lesser of 12 Weeks, or 12 Weeks minus the number of Weeks within the same Benefit Year that the Covered Individual has received for Family Leave Benefits plus 8 Weeks.
- 2. Family Leave Benefit:** The lesser of 12 Weeks, or 12 Weeks minus the number of Weeks within the same Benefit Year that the Covered Individual has received Medical Leave Benefit plus 8 Weeks.

WEEKLY BENEFIT AMOUNT

The Covered Individual's Weekly Benefit Amount is calculated by adding the amounts obtained by applying the following percentages to a Covered Individual's Average Weekly Wage:

1. 90 Percent of Wages that do not exceed 50 percent of the State's Average Weekly Wage; plus
2. 66 Percent of Wages that exceed 50 percent of the State's Average Weekly Wage; plus
3. 55 Percent of Wages that exceed 100 percent of the State's Average Weekly Wage.

MAXIMUM WEEKLY BENEFIT AMOUNT

The Maximum Weekly Benefit Amount is equal to the State's Average Weekly Wage.

PREMIUM AMOUNT:

\$0.83% of wages

COVERED INDIVIDUAL PREMIUM CONTRIBUTION AMOUNT:

50% of the Premium Amount