

RESOLUTION OF THE GOVERNING BODY OF  
THE THREE AFFILIATED TRIBES OF THE  
FORT BERTHOLD RESERVATION

WHEREAS, This nation having accepted the Indian Reorganization Act of June 18, 1934, and authority under said Act; and

WHEREAS, The Constitution and By-laws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the Tribe and Tribal members; and

WHEREAS, The Three Affiliated Tribes has invited the Satterlee Services of Williston, North Dakota to assist with obtaining Health Insurance for Tribal employees and Council members; and

WHEREAS, The Satterlee Services has obtained the Occidental Life Insurance Company and Bankers Life & Casualty Company, to present to the Tribal Business Council and Tribal employees for selection; and

WHEREAS, The Three Affiliated Tribes Business Council and Tribal employees have selected the Occidental Health Plan as their Health Insurance Representative.

NOW THEREFORE BE IT RESOLVED, That the Tribal Business Council hereby accepts the Occidental Life Insurance Company Hospital Insurance Plan, the employer paying for the employee and the employee paying additional coverage for dependents.

C E R T I F I C A T I O N

I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 11 members of whom 7 constitutes a quorum, 10 were present at a Regular meeting, thereof duly called, noticed, convened and held on the 12 day of February, 1981; that the foregoing resolution was duly adopted at such meeting by the affirmative vote of 10 members, 0 members opposed, 0 members abstained, 0 members not voting and that said resolution has not been rescinded or amended in any way.

Chairman            (Voting)            (~~Not Voting~~)

Dated this 12 day of February, 1981

Albie Walker  
SECRETARY: TRIBAL BUSINESS COUNCIL

ATTEST:  
Susan A. Dierker  
CHAIRMAN: TRIBAL BUSINESS COUNCIL

HEALTH INSURANCE

OCCIDENTAL LIFE

Costs to Program			(\$50.00 Deductable)
Single:	\$ 31.58	Health (Medical Costs)	
	3.70	Life Insurance (Employee Only)	
	.60	Additional (Accidental)	
	5.27	Dental	
	<u>\$ 41.15</u>	PER MONTH x 12 Months	
	\$ 493.80	PER YEAR (Program Costs)	
Dependent:	\$ 46.21	(Medical Costs)	
	3.70	Same as above	
	.60	Same as above	
	7.26	Same as Above	
	<u>\$ 57.77</u>	PER MONTH x 12 Months	
	\$ 693.24	PER YEAR (Program Costs)	
Married (Family):	\$ 77.79	Medical Costs	
	3.70		
	.60		
	<u>12.53</u>		
	\$ 94.62	PER MONTH x 12 Months	
	\$1155.44	PER YEAR	

The Program fringe benefit line item generally worked out with a .15% fringe benefit costs.

Actual:

940 SS (FICA)	6.75%
Workmens Compensation	2.15% High Rate
941 Federal Unemployment	.006%
State Unemployment	4.80%
	<hr/>
TOTAL	13.70%

There is a 13.70% total fringe costs to the program

There is 1.30% remaining.

HEALTH INSURANCE  
OCCIDENTAL LIFE

(1) SINGLE:

Medical & Hospitalization (\$50.00 Deductible by the Indian Health Service)	\$ 31.58	
Life Insurance	3.70	
Accidental Life	.60	
Dental (\$50.00 Deductible by IHS)	5.27	
	\$ 41.15	PER MONTH

(2) DEPENDENT:

(Head of Household & Children)

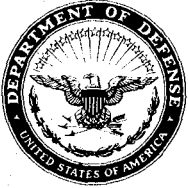
Program Costs	\$ 31.58	Employee
Employee Costs	14.63	Dependents
Program Costs - Life Insurance	3.70	Employee Only
Program Costs - Accidental Life	.60	Employee Only
Program Costs - Dental	5.27	Employee
Employee Costs - Dental	1.99	Dependental
	\$ 57.77	PER MONTH
	-41.15	PER MONTH-Employee
	\$ 16.62	PER MONTH-Dependent Costs

\$16.62 Per Month x 10 months = \$166.20 ÷ 23 Pay Periods = \$7.22 payable per Pay Period.

(3) FAMILY:

Program Costs	\$ 31.58	Employee
Employee Pays (Wife & Children)	46.21	Dependents
Life Insurance	3.70	Employee Only
Accidental	.60	Employee Only
Program Costs - Dental	5.27	Employee
Employee Cost - Dental	7.26	Dependents
	\$ 94.62	PER MONTH
	-41.15	PER MONTH-Employee
	\$ 53.47	PER MONTH-Dependent Costs

\$53.47 Per Month x 10 months = \$534.70 ÷ 23 Pay Periods = \$23.24 payable per Pay Period.



DEPARTMENT OF THE ARMY  
OMAHA DISTRICT, CORPS OF ENGINEERS  
RIVERDALE REAL ESTATE OFFICE  
ADMINISTRATION BUILDING  
RIVERDALE, NORTH DAKOTA 58565

MRORE-G

3 December 1980

SUBJECT: Garrison Dam/Lake Sakakawea Project, North Dakota - Three  
Affiliated Tribes - Proposed Public Park, White Shield Area

Mr. Austin Gillette, Chairman  
Tribal Council  
Three Affiliated Tribes  
Administration Building  
New Town, North Dakota 58763

RECEIVED

DEC 4 1980

THREE AFFILIATED TRIBES

Dear Mr. Gillette:

Please refer to the phone conversation on 2 December 1980 between you and Jacquilynn Bratz of this office.

As discussed with you, higher authority has determined that the Whild Shield Area requested by the Three Affiliated Tribes be submitted as a separate public park lease rather than supplementing License No. DA-25-066-CIVENG-63-1212 since the area is not contiguous with their other park areas. We are inclosing a photocopy of the proposed lease for your review.

Prior to this lease being executed, we also need the following:

*Tom* 1. The Three Affiliated Tribes are requested to provide the BIA road number and/or written assurance that there is a public road providing access to the area. *No. 1*

2. The Development Plans as submitted by the Three Affiliated Tribes be revised to accomplish fence construction and ~~tree~~ planting the first year. We are returning a photocopy of the original Development Plans submitted for your use in preparing new Development Plans, map and Tribal Resolution.

*Very white* 3. We will need evidence that proper insurance coverage has been obtained in accordance with Condition No. 11 of the proposed lease prior to delivery of an executed lease.

As agreed between you and Mrs. Bratz, as soon as the Tribal Council has reviewed the proposed lease and can furnish the requirements as listed in 1, 2 and 3 above, contact Mrs. Bratz for an appointment to meet with the officers of the Three Affiliated Tribes to execute the lease.

Sincerely yours,

H. F. JOSEPHSON  
Chief, Real Estate Office

2 Incl  
1. cy prop lease  
2. cy plans

Occidental Life

Bankers Life

Advantages

Deductable	50.00	100.00	<u>Occidental</u> at \$50.00
Co-insurance	80%-20% up to 2,500.00 of medical expenses.	80%-20% up to 2,000 of medical expenses.	<u>Bankers-insured's share</u> (20%) equals 500.00 with <u>occidental</u> only 400.00 with Bankers.
Maximum that can be spent on a family member in a calendar year.	deductable 50.00 20% co-ins. up to 500.00 Total 550.00	deductable 100.00 20% co-ins. up to 400.00 500.00	<u>Bankers</u> -\$50.00 less
Money paid out before deductible & co-insurance.	Up to 31 days of hospital room & \$2000.00 of miscellaneous hospital expenses.	-0-	<u>Occidental</u>
Routine physical exams	No	Yes	<u>Bankers</u>
Alcohol & Drug Treatment	Yes	Yes	Same
Lifetime maximum of benefits paid by company.	1,000,000.00	Unlimited	<u>Bankers</u>
Monthly cost.	Employee 31.58 Dependents 46.21 Family 77.79	Employee 32.40 Dependents 48.84 Family 81.24	<u>Occidental</u> less Employee by .8 Dependents by 2.0 Family by 3.0
Life Insurance (Employee only)	\$10,000	\$10,000	Same
Monthly cost for life ins	3.70	2.10	Bankers by 1.60 per month.
Accidental death	10,000	-0-	<u>Occidental</u>
Monthly cost	.60	-0-	<u>Occidental</u>
DENTAL OPTION			
DEDUCTABLE	50.00	100.00	<u>Occidental</u>
Co-insurance	80% 20%	80% 20%	Same
Annual Maximum of benefits.	1,000.00	1,000.00	Same
Gold fillings & appliances co-insurance	50% 50%	50% 50%	Same
Orthodontia (Braces & Bridges)	Not covered	Not covered	Same
Monthly cost	Employee 5.27 Dependent 7.26 Family 12.53	Employee 5.26 Dependent 8.71 Family 13.97	Bankers Employee . Occidental Dependent 1. Occidental Family 1.