If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at www.Michigan.gov/MDOT-ADA.

Michigan Department of Transportation 2067 (06/2025)

PUBLIC ACT 51, SECTION 18j, MCL 247.668j Annual Certification of Employee-related Conditions

CERTIFICATION YEAR: 2025

COUNTY ROAD AGENCY NAME Newaygo County Road Commission			
Beginning September 30, 2015, and made for compliance to Section 18j(agency must certify that it has (a) de described OR (b) the local road ager or elected public officials in complian	annually each 1) of Public Ach veloped an er ncy must certifice with the pu	n September 30 thereafter, certification of 51 of 1951, MCL 247.668j(1). A local plan for its employee compensation plan for its employee contribution. The second contribution is a second contribution of the secon	al road ployees as its employees oution act,
Compliance with (1)(a) I certify compliance with MCL: Our compensation plan for em). s the minimum criteria of MCL 247.66	68j (a)(i - iv).
Compliance with (1)(b) I certify compliance with MCL 247.668J(1)(b), and as such, offer one of the following:			
 I certify that medical benefits are offered to employees or elected public officials in compliance with the publicly funded health insurance contribution act, 2011 PA 152; or 			
 I certify that the local road agency has exempted itself from the publicly funded health insurance contribution act, 2011 PA 152; or 			
I certify that medical benefits are not offered to employees or elected public officials.			
Non-compliance with (1)(a) or I certify that we are not in compliance I understand that failure to compliance withholding of all or part of Michigan Transportation Fund	pliance with Maply with certile of the distribution	ICL 247.668j(1). fication of (a) or (b) of MCL 247.668j(ions made to this local road agency fr	1) may result in om the
This form must be signed by the Chai and the Chief Financial Officer of the		county Road Commission or the Coun Agency.	ty Executive
SIGNATURE DAME		SIGNATURE	
PRINTÉD NAME \ Kerry Hewitt		PRINTED NAME Derek Wawsczyk	
TITLE	DATE	TITLE	DATE
Office Manager		Manager	08/05/2025

Due Each September 30

Return the completed form to:

E-mail: MDOT-Outreach@Michigan.gov OR Fax Number: (517) 373-6266