



TOOL TALK

A Publication of the Michigan Tooling Association

From Rob's Roost

by: Rob Dumont,
Managing Director



LOOK OUT!!!

While Delphi teeters at the brink of bankruptcy those of you who supply them should be scrambling to ensure your receivables are as secure as possible. Would, that it were that simple! Add to the mix that the word is GM has a Delphi pension liability exposure of some \$9 Billion if Delphi files, and, very quickly the advice in the first sentence applies equally to those who supply GM.

Speaking of GM, their credit rating continues to dive spawning the question "What's lower than 'Junk' in the rating game". A tentative deal has been struck between GM Canada and the CAW apparently meeting the pattern established with Ford and Chrysler. This is more evidence that the big guys continue to demand much more from their suppliers in terms of cost cutting, efficiency and innovation than they can, or care to, impose on themselves. If there's to be pain, let the other guy bear it!

In terms of protecting your receivables, those members who attended our seminars on Bankruptcy and Lien Laws earlier this year should have a good information basis from which to proceed. If you weren't among the attendees, you might be well advised to immediately take steps to find out how to protect yourself.

On getting legal advice, be aware that the area of Bankruptcy and the Lien Laws are special and will not be familiar to all attorneys. You need to consult with practitioners who work in that area of the law. There are two reasons for doing so,

first you don't want to be paying an hourly rate to educate an attorney in a fairly complex area of law. Secondly, in these times and circumstances you don't have the luxury of time to await the outcome of that educational process. The firm you usually deal with may well have people with whom you can consult and who are practicing in that area of law. If not, the firm that put on our seminars can help: Raymond & Prokop, 248-357-3010.

True, legal fees are an additional expense but if you are trying to protect a substantial investment in time, talent and effort that you have put into a project for a teetering customer, this may be not only the wisest additional investment in the project, but also, the cheapest insurance available.

Above all, time really is of the essence, don't waste it pondering the issue, get it done!

Would You Like to Serve on Your Association's Board of Directors?

The Michigan Tooling Association is governed by a 12 person Board of Directors. Each year at least 4 seats on the Board are up for election. Directors are elected to serve a 3-year term. It is a voluntary position, but a very important one.

Terms expiring on December 31, 2005 are George Buhaj (**Avon Broach & Production Company**) and Herb Trute (**T & W Tool & Die Corp.**). In addition, two seats will be open due to term limits.

If you are interested in being on the ballot for the term beginning January 2006, please let us know by either sending a fax to us at 248-488-0500, or e-mailing ron@mtaonline.com by Friday, October 21st.

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MTA Calendar of Events – October '05

Remember to visit the Calendar on the MTA website at www.mtaonline.com for up-to-date information.

- 19 MTA Board of Directors meets
- 20 MTA WCF Board of Trustees meets
- 21 Deadline for MTA Board of Director nominations
- 26 YES! Expo at Ford Field hosed by MTU sponsorships/exhibitors are still needed



Mark's Remarks

by: Mark Tyler, General Manager
MTA Insurance Agency



expectation that the amount payable by the plan will be at least \$2,000 per Medicare eligible individual in 2006.

EMPLOYER REQUIREMENTS—MEDICARE PART D CREDITABLE COVERAGE NOTIFICATION

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) added a new prescription drug program to Medicare. Prescription drug coverage under Medicare will be available starting January 1, 2006. Employers are required to comply with creditable coverage notification to plan participants as follows:

- ❖ Under the MMA provisions, employers and unions that currently provide prescription drug coverage to Medicare beneficiaries must disclose whether the entity's coverage is "creditable prescription drug coverage" (Disclosure Notice) prior to November 14, 2005.
 - ❖ The Disclosure Notice requirement applies to Medicare beneficiaries who are active employees and those who are retired, as well as Medicare beneficiaries who are covered as spouses under active or retiree coverage.
 - ❖ The entity must also provide a disclosure of creditable coverage status to the Centers for Medicare & Medicaid Services (CMS) on an annual basis.
 - ❖ The determination of creditable coverage status does not require the attestation by a qualified actuary unless the entity is an employer or union electing the retiree drug subsidy.
 - ❖ If an entity is not an employer or union that is applying for the retiree drug subsidy, it can determine that its prescription drug plan's coverage is creditable if the plan design meets the following criteria:
 - ◆ The plan provides coverage for both brand and generic prescriptions;
 - ◆ The plan provides reasonable access to retail providers and, optionally, for mail order coverage;
 - ◆ The plan is designed to pay on average at least 60% of participants' prescription drug expenses; and
 - ◆ The plan satisfies at least one of the following:
 - The prescription drug coverage has no annual benefit maximum benefit or a maximum annual benefit payable by the plan of at least \$25,000; or
 - The prescription drug coverage has an actuarial
- ❖ Sample Disclosure Notices for both creditable and non-creditable coverage can be obtained from the CMS website (<http://www.cms.hhs.gov/medicarereform/CCguidances.asp>).
 - ❖ The regulations specify the times when creditable coverage disclosures must be made to Part D eligible individuals on a going forward basis:
 - ◆ Prior to the Medicare Part D Annual Coordinated Election Period (ACEP)—beginning November 15th through December 31st of each year;
 - ◆ Prior to an individual's Initial Enrollment Period (IEP) for Part D;
 - ◆ Prior to the effective date of coverage for any Medicare eligible individual that joins the plan;
 - ◆ Whenever prescription drug coverage ends or changes so that it is no longer creditable or becomes creditable; and
 - ◆ Upon a beneficiary's request.
 - ❖ If the creditable coverage disclosure notice is provided to all plan participants, CMS will consider the above requirements to be met. "Prior to" means that the beneficiary must have been provided the Disclosure Notice within the past twelve months.
 - ❖ BCBSM will not provide any certification to employers regarding the status of creditable coverage for any of their prescription drug plans. The employer must make this determination using the criteria listed above.

For more information on this subject, contact Mark Tyler at the MTA Insurance Agency at 1-866-489-8505 or e-mail to mark@mtaonline.com.

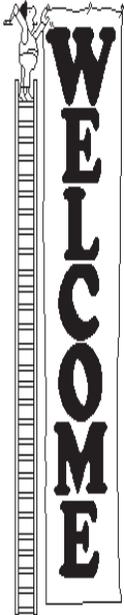
CORRECTION: In last month's Tool Talk, the Medicare Part D had a typographical error.

In the first column on page 2, the article listed the various levels at which government assistance kicks in. Item #5 stated that "After that [the \$3,600 out-of-pocket threshold], Medicare will pay either \$2 generic or \$5 brand or 50%, whichever is greater."

It should have read: "Medicare will pay either \$2 generic or \$5 brand or 5%, whichever is greater"

Welcome New Members!

We would like to take this opportunity to welcome the following new members to the Michigan Tooling Association:



- ❖ **Speedshelf Systems** of Southfield, servicing the area with material handling for Crate and Barrel, Borders and Cabela's;
- ❖ **Great Lakes Metal Stamping** of Bridgeman, servicing the area with metal stamping, assemblies and weldments to the agricultural, appliance, automotive and office furniture markets for Keiper LLC Expert Corp. and Benteler Automotive;
- ❖ **Majeske Machine Inc.** of Plymouth, servicing the area turning, milling, gear cutting (spur, helical) internal splines for R. Cushman & Associates, Roush Industries, Testek, Inc., TNT EDM Inc. and Ann Arbor Machine Co.; and
- ❖ **Knight Carbide** of Chesterfield, servicing the area with carbide cutting tools for Metal Parts Mfg. and Cutting Tool Mfg.

MEMBERS IN THE NEWS



STATEWIDE BORING AND MACHINE of Belleville, Michigan is pleased to announce it has achieved the registration to ISO 9001:2000. Statewide provides Horizontal Boring Mill service from three to thirty-six feet to machinery builders throughout North America. With our registration complete, we look forward to continued growth to better serve our customers, industry and country. This was received from Mike Thomas, president.

Our congratulations and best wishes to the above member. Let us know what is happening at your company. We would like to share it with all our readers.



Legislative Update

by: *Judy Augenstein*
Legislative Consultant, Lansing



The Department of Labor and Economic Growth has reported that the Michigan workers' compensation group self-insurance program has refunded nearly \$53.3 million in unused premiums to employers last year, meaning the employers did not need the money in 2004 to pay workers compensation claims or administrative expenses. Thirty-five group self-insured funds exist in the state, covering 10,120 employers. The self-insured funds took in nearly \$179.1 million in premiums from their members.

Senate republicans have been building a case for legislation that ends pensions and tightens future retiree's health insurance for future public school employees in favor of a 401K-type system that sets stiffer criteria for school retirees to qualify for the system's best health coverage. School administrators have painted a doom and gloom scenario to legislators stating that school employee retirement costs will suck more and more money out of the classroom. The Michigan Education Association blames the recent struggles with the teachers' pension fund on poor Wall Street performance in 2001 and 2002 and has recommended the Legislature to do nothing and the system will fix itself. SB 636 and SB 635 pitch the state's pension system for new employees in favor of a 401K-like system and create a tiered system for those who qualify to receive health insurance in their retirement. The Senate Fiscal Agency estimates the legislation would save the state \$726 per new hire.

Representative Gary Newell, R-Saranac, VC, House Health Policy Committee, has been named to head up a new task force to look at ways to reform the state's Medicaid system. The task force will examine the following issues: Michigan's current Medicaid System, technology and other efficiencies to save and secure Medicaid funding, areas where patients need additional care that the state is currently not providing, and reforms to ensure the system remains viable for residents in the future. Additional members will be named to the task force in the weeks to come.

The Legislature continues to struggle with the 2006 FY budget. The House scuttled the traditional method of putting each department or major budget area into its own budget bill in favor of grouping spending items into one "omnibus bill". The Senate opted to work through the traditional budget process. A House/Senate Joint Conference Committee will work out the points of difference in the budgets.

The Tool and Die Recovery package continues to await final action by the Senate Commerce and Labor Committee, chaired by Senator Jason Allen, R- Traverse City.

From the Desk of Gary Wood

MTA WCF Administrator



2005? Is it almost over, yet?

Time for another primer on what we are doing here as we near the end of the fiscal year for the Fund! Again this year there is a lot of housekeeping which needs to be done before the holidays.

You may have heard that the Fund is up to a little housekeeping, here's why: annually the Fund is required to purchase "excess" (think of it as a high deductible primary policy) insurance to protect the group if for some reason the members have claims which exceed either \$500,000 or 80% of the total premium (this used to be 75%). Every year the ongoing cost of medical services and the increase in average weekly wage has applied a little pressure to the ability of the Fund to maintain a stable rate environment. While claims counts are not skyrocketing, the cost to treat the claimants has really taken off as medical providers find more ways every year to treat a claimant once they have reported an injury. The Fund takes the maximum billing discounts permitted under the rules, but still, there are increased costs.

Because the Fund is a "Pool", each of the members share in the claims. Obviously we like to keep those members around that have fewer claims. The other side of that discussion is that the Fund is reviewing the continued acceptability of those members that have claims in excess of their proportionate share of the premium. Some members may be advised that they need to look elsewhere for their coverage if they are failing to meet the standards or they may be faced with a surcharged premium to bring their loss numbers into concurrence with what is expected by the rest of the members. Not every member will feel the effects of this underwriting exercise but some have and others will.

The staff remains ready to work with you to comply with loss recommendations and suggestions on how you might alleviate some of your claim woes.

Let's Talk About Safety

Since last year the Loss Control staff has visited every facility in the Fund (some more than once). The enhanced version of the "Michigan Tooling Association Workers' Compensation Fund Safety Data Base—2004 With Training Updates" was hand delivered, installed and demonstrated at every member location. This information will continue to be updated regularly to reflect changes pertinent to the members and include MIOSHA required new-employee training information.

The Trustees committed to completing an "alliance" with MIOSHA to better provide for the training and education at the members' facilities. The program has not yet been released but will be available to the members during 2006.

Do You Have a Drug Policy?

The requirement of a drug policy remains in effect:

The Fund's official position is that an owner, officer, or partner will have to sign a form indicating that there is a drug policy in effect. A policy will be mandatory.

The contents of every drug policy remain up to the individual member, but the most effective programs have included pre-employment, random and time-of-injury testing.

A policy has recently been instituted for an at-work alcohol policy. If you have drivers and others operating equipment under the influence of alcohol, you are taking a huge risk with the safety of other employees, the intoxicated employee, your facility and the general public.

Fund Annual Meeting

The Fund's Annual Meeting is scheduled for Thursday, November 17, 2005. The meeting will again be held at the Sterling Inn on the corner of 15 Mile and Van Dyke.

The Trustees and the staff will be in attendance to answer your questions and discuss any of the topics associated with your coverage.

Trustee Elections

The Trustees of the Fund are elected to serve three-year terms. Annually three of the Trustee seats are open to election and the three highest vote recipients are elected. This year the seats occupied by Bobby Cox (**Acorn Stamping** in Oxford), Gerald Decker (**Precision Boring Co.** in Clinton Township) and Richard Smith (**Wolverine Bronze** in Roseville) are up for election.

In addition to the three incumbents, the Fund seeks nominations from qualified members. Trustees must be an officer, partner or owner of a member company.

Trustee's duties include:

- Directing the Administrator;
- Providing for the timely payment of claims;
- Determining payable premium;
- Investing monies not immediately required to pay for claims;
- Accepting new members;
- Terminating members that do not conform;
- Purchasing insurance contracts as required protecting the Fund members;
- Establishing accounts and accounting procedures;
- Maintaining and remaining responsible for all records of the Fund; and
- Auditing the payroll records of the members.

The 2006 ballot will be sent to the Fund members in Octo-

ber. **If you have any interest in serving as a Trustee, please submit your name for nomination to Gary Wood.**

Census Data

The insurance industry continues to require that we collect statistical information from the Fund members. When we request information, it is not because we are trying to impose on you and your time; we have a real need as directed by the insurance companies that provide excess insurance to the Fund. The request will be more important then ever this year as the excess insurance markets begin to feel the effects of yet another bad hurricane season. (The insurance marketplace is so very closely tied together financially that a bad hurricane season does affect the cost of excess and reinsurance).

Aircraft and Watercraft Coverage

In the last several years the excess provider has been charging the Fund an "aircraft seat surcharge" for members that own or lease aircraft for company use. If there is aircraft or watercraft exposure in your business, we need to know about this exposure immediately.

Are you still hanging on?

Last year in October I wrote:

"... will this nation sustain in a dwindling manufacturing economy until the end of the decade. I heard a pundit the other day liken the changes in the manufacturing economy to the changes that similarly occurred around the turn of the last century. While I wasn't here at the time, it is my understanding that our largely agrarian based economy took a huge turn and became a predominantly manufacturing based economy. The service based economy we are looking at in our near future, it was opined, would shadow that major shift in demographics, and we would all soon be living in prosperity in the good old USA.

The conundrum based on that line of thinking is that in an agrarian society, food is produced; in a manufacturing based society, goods are produced. What is produced in a service based society? Economic theory holds that wealth can only be developed when an activity enhances a product or process. I hope we are enhancing the system by the service we are providing."

Good Luck!

Those of you that continue to deal with those enterprises that wish to deal primarily with offshore suppliers need to have a lot of luck for 2006. Recently an article in *The Oakland Press* detailed how a big auto producer openly stated that their 170 top suppliers had better have manufacturing facilities in either Asia, Eastern Europe or South America or they would not be on that top 170 list for very much longer. Further statements in

the same article indicated that some exclusive analyst had determined that 60% of the same manufacturer's suppliers were poised for bankruptcy within the next year.

Where does that leave Michigan based suppliers?

Never mind answering, you already know.



Mileage Rate Change

Just a reminder that the mileage rate has changed for September 1, 2005 until December 31, 2005 from 40.5 cents per mile to 48.5 cents per mile.

Carpe Diem!

Daylight Savings Time ends on Sunday, October 30th. Remember to set your clocks back 1 hour!



TOOL TALK WORD SEARCH

E	G	T	D	I	G	W	E	B	K	E	A	M	Y	M
M	T	I	O	O	F	C	R	L	I	S	J	A	R	Y
A	E	A	C	O	O	E	A	M	S	T	O	R	T	J
N	F	H	C	N	L	T	T	O	K	O	S	K	S	D
U	W	I	O	I	L	I	C	Z	R	P	R	I	U	J
F	W	M	D	O	R	I	N	P	K	E	Q	N	D	O
A	Y	O	O	Z	A	B	R	G	H	Y	B	G	N	J
C	F	T	O	T	Q	B	A	B	V	T	E	M	I	O
T	S	A	I	S	D	X	B	F	S	E	V	A	E	L
U	N	O	I	S	U	R	T	X	E	F	H	L	S	M
R	N	K	G	P	X	O	D	M	G	A	M	L	P	R
E	X	Y	M	E	T	A	L	B	V	L	G	I	Y	O
D	W	A	M	S	O	K	Z	G	I	L	F	R	I	D
E	T	P	R	U	H	F	D	R	Y	R	Y	D	Z	A
S	E	N	G	I	N	E	E	R	M	R	T	E	C	Y

ASSOCIATION

BITS

DIE

DRILL

ECONOMY

ENGINEER

EXTRUSION

FABRICATE

FALL

INDUSTRY

LEAVES

MANUFACTURE

MARKING

MEMBER

METAL

STAMP

TOOLING

TOOLTALK

More Mark's Remarks

by: Mark Tyler, General Manager
MTA Insurance Agency



FAQ on the Subimo Healthcare Advisor TM

What is Subimo?

Subimo is an independent company that provides consumers with web-based resources and information to make better health care decisions in conjunction with their physician. The data included are from objective sources, and Subimo does not receive any funding from hospitals, other health care providers or pharmaceutical companies.

What is the Healthcare Advisor?

The Healthcare Advisor from Subimo is a web site that delivers information that helps consumers think through their health care decisions. The Healthcare Advisor organizes information to promote better decision-making that can lead to better outcomes. The web site provides explanations and statistics that can help people who need to make a significant health care decision or learn how to manage a condition.

The online decision making resources of the Healthcare Advisor that BCBSM and BCN are licensing include:

❖ Coverage Advisor TM—Members can understand what health care services their family is likely to need and then estimate what the cost will be for those services. This assists the consumer in forecasting out-of-pocket expenses under different scenarios. They can also determine whether funding a personal care account—whether an HRA or an HSA—would be sufficient to cover anticipated expenses and the tax consequences of funding an account.

❖ Hospital Advisor TM—Members can find and compare hospitals in their area based on factors such as:

- Patient volume;
- Complication/infection rates; and
- Hospital reputation and other factors.

It is important to note that this is not a hospital ranking tool and BCBSM is not making any determination of one hospital's rank over another. Members define the importance of various criteria so results are specific to the user. The results presented are determined by how well the member defined criteria matches up with the hospitals in the subscriber's search area.

❖ Pharma Advisor TM—Members can get clinical, cost and lifestyle answers about high cost drugs and high utilization conditions so they can better manage their health and health care dollars. Members can compare available drugs and how they work on specific conditions, get detailed information

about their condition and drug treatments, and see tradeoffs between costs and other factors, including side effects, efficacy and dosage.

❖ Physician Selection Advisor TM—This resource provides members with a list of criteria to use in selecting a physician. They specify which criteria are important and receive a list of physicians that fit the specified criteria. Members can prepare comparison reports on physicians that include items such as:

- Where the physician went to medical school/residency;
- Hospital affiliation;
- Board certification for specific specialties; and
- Years since graduation.

This information is a supplement to what is already available on BCBSM's online provider directories.

❖ Treatment Cost Advisor TM—This tool helps members estimate the costs of specific healthcare services. It is designed to allow members to choose the type of service, provide some basic demographic information regarding age, region and gender, and get out-of-pocket cost estimates. They will even be able to distinguish differences between in and out of network.

What are the data sources for these tools?

BCBSM and BCN did not collect or provide any information contained in the Healthcare Advisor. Subimo aggregates, organizes and models the best publicly available information to help consumers make informed decisions about medical care. Subimo pulls together information from reliable, objective sources, including the Centers for Medicare & Medicaid, the Leapfrog Group, the American Hospital Association/Health Forum, and state and local sources.

Who has access to the Subimo tools and how do users obtain access?

The Healthcare Advisor was made available to all BCBSM and BCN members on September 1, 2005, when they login to "Member Secured Services" in the Member area of www.bcbsm.com (or www.mibcn.com for BCN members). If a member does not have access, she/he must register online to create a user ID and password. Their Blue Cross Blue Shield of Michigan ID contains information they need to register.

One tool, the Coverage Advisor TM tool, is a pre-enrollment tool. Users will not be required to be registered to access this specific tool. This tool will be made available via a hyperlink from BCBSM and BCN websites.

How does this information relate to online information available through BlueHealthConnection and the BlueHealthConnection program?

This information is distinct from the online information

available through BlueHealthConnection provided by Health AtoZ. BlueHealthConnection contains, for example, an online health risk assessment, a personal health record, health content and specific disease guides. BlueHealthConnection does not have any of the specific Healthcare Advisor modules. Subimo is specifically focused on the provision of data to help members make better health decisions. The information from Subimo is a supplement, and not a replacement, for the information available through BlueHealthConnection. Examples of key differences between these two online resources are included below:

- ❖ With Healthcare Advisor a subscriber can:
 - Research and compare hospital quality;
 - Research and compare information on doctors;
 - Compare drug treatment options; and
 - Research costs for common health care services.

- ❖ With BlueHealthConnection a subscriber can:
 - Take a Health Risk Appraisal;
 - Create a customized health dashboard and personal health record;
 - Read health tips, articles, prevention information; &
 - Research a condition.

Note: BCBSM Traditional and Community Blue PPO members who have questions about their health can talk with our registered nurse health coaches at: BlueHealthConnection for BCBSM 1-800-775-BLUE (2583).

BlueHealthConnection for BCN members with a health question or who would like to request health materials is available at 1-800-637-2972.

Customer Service Representatives can refer qualifying members with health questions to the BlueHealthConnection program. Our BlueHealthConnection nurses will be trained on the Subimo website.

Can these tools be accessed by BCBSM/BCN employees (for example, CSRs, Provider Inquiry, Care Management Nurses, Field Consulting)?

Yes. The tools will be made available for direct employee access on the CSR portals <http://blueslink.bcbsm.com/csr/index.shtml>. The Healthcare Advisor tool will be available as a link under the “Resource Sites” section of the CSR portals. A link will be made available from each of the inquiry areas including local member servicing, auto/national member servicing, provider servicing and BCN member servicing. Users can follow the directions on the CSR portal to establish a desktop shortcut.

Is the Subimo site confidential?

All information and use of the site is completely confidential. No attempt will be made to identify specific users of the Healthcare Advisor.

Where can a subscriber get answers to questions on the Subimo website?

If the question relates to the site, the data or any information on the site, members should first check the FAQ link on the bottom of every page. If they still have a question, they can e-mail Subimo directly at questions@subimo.com, and Subimo will respond within two business days. Subimo is clear on their web site that if the subscriber has a question about benefits, coverage for a particular provider or eligibility, they should follow the member assistance directions listed on the back of their insurance card.

How does BCBSM Center’s of Excellence programs relate to the Subimo Hospital Advisor tool?

The information available from Subimo is only meant to provide additional information that a subscriber can use when choosing a hospital. BCBSM has established quality criteria for hospitals that have earned the Center of Excellence designation (for example, Cardiac Centers of Excellence). If a subscriber is in need of care for which BCBSM has a COE program, they are encouraged to use the hospitals in the COE programs.

Because the “importance” criteria are defined by the user of the Subimo tool and these criteria may be different from what BCBSM used to select COE hospitals, members should not expect the results of a hospital search on Subimo to be identical to the list(s) of hospitals in the Centers of Excellence network(s).

Have hospitals and doctors in Michigan been notified about Subimo?

Yes. The Michigan Hospital Association and Michigan State Medical Society have been notified about the capability. Also, an article is planned for an upcoming BCBSM publication and a letter was sent to each acute care hospital in Michigan notifying them of BCBSM's plan to use Subimo on their web sites.

Subimo has developed a hospital data summary web site that uses a display format that lets hospitals see their information, suggest changes, post comments, and provide additional information about their facility to consumers.

Happy Halloween!

*Eye of newt, and toe of frog,
Wool of bat, and tongue of dog,
Adder’s fork, and blind-worm’s sting,
Lizard’s leg, and howlet’s wing,--
For a charm of powerful trouble,
Like a hell-broth boil and bubble.*

*—William Shakespeare
Witches in Macbeth (IV, i, 14-15)*



MULTI-TASKING

The National Safety Council acknowledges that states have laws that prohibit distracted driving and that no one has a right to put others at risk.

The Council recognizes that electronic devices such as cell phones provide extraordinary benefits to public safety and productivity. However, a driver's first responsibility is the safe operation of the vehicle and that the best practice is not to use any electronic devices, including cell phones, while driving. When on the road, drivers shall concentrate on safe and defensive driving and not on making or receiving phone calls, delivery of faxes, using computers, navigation systems, or other distracting influences. When a driver decides that it is safe to use such a device while driving, it should be with the understanding that negligent drivers be held accountable when distracted driving results in the injury or death of others.

Furthermore, the National Safety Council supports restrictions that prohibit all non-emergency use of electronic devices including cell phones by teenage drivers during their graduated licensing period.



MTA List of Endorsed Service Providers

- ❖ **Assurant Benefits** (formerly Fortis) (life insurance)
MTA contacts: Mark Tyler 248-489-8505
Stella Krupansky 248-488-0300 ext. 1310
- ❖ **Blue Cross Blue Shield/BCN** (health insurance)
MTA contacts: Mark Tyler 248-489-8505
Elaine Burger-Laskosky 248-488-0300 ext. 1309
- ❖ **Federated Ins.** (property & casualty insurance)
Provider contact: Joseph Busby 800-428-4143
- ❖ **Freedom One Financial Group** (401(k) programs)
Provider contact: Leslie Goodwin 248-620-8100
- ❖ **Hertz** (car rentals)
Provider contact: 800-654-2210
- ❖ **John M. Packer & Associates** (unemployment)
Provider contact: Nathan Wiest 800-482-2971
- ❖ **LDMI/Custom Telecom** (phone/communications)
Provider contact: Kathy Schaumburger 866-332-1200
- ❖ **Lower Electric, LLC** (energy supply)
Provider contact: 866-569-3788
- ❖ **Office Depot** (office supplies)
Provider contact: Ron Sorey 800-462-1903 ext. 5650
- ❖ **Total Energy Company** (energy auditor)
Provider contact: Gary Haga 269-639-7402

MTA receives a benefit from its Preferred Providers when you, as a member, patronize them. This is one way we are able to maintain the level of dues.

Inflation Talk

CPI-W Urban Wage Earners and Clerical Workers

Month	82-84	1967	57-59
August 2005	192.1	572.3	665.5*
July	191.0	568.8	661.7*
June	190.1	566.2	658.5*
May	190.0	566.0	658.2*
April	190.2	566.4	658.9*
Mar	188.6	561.9	653.4*
Feb	187.3	557.9	648.8*
Jan	186.3	554.9	645.4*

CPI-U All Urban Consumers

Month	82-84	1967	57-59
August 2005	196.4	588.2	684.2*
July	195.4	585.2	680.7*
June	194.5	582.6	677.6*
May	194.4	582.4	677.3*
April	194.6	582.9	677.9*
Mar	193.3	579.0	673.4*
Feb	191.8	574.5	668.2*
Jan	190.7	571.2	664.4*

Note: August 2005 CPI-W represents a 3.8% increase from one year ago; CPI-U a 3.6% increase.

* Base Year 1957-59 is no longer released. BLS has issued the following conversion factors from the 82-84 year:

CPI-W—.2886674 CPI-U—.2870447

TOOL TALK®

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