

RFP 2019-022

Group Life and AD&D Insurance

Standard Insurance Company

Address: 800 Corporate Drive, Suite 210

Fort Lauderdale, FL 33334

Phone Number: 954.995.1330

Name of Contact Person: Jackie Coningsby

Email: Jackie.Coningsby@standard.com

Date: July 22, 2019



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CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
Finance Department / Procurement Division
Tel: 305-460-5102 / Fax: 305-261-1601

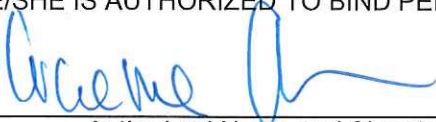
PROPOSER'S ACKNOWLEDGEMENT

RFP Title: GROUP LIFE AND AD&D INSURANCE	Sealed response submittals must be received prior to 2:00 p.m., Monday, July 15, 2019 , by the Procurement Office, located at 2800 S.W. 72 nd Avenue, Miami, FL 33155; and are to remain valid for 120 calendar days. Submittals received after the specified date and time will be returned unopened. Contact: Vanessa Flores, CPSM, C.P.M. Title: Procurement Specialist Telephone: 305-460-5104 Email: vflores@coralgables.com / contracts@coralgables.com
RFP No. 2019-022 A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.	

Proposer Name: Standard Insurance Company (The Standard)	FEIN or SS Number: 93-0242990
Complete Mailing Address: 1100 SW 6th Avenue Portland, Oregon 97204	Telephone No.: 800.628.8600
	Cellular No.: N/A
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.: 971.321.6808
	Email: N/A

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RFP FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROPOSER NON-RESPONSIVE.

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RFP DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK**, ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.



Authorized Name and Signature

2nd VP Strategic Account Svcs
Title

July 18th, 2019
Date

Firm Name: Standard Insurance Company

F.E.I.N. No: 93-0242990

Authorized Representative (Print Name): Graeme Queen

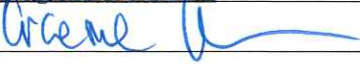
Title: 2nd Vice President Strategic Account Services

Address: 500 SW Fifth Avenue, Portland, Oregon 97204

Telephone: (971) 321-2529

Fax: (971) 321-6808

E-mail: Graeme.Queen@standard.com

Authorized Signature: 

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS RESPONSE. FAILURE TO SIGN THIS RESPONSE WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE FIRM NONRESPONSIVE.

-- NOTICE --

BEFORE SUBMITTING YOUR RFP RESPONSE MAKE SURE YOU:

- Carefully read and have a clear understanding of the RFP, including the Scope of Services and enclosed Professional Services Agreement (*draft*).
- Carefully follow the Submission Requirements outlined in Section 6 of the RFP and ensure you have submitted a separate response package. **DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.**
- Prepare and submit ONE (1) ORIGINAL RESPONSE and SEVEN (7) PHOTOCOPIES with TWO (2) separate digital copies on CD or flash drives.
- Clearly mark the following on the outside of your submittal package: RFP Number, RFP Title, Proposer's Name and Return Address, Submittal Deadline.
- Make sure your Response is submitted prior to the submittal deadline. **Late responses will not be accepted.**

FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR RESPONSE SUBMITTAL NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION.

THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.

PROPOSER'S AFFIDAVIT

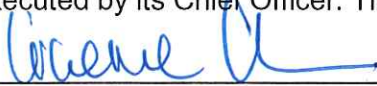
SOLICITATION: RFP 2019-022 Group Life and AD&D Insurance

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Proposer that has submitted the attached Response*). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – PROPOSER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RFP response. It is to be filled in, executed by the Proposer and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the response.



Authorized Name and Signature

2nd VP Strategic Account Services 7/18/2019

Title *Date*

STATE OF OREGON

COUNTY OF MULTNOMAH

On this 18th day of July, 2019, before me the undersigned Notary Public of the State of Oregon, personally appeared Graeme Queen
(Name(s) of individual(s) who appeared before Notary)

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

Jeron Tucker
NOTARY PUBLIC, STATE OF Oregon

Jeron Tucker
(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced
Identification:

(Type of Identification Produced)



APPENDIX A – LIFE INSURANCE QUESTIONNAIRE

Life Insurance Questionnaire

Administration

- 1) Please confirm that all employees currently covered will enter the plan without having to satisfy a waiting period.

The Standard's policies have an Active Work Requirement (“AWR”) that requires employees to be capable of active work on the day before the effective date of our takeover coverage. This protects employees insured under the prior plan who were not disabled when the prior plan terminated, but subsequently became disabled on or after the effective date of our policy but before their next scheduled work day. They would meet our AWR and, provided they met the Member definition, would become insured on the effective date of our policy. For example, an employee on vacation but capable of work would be covered under The Standard's policy on the effective date.

Regarding employees on sick leave, family medical leave or an approved leave of absence, they would be covered under our policy provided the following condition is met: the employee is on a leave of absence or family medical leave and remains continuously insured under the prior plan and capable of active work up through the day before the effective date of our policy. If the absence was due to the employee's own illness or injury, coverage is delayed if the employee was disabled prior to the effective date of our policy and will be the responsibility of the prior carrier.

- 2) Please confirm that your proposal will remain valid until October 1, 2022 and that your proposed rates are guaranteed for a minimum of 36 months.

Confirm

- 3) The City is looking for a multi-year rate guarantee for life insurance. How many years in the future are these rates guaranteed for?

Life rates are guarantee for 36 months. Next renewal date is 10/1/2022.

- 4) Confirm that your company will not be paying commissions/service fees in association with this submission.

Confirm

- 5) Please provide a timeline that will outline the necessary requirements to implement your program for an October 1, 2019 effective date.

Provided

- 6) How does your company handle enrollment? Do you have an electronic enrollment system? If so, does your enrollment system integrate with others?

The Standard is providing a quote on a self-administered basis. Initial enrollment and ongoing enrollment will be the responsibility of the policyholder. The benefits administrator for the City will be responsible for tracking employee additions and terminations and submitting updates via a summary bill format.

Billing

- 1) Can the City of Coral Gables perform additions and terminations online? How long does it take for these changes to appear on your system?

Yes. Our premium billing system is self-administered, which means that the policyholder maintains eligibility and census information and provides only aggregate information each month. Premium statements will reflect the prior month's aggregate number of lives, insurance volume, and the current in-force rate for each coverage. The policyholder then adjusts the statement to reflect any changes that have occurred by adding or subtracting lives and insurance volume. Premium is then remitted based on the new aggregate numbers.

- 2) Does the City of Coral Gables take credit immediately for any differences in the billing, or do they need to pay as billed and receive credit in the future?

The Standard will apply credit to the following month's invoice.

- 3) Can monthly invoices be sent electronically?

Billing statements are automatically prepared and mailed to you, according to the number of employees insured under your Group Policy. Plan Administrators may also obtain a copy of each billing statement through our on-line services by logging into AdminEASE and printing a copy.

- 4) Can employees be retroactively cancelled? If so, how far back?

If the City is cancelling a member, then typically, we allow 12 months retro. If we cancel, then we can go back as far as needed.

Claims Administration

- 1) What are the days and hours of operation?

Contact Center Representatives will address inquiries and transfer to the claim analyst when appropriate.

Hours of Operation: 6:00 a.m. to 5:00 p.m. Pacific Time.

IVR is available 24 hours.

Management Reporting

- 1) What types of reports can be downloaded from your website?

Reports OnlineSM, our web-based claims management reporting system, provides employers access to claims information. Reports include:

Daily Reports

- Life claims status
- Life payment detail
- Life expanded claims detail
- Waiver claims detail

Quarterly Reports

- Life diagnosis summary

- 2) Can mass uploads be performed on your website to update employee data?

The Standard is providing a quote on a self-administered basis. Initial enrollment and ongoing enrollment will be the responsibility of the policyholder. The benefits administrator for the City will be responsible for tracking employee additions and terminations and submitting updates via a summary bill format.

General

- 1) Please identify the account representative that will be assigned to the City of Coral Gables. Attach a brief resume for this individual.

Your service team consists of local account management professionals in our Miami location as well as individuals centralized in our Home Office in Portland, Oregon. Alison Brogan will be the assigned local account manager and her resume is attached.

- 2) Please identify all other key personnel that will be assigned to the City of Coral Gables.

Included with our proposal is a team chart that outlines all key personnel that will be working with the City, their responsibilities and their working biographies.

- 3) Are there any services unique to your company that you feel should be highlighted to the City of Coral Gables?

Basic Life

Handling a Life insurance claim takes a special touch. Our Life benefits analysts complete annual grief training. This helps them empathize with beneficiaries. It also helps them recognize when they need more attention. We strive to help you make a tough time easier. Our goal is to provide support with easy claim filing, timely decisions, and prompt payment of approved claims.

The Standard is committed to helping you provide employees and their beneficiaries with the support they need. Below is a reminder of the additional services and tools offered with your Life plan:

The Life Services Toolkit

For employees, online services include: estate planning; state-specific will preparation; identity theft prevention; financial calculators; wellness resources; and more. For beneficiaries, the Life Services Toolkit offers grief and loss support by phone online and face-to-face. They also have access to financial counselors, legal consultation and other support services. This service is offered through a vendor that is not affiliated with The Standard.

Travel Assistance

Travel Assistance can provide a sense of security for your employees and their eligible family members anytime they travel from home or internationally for business or pleasure with minimal restrictions. Available 24 hours a day — with access online or through a single phone call — Travel Assistance offers a full range of trip planning and travel support. This includes: emergency evacuation services; 24-hour nurse hotline; referrals to medical, legal and translation services. This is offered through a vendor that is not affiliated with The Standard.

Group AD&D

The Standard's Accidental Death and Dismemberment insurance (AD&D) supports employees and their beneficiaries in the event of death or dismemberment as a result of an accident. The Standard is committed to helping employees move forward with the support they need.

AD&D Occupational Assistance

It can be hard to move forward after a serious loss due to an accident. Recovering physically is the first step. The Standard can offer some extra help in getting back to work. We offer personal assistance with the challenges you face returning to work with your current employer. If that's not possible, we can help you train for a different job. Our Workplace Possibilities consultants are certified experts to help people get back to work after a short term or long term disability leave. Employees will have access to services – covering expenses up to \$10,000 – for two years following your accident.

- 4) Please provide three (3) references that you are currently providing coverage for. Name of contact, phone number, email address and how long you have been on the account.

References attached.

- 5) Please provide sample benefit booklets, communication materials, and specimen contracts.

Provided

- 6) Provide a complete listing of all limitations and exclusions to the proposed life plan.

Basic Life:

Our Basic Life does not contain any exclusions.

AD&D:

The following are included in our AD&D exclusions. No AD&D benefit is payable if the accident or loss is caused or contributed to by any of the following:

- War or act of war. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

- Suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing official duties.
- The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician.
- Sickness or pregnancy existing at the time of the accident.
- Heart attack or stroke.
- Medical or surgical treatment for any of the above.

Note: The above provisions may vary based on the requirements of the state in which the policyholder is situated.

APPENDIX B – PREMIUM RESPONSE FORM

**Premium Response Form
RFP 2019-022 GROUP LIFE AND AD&D INSURANCE**

A minimum premium rate guarantee of 24 months is required.

LIFE INSURANCE

DESCRIPTION	LIFE INSURANCE COVERAGE
Volume:	\$58,812,250
Carrier:	The Standard
DESCRIPTION	LIFE INSURANCE COST
2 YEAR RATE GUARANTEE	N/A
3 YEAR RATE GUARANTEE	0.11 per \$1,000 of benefit

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

DESCRIPTION	AD&D INSURANCE COVERAGE
Volume:	\$29,638,000
Carrier:	The Standard
DESCRIPTION	AD&D INSURANCE COST
2 YEAR RATE GUARANTEE	N/A
3 YEAR RATE GUARANTEE	0.025 per \$1,000 of benefit

NOTE: Proposer affirms that the prices stated on the price proposal form above represents the entire cost of the items in full accordance with the requirements of this RFP, inclusive of its terms, conditions, specifications and other requirements stated herein, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other. All rates should include any network access fees, PPACA fees, HMO/POS fee, and Utilization Review costs.

Firm Name: Standard Insurance Company

F.E.I.N. No: 93-0242990

Authorized Representative (Print Name): Graeme Queen

Title: 2nd Vice President Strategic Account Services

Address: 500 SW Fifth Avenue, Portland, Oregon 97204

Telephone: (971) 321-2529

Fax: (971) 321-6808

E-mail: Graeme.Queen@standard.com

Authorized Signature: _____

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS RESPONSE. FAILURE TO SIGN THIS RESPONSE WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE FIRM NONRESPONSIVE.

**APPENDIX C – PROPOSER’S AFFIDAVIT
INCLUDING SCHEDULES A THROUGH H**

PROPOSER'S AFFIDAVIT

SOLICITATION: RFP 2019-022 Group Life and AD&D Insurance

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Proposer that has submitted the attached Response*). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – PROPOSER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RFP response. It is to be filled in, executed by the Proposer and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the response.

<i>Authorized Name and Signature</i>	<u>2nd VP Strategic Account Services</u>	<u>7/18/2019</u>
	<i>Title</i>	<i>Date</i>

STATE OF OREGON

COUNTY OF MULTNOMAH

On this ____ day of _____, 20____, before me the undersigned Notary Public of
the State of _____, personally appeared Graeme Queen
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's
execution.

NOTARY PUBLIC, STATE OF _____

(Name of notary Public; Print, Stamp or
Type as Commissioned.)

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced
Identification:

(Type of Identification Produced)

SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION

Neither I, nor the firm, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Proposer) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Proposer) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is the Officer
(Owner, Partner, Officer, Representative or Agent)

of the Proposer that has submitted the attached response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Proposer's officers or employees are employed by the City, indicate name and relationship below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

4. No lobbyist or other Proposer is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

The Standard does maintain a Drug Free Workplace. Our requirements are as follows:

The Standard requires each employee to pass a drug screen prior to the start of employment.

The Standard maintains a drug-free workplace program in compliance with the Drug-Free Workplace Act of 1988, which includes:

Publishing and providing a policy statement to all covered employees informing them that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace and indicating the actions that will be taken against employees who violate the policy.

Maintenance of a drug-free awareness program to make employees aware of a) the dangers of drug abuse in the workplace; b) the policy of maintaining a drug-free workplace; c) any available assistance for employees and d) the penalties that may be imposed upon employees for drug abuse violations.

Notification to employees that the employee must abide by the terms of the policy statement; and notify Standard, within five calendar days, if he or she is convicted of a criminal drug violation in the workplace.

SCHEDULE "D" CITY OF CORAL GABLES – PROPOSER'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

GENERAL COMPANY INFORMATION:

Company Name: Standard Insurance Company

Address: 900 SW Fifth Avenue Portland OR 97204
Street City State Zip Code

Telephone No: (971) 321-2529 Fax No: (971) 321-6808 Email: Graeme.Queen@standard.com

How many years has your company been in business under its present name? 112 Years

If Proposer is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statue:

Under what former names has your company operated? :

1906 — Founded in Portland, Oregon, as Oregon Life Insurance Company

1929 — Converted to a mutual life insurance company, the first west of the Rockies; name changed to Oregon Mutual Life Insurance Company

1946 — Name changed to Standard Insurance Company

At what address was that company located?

Same address

Is your Company Certified? Yes No If Yes, **ATTACH COPY** of Certification.

Is your Company Licensed? Yes No If Yes, **ATTACH COPY** of License

Has your company or its senior officers ever declared bankruptcy?

Yes _____ No If yes, explain: _____

LEGAL INFORMATION:

Please identify each incident **within the last five (5) years** where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFQ (**A response is required. If applicable please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified**):

The Standard sells group insurance policies and services in all jurisdictions except New York. Due to the nature of our business, we are involved in benefit claim litigation involving our insurance products and services in any of the states. Certain information regarding such litigation cannot be disclosed in that it constitutes confidential attorney-client communications, attorney work product or is subject to confidentiality agreements entered into between parties. Our data contains some public information, which we will disclose

LIFE	2014	2015	2016	2017	2018
Settled or dismissed	21	11	19	25	19
Judgments for/against	7 / 0	2 / 0	2 / 0	1 / 0	0
Active	13	14	13	16	20

Our business operates in a heavily regulated industry. Our main regulator is the State of Oregon Insurance Division. Other states also regularly conduct examinations of all insurers operating within their state. These market conduct examinations effectively review an insurer's entire operations in that state.

These examinations bear out a good record of regulatory compliance. The Standard, like other insurers, has been subject in the past to small regulatory fines in the normal course of business. The Standard has not been subject to any fines that would be considered beyond the normal course of business in the industry. We are not currently the subject of any disciplinary action.

Has your company ever been debarred or suspended from doing business with any government entity?

Yes ___ No If Yes, explain _____

SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

[The Standard complies with all laws and regulations applicable to The Standard and to the insurance and services The Standard proposes to provide.](#)

SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

4. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

- 1. The undersigned agrees, if this RFQ is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RFQ, any associated addendum and Contract Documents within the contract time indicated in the RFQ and in accordance with the other terms and conditions of the solicitation and contract documents.
- 2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No. 1 Date 7/3/19

Addendum No. Date_____

Addendum No. Date

Addendum No. Date_____

Addendum No. Date

Addendum No. Date_____

Failure to adhere to changes communicated via any addendum may render your response nonresponsive.

APPENDIX D – PROFESSIONAL SERVICES AGREEMENT DRAFT

THIS PROFESSIONAL SERVICES AGREEMENT is made as of this _____ day of _____, 2019, between the City of Coral Gables (hereinafter called the "City"), and _____, (hereinafter called the "Professional").

RECITALS

WHEREAS, the City desires to enter into an agreement with the Professional to provide Group Life and AD&D Insurance ("Services") to the City; and

WHEREAS, the City having investigated the qualifications of the Professional to perform the services herein contemplated and found those qualifications satisfactory; and

WHEREAS, the Professional having examined the scope of the services required hereunder and having expressed desire and willingness to provide such services and having presented qualifications to the City in support of those expressed desires; and

WHEREAS, the Professional agrees to accept this Agreement upon the terms and conditions hereinafter set forth; and

NOW, THEREFORE, in consideration of the promises and the mutual covenants herein contained, the City agrees to retain the Professional for a three (3) year period to provide Group Life and AD&D Insurance Services to the City. However, this period may be extended at the sole discretion of the City for two (2) additional one (1) year periods.

I. GENERAL PROVISIONS

This Agreement incorporates and supersedes all previous agreements, written and oral, and all prior and contemporaneous communications between the parties, regarding this subject. The City reserves the right to initiate change to any provision of this Agreement. All such changes shall be accomplished only by mutually signed Amendments.

The Professional shall perform the services as specifically stated in the Scope of Services, which is attached hereto and incorporated herein as Exhibit A and as may be specifically designated and authorized by the City.

Agreed, provided The Standard's group insurance policy(ies) are made part of the Contract, and, in all instances, such policy(ies) shall govern eligibility for insurance and benefits and The Standard's right to re-rate and terminate the group insurance policy(ies).

The Standard reserves the right to negotiate contract changes. Changes in the group insurance policy are subject to the terms of the policy and The Standard's normal underwriting practices.

1.1 Engagement. The City agrees to engage the Professional for a period specified in paragraph 1.2, and the Professional agrees to accept such engagement and to perform such services for the City upon the terms, and subject to the conditions set forth herein.

1.2 Agreement Period. The terms of the Agreement (the "Professional Period") shall commence within ten (10) days of the execution date of the agreement and shall continue thereafter for a three (3) year period. This period may be extended upon mutual agreement between the City and the Professional for two (2) additional one (1) year periods or until terminated by the City upon 30 days written notice to the Professional, in accordance with the notice requirements contained in Section XIII.

Life rates are guaranteed for 3 years subject to the terms of the policy.

1.3 Priority of Interpretation. The Code and any City resolutions take precedence over this agreement and its exhibits. The Professional agrees to comply with all regulations, code provisions, ordinances and statutes that apply to services provided under this Agreement. This document without exhibits is referred to as the "Base Agreement." In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, deliverable, service, or other work, or otherwise, between the Base Agreement and the exhibits, or between exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the body of this Base Agreement, and then to the exhibits according to the following priority:

- a) City's Request For Proposals (RFP) to Include Scope Of Services – Exhibit A
- b) Proposal Pricing - Exhibit B
- c) Professional 's Response to RFP – Exhibit C
- d) Insurance Certificates – Exhibit D
- e) **The Standard's group insurance policy issued to the City**

Notwithstanding anything else in this section 1.3 Priority of Interpretation, the terms and conditions of The Standard's group insurance policy(ies) shall govern eligibility for insurance and benefits and The Standard's right to underwrite and terminate its group insurance policy(ies).

1.4 Duties and Responsibilities. During the Agreement Period, the Professional shall provide the Services in accordance with the requirements outlined in Exhibit A of the Agreement. No work shall commence without a written Notice to Proceed (NTP) or Purchase Order (PO) to the Professional from the Public Works Director/Designee (herein referred to as the "Contract Administrator") establishing the date on which operations outlined will commence and duration, the scope of work, and a not-to-exceed amount.

1.5 Background Investigation. ~~The Professional agrees that all employees including the Professional may be subject to an annual background investigation.~~

The Standard conducts criminal background checks on all applicants after making a conditional offer of employment. Current employees are required to report all misdemeanor and felony convictions in writing to the employee's supervisor and the Human Resources Department within five (5) calendar days of the conviction, and also required to complete an annual certification with respect to certain types of crimes.

As an insurance provider, The Standard is generally prohibited under the Federal Violent Crime Control and Law Enforcement Act of 1994 (VCCLEA) from employing any person who has been convicted of a felony related to breach of trust or dishonesty. Any applicant or employee convicted

of a felony crime involving dishonesty or breach of trust (as interpreted by the company) is disqualified from further application or further employment.

A record of other criminal conviction(s) is not an automatic bar to employment or continued employment. The company reserves the right, in its sole discretion, to bar an individual from further application or further employment due to a criminal conviction, consistent with the requirements for the position and business necessity. Before reaching a decision, the company will review the conviction information and consider factors such as the nature of the criminal offense and date of the conviction, the nature of the job sought and whether the criminal offense has a bearing on the individual's fitness or ability to perform the job duties, any workplace safety concerns, and may consider other factors as required or permitted by applicable federal, state or local law.

If a Standard employee were to provide services at a City site, The Standard would, at the City's direction, consent to requiring that the individual submit to additional background screening.

1.6 Polygraph Examination. ~~The Professional agrees to submit to polygraph examinations at the request of the Director or designee.~~

1.7 Medical, Drug Screening and Check-ups. ~~All Professionals, their employees, agents and sub-consultants must satisfactorily complete the City's preplacement medical and drug screening examinations and be certified as drug free as well as abide by the City's Drug Free Work Place Policy at Professional's expense. The City may require that the Professional and/or their employees, agents and sub-consultants performing services for the City submit to a yearly medical and drug screen examination, at Professional's expense.~~

The Standard requires each employee to pass a drug screen prior to the start of employment.

The Standard maintains a drug-free workplace program in compliance with the Drug-Free Workplace Act of 1988, which includes:

Publishing and providing a policy statement to all covered employees informing them that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace and indicating the actions that will be taken against employees who violate the policy.

Maintenance of a drug-free awareness program to make employees aware of a) the dangers of drug abuse in the workplace; b) the policy of maintaining a drug-free workplace; c) any available assistance for employees and d) the penalties that may be imposed upon employees for drug abuse violations.

Notification to employees that the employee must abide by the terms of the policy statement; and notify Standard, within five calendar days, if he or she is convicted of a criminal drug violation in the workplace.

To the extent that The Standard enters into a subcontract to perform services solely and exclusively in connection with the group insurance coverage that it provides to the City, it will use commercially reasonable efforts to include this provision in such subcontracts.

1.8 Drug Testing. ~~The Professional agrees to submit to unannounced drug testing at the request of the Director or designee.~~

~~1.9 Driver's License. At City's option, the Professional shall provide a valid Florida Driver's License or appropriate commercial driver's license for each employee, agent or sub-consultant and be willing and able to operate any required vehicles as authorized by the City. Evidence of compliance with the Defensive Driving Course must be submitted to the City prior to operating a City vehicle or any vehicle where patrons or children are passengers. Individuals must be approved by the Risk Management Division of the City prior to the operation of a City owned vehicle and/or privately owned vehicles while conducting City business. The City reserves the right to request the employee/agent's driving record from the State of Florida, at Professional's expense.~~

1.10 Confidential Information. The Professional agrees that any information received by the Professional for the City and in providing services in accordance with this Agreement which is not publicly available, shall not be revealed to any other persons, firm or organizations. The Professional represents that all confidential information subject to HIPPA or other regulations will be kept confidential in accordance with applicable laws.

The Standard will comply with all laws and regulations applicable to The Standard and to the insurance and services The Standard proposes to provide. The Standard will protect confidential information consistent with applicable privacy laws (which may include the Gramm-Leach-Bliley Act) and The Standard's confidentiality policies and procedures.

1.11 Most Favored Public Entity. The Professional represents that the prices charged to City in this Agreement do not exceed existing prices to other customers for the same or substantially similar items or services for comparable quantities under similar terms and conditions. If Professional's prices decline, or should Professional, at any time during the term of this Agreement, provide the same goods or services to any other customer at prices below those set forth herein, then such lower prices shall be immediately extended to the City.

The Standard generally does not do rate reductions across its block of business. The Standard develops each customer's rates based on the expected experience for that customer's employee population. As such, a rate reduction given to one customers may not necessarily be appropriate for all customers. We will develop the City's rates in accordance with our general underwriting practices.

II. PROFESSIONAL SERVICES

2.1 Basic Services. The duties and responsibilities are outlined in the RFP.

2.2 Reporting. The Professional shall comply with the necessary reporting requirements as outlined by the Director or designee for review. In addition, the Professional shall submit a monthly report to the Director or designee, which shall include detailed information regarding the activities of the Professional during the previous month.

2.3 Availability of Professional. The Professional shall make all documents available 24 hours a day, 7 days a week, 365 days a year, in order to satisfy the City's emergency demands for continued, non-interrupted service.

Document access requested by the City is subject to applicable laws and regulations and can be made available during Standard's normal business hours.

III. COMPENSATION

3.1 Basic Compensation. In full consideration of the services of the Professional hereunder, the Professional shall be paid at a rate stipulated for each of the services described on the RFP pricing schedule (Exhibit B); here attached. The City reserves the right to contract with the Professional for additional services. If applicable, the additional services shall be added to the agreement via a mutually signed Amendment. Any increase in the agreed upon amount shall be approved by the Procurement Division or designee, and shall be in accordance with applicable City, State, and Federal regulations.

3.2 Expenses. As part of, and in addition to the basic compensation described in this Agreement, the City shall provide the Professional with no additional compensation for any services performed in fulfilling the requirements of this Agreement. All additional requested expenses must be pre-approved through the Director or designee.

3.3 Not to Exceed. The Professional may be tasked with providing Services for which the City will receive Federal financial assistance awarded by the Federal Emergency Management Agency ("FEMA"). In such event, the maximum contract sum payable by the City to Professional for Services performed shall not exceed the dollar amount stipulated in the Notice to Proceed (NTP) or Purchase Order (PO). The not-to-exceed amount may be adjusted depending on the scope of the Services. In such case, the NTP/PO will be amended accordingly in writing by the City (through the Contract Administrator). If Professional continues working after reaching the not-to-exceed amount, it will proceed at its own risk.

Agreed provided the amount in the NTP/PO is mutually agreed upon.

IV. INDEPENDENT CONTRACTOR AND PROFESSIONAL HOLD HARMLESS PROVISIONS

4.1 Independent Contractor and Professional. The Professional acknowledges entering into this Agreement as an independent Contractor and Professional, and that the Professional shall therefore be responsible for the deposit and payment of any Federal Income Taxes, FICA, Unemployment Taxes or any similar fees or taxes that become due, and shall be responsible for the collection and payment of all withholdings, contributions and payroll taxes relating to Professional's services, or those of employees of the Professional. The City shall not withhold from sums payable to the Professional , any amount whatsoever for Federal Income Taxes, FICA, Unemployment Insurance Taxes or any similar fees or taxes. The Professional, their employees or agents, will not be considered an employee of the City or entitled to participate in plans, distributions, arrangements or other benefits extended to City employees.

4.2 Agency. Nothing herein shall imply or shall be deemed to imply an agency relationship between the City and Professional.

4.3 Professional warrants that it fully complies with all Federal statutes and regulations regarding the employment of undocumented workers and others and that all employees performing work under this Agreement meet the citizenship or immigration status requirements set forth in Federal statutes and regulations. Professional shall indemnify, defend, and hold harmless City, its officers and employees from and against any sanctions and any other liability which may be assessed against Professional or City in connection with any alleged violation of any Federal statutes or regulations pertaining to the eligibility for employment of any persons performing work hereunder.

4.4 The employees and agents of each party, shall while on the premises of the other party, comply with all rules and regulations of the premises, including, but not limited to, security requirements.

4.5 Indemnification and Hold Harmless. To the fullest extent permitted by laws and regulations, the Professional shall defend, indemnify, and hold harmless the City, its elected and appointed officials, attorneys, administrators, consultants, agents, and employees from and against all claims, damages, losses, and expenses direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other Professional's and court and arbitration costs) arising out of or resulting from the performance of the work and caused in whole or in part by either (i) any willful, intentional, reckless, or negligent act or omission of Professional, any sub consultant, or any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder and regardless of the negligence of any such indemnified party, or (ii) any willful, intentional, reckless, or negligent act or omission of any individual or entity not a party to this agreement, or (iii) any negligent act or omission of the City or the City's officers, agents, or employees. The parties expressly agree that this provision shall be construed broadly, and Professional's obligations to pay for the City's legal defense hereunder shall arise and be fully enforceable when Professional (or any sub consultant or any person or organization directly or indirectly employed by Professional) is alleged to have acted willfully, intentionally, recklessly, or negligently in the performance of the work required under this Agreement. Any failure of Professional to comply with the terms of this provision shall be deemed a material breach of this Agreement and may subject Professional to debarment from consideration for future award of city contracts pursuant to Section 2-952(4) of the City of Coral Gables Code of Ordinances. This provision shall survive termination of the Agreement.

The Standard's group insurance policies include a provision that reads:

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard Insurance Company. The Policyholder, Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The Policyholder and each Employer hereby release, hold harmless and indemnify Standard Insurance

Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agents or Employees.

Our group insurance policies do not contain a provision providing indemnification running from The Standard to the policyholder. However, The Standard will agree to indemnify the City for any negligent, reckless or willful acts of The Standard's employees or officers in the performance of this contract through a separate contract or administrative agreement.

4.5.1 In any and all claims against the City or any of its elected and appointed officials, consultants, agents, or employees by any employee of Professional, any sub consultant, any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, the indemnification obligation under the above paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for Professional or any such sub consultant or other person or organization under workers' or workman's compensation acts, disability benefit acts, or other employee benefit acts. Moreover, nothing in this Indemnification and Hold Harmless provision shall be considered to increase or otherwise waive any limits of liability, or to waive any immunity, established by Florida Statutes, case law, or any other source of law.

V. INSURANCE

5.1 Without limiting Professional's indemnification of the City, and during the term of this Agreement, Professional shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the City and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the City. Certificates or other evidence of coverage shall be delivered to:

City of Coral Gables
Insurance Compliance
P.O. Box 100085 – CE Duluth,
GA 30096

Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Agreement, and shall specifically identify this Agreement, and shall contain the express condition that the City is to be given advance written notice by receipted delivery at least thirty (30) days in advance of any cancellation, non-renewal or material change of the insurance policy.

5.2 The Professional shall maintain during the terms, except as noted, of this Agreement the following insurance:

a. **Comprehensive general liability insurance** with broad form endorsement or equivalent, including automobile liability, completed operations and products liability, contractual liability, severability of interests with cross liability provision, and personal injury and property damage liability with limits no less than \$1,000,000 per occurrence for bodily injury and property damage, and \$2,000,000 in the aggregate. Said policy or

policies shall name City as additional insured on a primary and non-contributory basis and shall reflect the hold harmless provision contained herein.

b. **Worker's Compensation Insurance** for all employees of Professional as required by Florida Statutes Section 440, and employer's liability insurance with limits not less than, \$1,000,000

c. **Automobile Liability insurance** covering all owned, non-owned and hired vehicles used in connection with the performance of the work in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage.

d. **Cyber Risk Liability** with limits of not less than \$1,000,000 for each **claim occurrence** and an annual aggregate of \$2,000,000 covering claims involving but not limited to: privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion, media liability, business interruption, extra expense and network security.

e. **Professional Liability** with a limit of liability not less than One Million (\$1,000,000) Dollars per claim. ~~with a deductible per claim not to exceed 5% of the limit liability providing for all sums which the Contractor shall become legally obligated to pay as damages for claims arising out of the services performed by the Contractor or any person employed in connection with this agreement.~~ Contractor shall maintain Professional Liability coverage for at least five (5) years after completion of the work.

f. Other (or increased amounts of) insurance which City shall from time to time deem advisable or appropriate. Such new or additional insurance to be effective as of the sooner of ninety (90) days after notice thereof or the next annual renewal of any policy being increased (as applicable).

g. All policies shall contain waiver of subrogation, except Professional Liability **and Cyber Liability**, against City where applicable, and shall expressly provide that such policy or policies are primary over any other collective insurance the City may have.

h. All of the above insurance is to be placed with insurance companies with an A.M. Best or equivalent rating of "A-", "VI" or better, qualified to do business under laws of the State of Florida.

i. The City shall be named as an additional insured on a primary and non-contributory basis for the General, **Cyber** and Auto Liability Policies. Said policies shall contain a "severability of interest or "cross liability" clause without obligation for premium payment of the City. The City reserves the right to request a copy of required policies for review.

j. All insurance policies shall provide for thirty (30) days [ten (10) days for non-payment of premium] advance written notice to City prior to cancellation, non-renewal or material change.

k. The Professional shall furnish Certificates of Insurance to the Risk Management Division of the Office of Labor Relations and Risk Management prior to the commencement of operations or policy termination, which certificates shall clearly indicate that the City is named as and additional insured on a primary and non-contributory basis and that the Professional has obtained insurance in the type, amount and classification required for strict compliance with this Section and that no material change, cancellation or non-renewal of this insurance shall be effective without thirty (30) days advance written notice to the City.

5. 3 Failure on the part of the Professional to obtain and maintain all required insurance coverage is a material breach upon which the City may, in its sole discretion, immediately suspend Professional's performance or terminate this Agreement.

The Standard maintains coverages and limits outlined in Section V. Insurance except where changed in red.

VI. SOVEREIGN IMMUNITY

6. The Professional acknowledges that the Florida Doctrine of Sovereign Immunity bars all claims by Professional against the City other than claims arising out of this Agreement. Specifically, the Professional acknowledges that it cannot and will not assert any claims against the City, unless the claim is based upon a breach by the City of this Agreement. The Professional acknowledges that this Agreement in no way estops or affects the CITY's exercise of its regulatory authority. In addition, the CITY retains the full extent of its sovereign immunity in relation to the exercise of its regulatory authority. The PROFESSIONAL acknowledges that it has no right and will not make claim based upon any of the following:

The Policyholder and each Employer hereby release, hold harmless and indemnify Standard from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agents or employees.

- a. Claims based upon any alleged breach by the CITY of implied warranties
or representations not specifically set forth in this Agreement, as the parties stipulate that there are no such implied warranties or representations of the CITY. All obligations of the CITY are only as set forth in this Agreement;
- b. Claims based upon negligence or any tort arising out of this Agreement;
- c. Claims upon alleged acts or inaction by the City, its commissioners, attorneys, administrators, consultants, agents, or any CITY employee;
- d. Claims based upon an alleged waiver of any of the terms of this Agreement unless such waiver is in writing and signed by an authorized representative for the CITY and PROFESSIONAL.

VII. STANDARD OF CARE

7.1 The Professional shall exercise the same degree of care, skill, and diligence in the performance of the services as is ordinarily provided by a comparable Professional under similar circumstances and the Professional shall, at no additional cost to the City, re-perform services which fail to satisfy the foregoing standard of care.

7.2 The Professional warrants that all services shall be performed by skilled and competent personnel to the highest Professional standards in the field.

VIII. NON-DISCRIMINATION

8.1 EEO and ADA: The Professional must be and remain in compliance with all local, state and federal Equal Employment Opportunity (EEO) and American Disabilities Act (ADA) requirements.

8.2 It is understood that the Professional shall not discriminate against any employee in the performance of the contract with respect to hire, tenure, terms, conditions or privileges of employment, or any other matter directly or indirectly related to employment because of age, marital status, race, color, religion, national origin, sex, or disability.

8.3 City Policy Regarding Conduct. ~~All Professionals, their employees, agents and sub-consultants must abide by the City's policies regarding conduct.~~ Discrimination, harassment, and/or violations of City policies will not be tolerated and are grounds for termination of the Agreement without harm to the City or its employees.

8.4 (As per Executive Order 11246) The Professional may not discriminate against any employee or applicant for employment because of age, race, color, creed, sex, disability or national origin. The Professional agrees to take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their age, race, color, creed, sex, disability or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

It is the policy and practice of The Standard to provide equal employment opportunity to all employees and applicants and to provide an environment free from all forms of harassment.

The Standard does not unlawfully discriminate on the basis of race, religion, color, national origin, gender, gender identity or expression, ancestry, pregnancy, sexual orientation, physical/mental disability, veteran status, marital status, age or any other conditions protected by federal, state or local law.

The Standard takes affirmative action steps to employ and advance women, minorities, veterans, special disabled veterans, and persons with disabilities. Our practices and policies ensure that recruiting efforts are open to a diverse group of candidates and that training and the opportunity for

advancement is open to all wishing to grow in their careers. To support a diversified workforce, The Standard is committed to making reasonable accommodations for people with religious, national origin or disability considerations, when such requests do not result in undue hardship to the business.

8.5 Davis-Bacon Act: If applicable to this contract, the Professional agrees to comply with all provisions of the Davis Bacon Act as amended (40 U.S.C. 3141-3148). All Professionals are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, Professional must be required to pay wages not less than once a week. If the grant award contains Davis Bacon provisions, the City will place a copy of the current prevailing wage determination issued by the Department of Labor in the solicitation document. The decision to award a contract shall be conditioned upon the acceptance of the wage determination.

Not applicable.

IX. CONFLICT OF INTEREST

~~9.1 The Professional represents that it has provided a list of all current clients subject to the jurisdiction of the City. Any potential or actual conflict between private interests and responsibilities under this Agreement shall be immediately disclosed to the City. The Professional agrees that it will not enter into any agreements during the term of this Agreement to provide services for any person or corporation who applies for a permit or other development approval from the City. Upon request of the Professional, and full disclosure of the nature and extent of the proposed representation, the City Manager or his designee shall have the authority to authorize such representation during the term of this Agreement.~~

X. CONFIDENTIALITY

10.1 Subject to the requirements of Chapter 119 of the Florida Statutes, no reports, information, computer programs, documentation, and/or data given to or prepared or assembled by the Professional under this Agreement shall be made available to any individual or organization by the Professional without prior written approval of the City.

The Standard agrees to abide by applicable privacy and confidentiality laws and regulations. The Standard will obtain written consent from the City prior to disclosing confidential information only to the extent such is consistent with applicable law and when doing so would not interfere with The Standard's contractual, legal or regulatory obligations.

XI. OWNERSHIP OF DOCUMENTS

11.1 Any and all documents, records, disks, or other information shall become the property of the City for its use and/or distribution as may be deemed appropriate by the City.

On fully insured plans, The Standard owns all proprietary business records created in the course of administering the group insurance policy including, but not limited to underwriting, sales, and claim

files. Subject to applicable law and The Standard's confidentiality policies and procedures, The Standard may be able to provide copies of records to the City for a reasonable charge.

XII. TRUTH-IN-NEGOTIATION CERTIFICATE

12.1 Execution of this Agreement by the Professional shall act as the execution of a truth-in-negotiation certificate certifying that the wage rates and costs used to determine the compensation provided for in this Agreement are accurate, complete, and current as of the date of the Agreement.

12.2 The said rates and costs shall be adjusted to exclude any significant sums should the City determine that the rates and costs were increased due to inaccurate, incomplete, or noncurrent wage rates or due to inaccurate representations of fees paid to outside consultants. The City shall exercise its rights under this "Certificate" within one (1) year following payment.

XIII. NOTICE

13.1 Any notice, request, instruction or other document required or permitted to be given hereunder by either party hereto to the other shall be in writing, and delivered personally, or sent by certified or registered mail, postage prepaid, return receipt requested, to the address set forth for such party at the bottom of this Agreement. Any notice so given shall be deemed received when personally delivered or three (3) business days after mailing. Any party may change the address to which notices are to be sent by giving notice of such change of address to the other party in the manner herein provided for giving notice. Notice as to the City of Coral Gables shall be to:

City Manager
City of Coral Gables
405 Biltmore Way Coral
Gables, FL 33134
cc: City Attorney

Notice as to the Professional shall be to:

Alison Brogan, Account Manager
800 Corporate Drive
Suite 210
Fort Lauderdale, FL 33334

XIV. DEFAULT AND TERMINATION

14.1 The City may terminate this Agreement for convenience at any time by providing thirty (30) days written notice to the Professional. In the event of a termination for convenience, the Professional shall be paid for all services performed through the date of termination (subject to applicable setoff rights) and the Professional shall not be entitled to any other compensation or damages from the City.

In the event of a termination for cause, due to the Professional's failure to perform in accordance with the terms of this Agreement or the Professional's repudiation of this

Agreement by word or conduct, the City may immediately terminate the Agreement, if after notifying the Professional in writing, the Professional does not correct the deficiencies to the satisfaction of the City within seventy-two (72) hours of such notice. Such notice shall provide reasonable specificity to the Professional of the deficiency that requires correction. If the deficiency is not corrected within such time period, the City may either (1) immediately terminate the Agreement or (2) take whatever action is deemed appropriate to correct the deficiency. In the event the City chooses to take action and not terminate the Agreement, the Professional shall, upon demand, promptly reimburse the City for any and all costs and expenses incurred by the City in correcting the deficiency.

If the City terminates the Agreement, the City shall notify the Professional of such termination in writing, with instruction to the effective date of termination or specify the state of work at which the Agreement is to be terminated. Upon receipt of a final termination or suspension notice, Professional shall proceed promptly to carry out the actions required in such notice.

The Professional shall be paid any sums otherwise due and owing under this Agreement only after City has completed the work called for by this Agreement with other forces, and has deducted the cost of such work, and any other damages payable to City, from any contract balance otherwise due and owing to the Professional under this Agreement. If, after notice of termination for cause, it is determined for any reason that Professional was not in default, the rights and obligations of the City and the Professional shall be the same as though the termination had been a termination for convenience. In no event shall the City be liable to Professional for lost profits on any work not performed, overhead, or any other type of consequential, special or indirect damages, and Professional hereby waives the same. Professional may terminate this Agreement due to the City's failure to comply with the material terms of this Agreement after giving City thirty (30) days written notice of its purported default and a reasonable opportunity to cure. Upon termination of this Agreement, all schematics, designs, plans, specifications, documents, records, disks, or other information (including electronic copies) produced or developed by Professional or sub consultants, whether finished or not, shall become City property. Failure to timely deliver the documentation shall be cause to withhold any payments due, without recourse by the Professional, until all documentation is delivered to the City.

Due to the nature of insurance services, we cannot agree that charges can be deducted from the existing premium due. The Standard does not agree to be responsible to pay for replacement coverage (the difference between the contract and purchase price) or the cost to obtain replacement coverage.

Premiums are due the first of the month. There is a 31 day grace period. Premiums are considered delinquent if they are not received by the end of the specified grace period. The group policy will terminate automatically at the end of the grace period.

On fully insured plans, The Standard owns all proprietary business records created in the course of administering the group insurance policy, including, but not limited to, underwriting, sales, and claim files. Subject to applicable law and The Standard's confidentiality policies and procedures, The Standard may be able to provide copies of records to the City for a reasonable charge.

The Standard does not agree to waive our rights under applicable law.

XV. UNCONTROLLABLE FORCES

15.1 Neither the City nor Professional shall be considered to be in default of this Agreement if delays in or failure of performance shall be due to Uncontrollable Forces, the effect of which, by the exercise of reasonable diligence, the nonperforming party could not avoid. The term “Uncontrollable Forces” shall mean any event which results in the prevention or delay of performance by a party of its obligations under this Agreement and which is beyond the reasonable control of the nonperforming party. It includes, but is not limited to, fire, flood, earthquake, storm, lightning, epidemic, war, riot, civil disturbance, sabotage, and governmental action.

15.2 Neither party shall, however, be excused from performance if nonperformance is due to forces which are preventable, removable, or remediable, and which the nonperforming party could have, with the exercise of reasonable diligence, prevented, removed, or remedied with reasonable dispatch. The nonperforming party shall, within a reasonable time of being prevented or delayed from performance by an uncontrollable force, give written notice to the other party describing the circumstances and uncontrollable forces preventing continued performance of the obligations of this Agreement.

XVI. MODIFICATION

16.1 This Agreement may not be amended or modified unless in writing and signed by both parties.

The Standard reserves the right to unilaterally modify our group policies due to a change in law. If the plan is changed by amendment or by law, or if there is a significant change in the size of the group, we reserve the right to re-rate the group.

XVII. ASSIGNMENT AND SUBCONTRACTING

17.1 This Agreement and the rights of the Professional and obligations hereunder may not be assigned, delegated or subcontracted by the Professional without the express prior written consent of the City. Any assignment, delegation or subcontract without such express prior written consent shall be null and void and shall constitute a material breach of this Agreement, upon which the City may immediately terminate the Agreement in accordance with the provisions of paragraph 13.1 (Termination by Default). The City may assign its rights, together with its obligations hereunder.

To the extent The Standard proposes to enter into a subcontracting relationship solely and exclusively connected to providing group insurance coverage to the City, we are willing to agree to this provision.

XVIII. AUDITS

18.1 The Professional shall maintain accurate and complete financial records of its activities and operations relating to this Agreement in accordance with generally accepted accounting principles. Professional shall maintain adequate records to justify all charges and costs incurred in performing the services for at least three (3) years after completion of this Agreement. Professional shall also maintain accurate and complete employment and other records relating to its performance of this Agreement. Professional agrees that City, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy or transcribe any pertinent transaction, activity, or records relating to this Agreement. All financial records, ~~timecards and other employment records, and proprietary data and information~~ shall be kept and maintained by Professional and made available to the City during the terms of this Agreement and for a period of three (3) years thereafter unless City's written permission is given to dispose of any such material prior to such time. All such materials shall be maintained by Professional at a location in Miami-Dade County, Florida, provided that if any such material is located outside MiamiDade County, then, at City's option Professional shall pay City for travel, per diem, and other costs incurred by City to examine, audit, excerpt, copy or transcribe such material at such other location. The City shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal working business hours at the Professional's place of business.

The Standard shall retain records pursuant to applicable insurance laws and The Standard's Record Retention Policy. The Standard will permit the City or an agreed-upon, third-party auditor (not a competitor) to perform audits of pertinent books and records. We require audits to be conducted at one of The Standard's and/or its subcontractor's primary business locations and be subject to applicable privacy and confidentiality laws and The Standard's internal privacy and confidentiality policies and procedures. Access to claim records requires written authorization from the insured.

Prior to the audit, we will hold a discussion between all parties (client, third-party auditor and The Standard) to determine the desired process, as well as the amount of staff time required. If the third-party auditor anticipates a charge for time based on the audit request, we will discuss these fees and agree to terms prior to any onsite visit.

The Standard deems our employment records as confidential and restricts access to such records. If an audit or investigation is needed for the City to determine our compliance with this provision, The Standard is willing to discuss options such as a self-audit or third party audit with de-identified results reported to the City.

In the event that an audit is conducted by Professional specifically regarding this Agreement by any Federal or State auditor, or by any auditor or accountant employed by Professional, then Professional shall file a copy of the audit report with the City's Auditor within thirty (30) days of Professional's receipt thereof, unless otherwise provided by applicable Federal or State law. City shall make a reasonable effort to maintain the confidentiality of such audit report(s).

The Standard operates in a heavily regulated industry that is overseen by insurance and other regulators in every state. Aside from the State of Oregon Insurance Division, our primary regulator,

other states periodically conduct market conduct examinations of insurers operating within their state. These examinations are tantamount to a review of an insurer's operations in that state.

The Standard has not been on any regulatory debarment or "watch list". We have a strong record of regulatory compliance as borne out in state examinations, and are not currently the subject of any disciplinary action. We invite our customers to contact the Oregon Insurance Division should they desire confirmation of our standing.

Subject to applicable privacy and confidentiality laws and The Standard's internal privacy and confidentiality policies and procedures, The Standard would be willing to provide a copy of a public audit report that was a result of a routine Market Conduct audit.

Standard Insurance Company is an Oregon domestic corporation. In order to promote voluntary internal evaluations, Oregon law recognizes a privilege for the non-disclosure of insurance compliance audit reports. Oregon Revised Statutes 731.760 to 731.770. In order to not waive this privilege and jeopardize this important self- evaluation process, we must decline to provide copies of our internal or private audit results.

Failure on the part of Professional to comply with the provisions of this Paragraph shall constitute a material breach upon which the City may terminate or suspend this Agreement.

Due to the nature of providing insurance services, we cannot agree to suspend our service.

18.2 City Audit Settlements. If, at any time during or after the term of this Agreement, representatives of the City conduct an audit of Professional regarding the work performed under this Agreement, and if such audit finds that City's dollar liability for any such work is less than payments made by City to Professional, then the difference shall be either repaid by Professional to City by cash payment upon demand or, at the sole option of City, deducted from any amounts due to Professional from City. If such audit finds that City's dollar liability for such work is more than the payments made by City to Professional, then the difference shall be paid to Professional by cash payment.

Due to the nature of insurance services, we cannot agree that charges can be deducted from the existing premium due.

XIX. AVAILABILITY OF FUNDS

19.1 The obligations of the City under this Agreement are subject to the availability of funds lawfully appropriated for its purpose by the City Commission.

This is acceptable provided that The Standard shall have no continuing obligation to provide insurance coverage, and the City will be responsible for all premiums due and payable up to the date of termination of the policy.

XX. COMPLIANCE WITH LAWS

20.1 In performance of the services, the Professional will comply with applicable regulatory requirements, including federal, state, special district, and local laws, rules, regulations, orders, codes, criteria, and standards. It shall be the responsibility of the

Professional to obtain and maintain, at no cost to the City, any and all license and permits required to complete the services provided pursuant to this Agreement.

20.2 Conflict of Interest. Professional covenants that no person employed by the Professional which exercises any functions or responsibilities in connection with this Agreement has any personal financial interests direct or indirect with the City. Professional further covenants that, in the performance of this Agreement, no person having a conflicting interest shall be employed. Any such interests on the part of Professional or its employees must be disclosed in writing to City.

Professional is aware of the conflict of interest code of the City of Coral Gables, the Conflict of Interest and Code of Ethics of Miami-Dade County, Florida, Section 2-11.1 et seq., and the Ethics Laws of the State of Florida, and agrees that it shall fully comply in all respects with the terms of said laws.

XXI. FEDERAL AND STATE TAXES

21.1 The City is exempt from Federal Tax and State Sales and Use Taxes. Upon request, the City will provide an exemption certificate to the Professional. The Professional shall not be exempted from paying sales tax to its suppliers for materials to fulfill the contractual obligations with the City, nor shall the Professional be authorized to use the City's Tax Exemption Number in securing such materials.

With proper documentation, The Standard is willing to honor the City's exemption from any Federal and State excise tax.

XXII. SUCCESSORS AND ASSIGNS

22.1 The City and the Professional each binds itself and its partners, successors, assigns, and legal representatives to the other party to this Agreement and to its partners, successors, executors, administrators, assigns, and legal representatives. The Professional shall not assign this Agreement without the express written approval of the City via executed amendment.

To the extent The Standard proposes to enter into an assignment solely and exclusively connected to providing group insurance coverage to the City, we are willing to obtain prior written consent.

XXIII. CONTINGENT FEES

23.1 The Professional warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the Professional, to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the Professional, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this Agreement.

XXIV. ENTIRETY OF AGREEMENT

24.1 The City and the Professional agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. This Agreement supersedes all prior agreements, contracts, proposals, representations, negotiations, letters, or other communications between the City and the Professional pertaining to the services, whether written or oral. None of the provisions, terms, and conditions contained in this Agreement may be added to, modified, superseded, or otherwise altered, except by written instrument executed by the parties hereto.

Agreed, provided The Standard's group insurance policy(ies) are made part of the Contract, and, in all instances, such policy(ies) shall govern eligibility for insurance and benefits and The Standard's right to re-rate and terminate the group insurance policy(ies).

XXV. COUNTERPARTS

25.1 This Agreement may be executed simultaneously in several counterparts, each of which will be an original, but all of which together will constitute one and the same instrument.

XXVI. WAIVER

26.1 A waiver by either the City or the Professional of any breach of this Agreement shall not be binding upon the waiving party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or further breach. The making or acceptance of a payment by either party with knowledge of the existence of a default or breach shall not operate or be construed to operate as a waiver of any subsequent default or breach.

XXVII. SEVERABILITY, SURVIVAL

27.1 If any provision of this Agreement is found to be void and unenforceable by a court of competent jurisdiction, the remaining provisions of this Agreement shall nevertheless be binding upon the parties with the same effect as though the void or unenforceable provision had been severed and deleted.

XXVIII. GOVERNING LAW AND VENUE

28.1 The laws of the State of Florida shall govern this Agreement. Any and all legal action necessary to enforce the Agreement will be held in Miami-Dade County, and the Agreement will be interpreted according to the laws of Florida.

Provided, however, the portion of this section regarding venue shall not be interpreted to apply to disputes arising from an adverse benefit determination under The Standard's group insurance policies.

28.2 The invalidity, illegality, or unenforceability of any provision of this

Agreement, or the occurrence of any event rendering any portion or provision of this Agreement void, shall in no way effect the validity or enforceability of any other portion or provision of the Agreement. Any void provision shall be deemed severed from the Agreement, and the balance of the Agreement shall be construed and enforced as if the Agreement did not contain the particular portion or provision held to be void. The parties further agree to reform the Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision.

28.3 The provisions of this section shall not prevent the entire Agreement from being void should a provision, which is of the essence of the Agreement, be determined to be void.

XXIX. TIME IS OF THE ESSENCE

29.1 Time is of the Essence. If any anticipated or actual delays arise, Professional shall immediately so notify the City. Regardless of notice if services or deliveries are not made at the time agreed upon, the City may, at its sole discretion, terminate this Agreement and proceed pursuant to Paragraph 14.1 (Termination by Default).

XXX. WAIVER OF TRIAL BY JURY

30.1 THE PARTIES TO THIS AGREEMENT HEREBY AGREE TO EXHAUST ALL ADMINISTRATIVE REMEDIES BEFORE FILING A LAWSUIT IN CIVIL COURT TO RESOLVE THE DISPUTE. CITY AND PROFESSIONAL HEREBY KNOWINGLY, IRREVOCABLY, VOLUNTARILY AND INTENTIONALLY WAIVE ANY RIGHT EITHER MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY ACTION, PROCEEDING OR COUNTERCLAIM BASED UPON THE AGREEMENT, OR ARISING OUT OF, UNDER, OR IN CONNECTION WITH, THE SERVICES TO BE PROVIDED, OR ANY COURSE OF CONDUCT, COURSE OF DEALING, STATEMENTS (WHETHER VERBAL OR WRITTEN), OR ACTIONS OF ANY PARTY.

[The Standard will agree to the requirement to exhaust administrative remedies, but will not agree to any dispute resolution process that waives any right to pursue remedies in litigation under applicable law.](#)

XXXI. FLORIDA PUBLIC RECORDS LAW FLORIDA STATUTES CHAPTER 119, *et seq.*

31.1 Records subject to the provisions of Public Record Law, Florida Statutes Chapter 119, shall be kept and maintained in accordance with such Statute. Professional acknowledges that records and books, not subject to exemption under Chapter 119, may be disclosed and/or produced to third parties by the City in accordance with requests submitted under Chapter 119 or court orders without penalty or reprisal to the City for such disclosure and/or production. Professional also agrees to assert, in good faith, any relevant exemptions provided for under Chapter 119 for records in its possession on behalf of the City. Furthermore, Professional agrees to comply with the provisions outlined in

Section 119.0701 of the Florida Statutes, the requirements of which are incorporated herein.

IF THE PROFESSIONAL HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PROFESSIONAL’S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 305-460-5210, cityclerk@coralgables.com, 405 Biltmore Way, First Floor, Coral Gables, FL 33134.

The Standard agrees to abide by law applicable to us and to the products we provide. We will retain and disclose records pursuant to applicable law, which may not include the public records laws applicable to the City.

XXXII. WAIVER OF CONSEQUENTIAL DAMAGES

35.1 Professional waives claims against the CITY for consequential damages arising out of or related to this Agreement or its performance including, but not limited to, damages for lost income, profit, lost bonding capacity, financing, business and reputation, or for loss of management or labor productivity, damages incurred for principal office expenses, including the compensation of personnel stationed there, and for anticipated profit on any work not performed by Professional.

The Standard does not agree to waive our rights under applicable law

XXXIII. HEADINGS

37.1 The headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of the Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

Approved as to Insurance:

AS TO CITY:

David J. Ruiz
Risk Management Division

Peter J. Iglesias, P.E.
Interim City Manager

Approved by Department Head
or head of negotiations team as to
the negotiated business terms

ATTEST:

Karla V. Green

Human Resources Director

Approved as to compliance with
Applicable Procurement Requirements:

Celeste S. Walker
Assistant Finance Director for Procurement

Approved as to Funds Appropriation:

Diana Gomez,
Finance Director

Billy Y. Urquia
City Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Miriam Soler Ramos City
Attorney

ATTEST:

AS TO PROFESSIONAL

Corporate Secretary

President

Print Name: _____

Print Name: _____

(SEAL)

(OR)
WITNESSES (2):

Print Name: _____

Print Name: _____

APPENDIX E – HIPAA BUSINESS ASSOCIATE ADDENDUM

HIPAA BUSINESS ASSOCIATE ADDENDUM

The Standard complies with the HIPAA Privacy and Security rules where applicable to our business. The Standard is a hybrid entity meaning it is a covered entity for our dental and vision insurance (health plans) but is not a covered entity in relation to our other group insurance products and services. A "covered entity" is a health plan, health care clearinghouse and certain health care provider. "Health plan" is defined to include an individual or group plan that provides or pays the cost of medical care.

Accordingly, the HIPAA Privacy and Security rules are not applicable with respect to The Standard's non-dental/vision coverages including the life insurance being quoted on as they are not health plans.

Accordingly, The Standard does not believe that a HIPAA Business Associate Agreement is appropriate in this situation with the City. While the Standard is not agreeable to complying with HIPAA when not applicable, we take seriously the obligation to protect personal information created or received in connection with insurance transactions. We comply with applicable federal and state laws addressing privacy and data safeguarding. Our Privacy Notice is located at <https://www.standard.com/legal-privacy>.

This HIPAA Business Associate Addendum ("Addendum") supplements and is made a part of the Agreement by and between the City of Coral Gables ("City"), and _____, Business Associate ("Associate").

RECITALS

A. As part of the Agreement, it is necessary for the City to disclose certain information ("Information") to Associate pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI").

B. City and Associate intend to protect the privacy and provide for the security of PHI, including but not limited to, ePHI, disclosed to Associate pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

C. The purpose of this Addendum is to satisfy certain standards and requirements of HIPAA and the HIPAA Regulations, including, but not limited to, Title 45, Sections 164.308(b), 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("CFR"), as the same may be amended from time to time.

In consideration of the mutual promises below and the exchange of information pursuant to the Agreement, the parties agree as follows:

1. **Definitions.** Terms used, but not otherwise defined, shall have the same meaning as those terms in 45 CFR Sections 160.103, 164.304 and 164.501.
 - a. "Business Associate" shall have the meaning given to such term under the HIPAA Regulations, including, but not limited to, 45 CFR Section 160.103.
 - b. "Covered Entity" shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 CFR Section 160.103.

- c. "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to 45 CFR Section 160.103. [45 CFR Parts 160, 162 and 164]
- d. "Electronic Protected Health Information" or "ePHI" means any information that is transmitted or maintained in electronic media: (i) that relates to the past, present or future physical or mental condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual. and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to 45 CFR Section 160.103. [45 CFR Parts 160, 162 and 164]
- e. "Electronic Media" shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including but not limited to, 45 CFR Section 160.103.
- f. "Security incident" shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including but not limited to, 45 CFR Section 164.304.

2. Obligations of Associate.

- a. Permitted Uses and Disclosures. Associate may use and/or disclose PHI received by Associate pursuant to the Agreement ("City's PHI") solely in accordance with the specifications set forth in the Scope of Services, Appendix A. In the event of any conflict between this Addendum and Appendix A, this Addendum shall control. [45 CFR § 164.504(e)(2)(i)]
- b. Nondisclosure. Associate shall not use or further disclose City's PHI other than as permitted or required by law. [45 CFR § 164.504(e)(2)(ii)(A)]
- c. Safeguards. Associate shall use appropriate safeguards to prevent use or disclosure of City's PHI in a manner other than as provided in this Addendum. [45 CFR § 164.504(e)(2)(ii)(B)] Associate shall maintain a comprehensive written information security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Associate's operations and the nature and scope of its activities. Appropriate safeguards used by Associate shall protect the confidentiality, integrity, and availability of the PHI and ePHI that is created, received, maintained, or transmitted on behalf of the City. [45 CFR § 164.314(a)(2)(i)(A)] City has at its sole discretion, the option to audit and inspect, the Associate's safeguards at any time during the life of the Agreement, upon reasonable notice being given to Associate for production of documents and coordination of inspection(s).
- d. Reporting of Disclosures. Associate shall report to the City's Project Manager, any use or disclosure of the City's PHI in a manner other than as provided in this Addendum. [45 CFR § 164.504(e)(2)(ii)(c)] Associate shall report to the City through the City's Project Manager, any security incident of which it becomes aware within forty-eight (48) hours of discovery of the incident. [45 CFR § 164.314(a)(2)(i)(C)]

- e. Associate's Agents. Associate agrees and shall ensure that any agents, including subcontractors, to whom it provides PHI received from (or created or received by Associate on behalf of) the City, agrees in writing to the same restrictions and conditions that apply to Associate with respect to such PHI and that such agents conduct their operations within the United States. Associate agrees and shall ensure that any agents, including subcontractors, to whom it provides ePHI received, created, maintained, or transmitted on behalf of the City, agrees in writing to implement reasonable and appropriate safeguards to protect the confidentiality, integrity, and availability of that ePHI. [45 CFR § 164.314(a)(2)(i)(B)] In no case may Associate's Agents reside and operate outside of the United States.
- f. Documentation of Disclosures. Associate agrees to document disclosures of the City's PHI and information related to such disclosures as would be required for the City to respond to a request by an individual for an accounting of disclosures of PHI. Associate agrees to provide the City or an individual, in a time and manner designated by the City, information collected in accordance with the Agreement, to permit the City to respond to such a request for an accounting. [45 CFR § 164.528]
- g. Availability of Information to City. Associate shall make available to the City such information as the City may require to fulfill the City's obligations to provide access to, provide a copy of, and account for, disclosures of PHI pursuant to HIPAA and the HIPAA Regulations, including, but not limited to, 45 CFR Sections 164.524 and 164.528. [45 CFR § 164.504(e)(2)(ii)(E) and (G)]
- h. Amendment of PHI. Associate shall make the City's PHI available to the City as may be required to fulfill the City's obligations to amend PHI pursuant to HIPAA and the HIPAA Regulations, including, but not limited to, 45 CFR Section 164.526 and Associate shall, as directed by the City, incorporate any amendments to the City's PHI into copies of such PHI maintained by Associate, and in the time and manner designated by the City. [45 CFR § 164.504(e)(2)(ii)(F)]
- i. Internal Practices. Associate shall make its internal practices, books and records relating to the use and disclosure of the City's PHI (or PHI created or received by Associate on behalf of the City) available to the City and to the Secretary of the U.S. Department of Health and Human Services in a time and manner designated by the City or the Secretary for purposes of determining Associate's compliance with HIPAA and the HIPAA Regulations. [45 CFR § 164.504(e)(2)(ii)(H) and 45 CFR Part 64, Subpart C.]
- j. Mitigation. Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the City's PHI by Associate in violation of the requirements of this Addendum.
- k. Associate's Insurance. Associate agrees to maintain the insurance coverage provided in the Agreement.
- l. Notification of Breach. Associate shall notify the City within twenty-four (24) hours and shall provide written notice no later than forty-eight (48) hours of any suspected or actual breach of security, intrusion or unauthorized disclosure of PHI and/or any actual or suspected disclosure of data in violation of any applicable federal or state laws or regulations. Associate shall take (i) prompt corrective action to cure any such deficiencies, and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- m. Expenses. Any and all expenses incurred by Associate in compliance with the terms of this Addendum or in compliance with the HIPAA Regulations shall be borne by Associate.

n. No Third-Party Beneficiary. The provisions and covenants set forth in this Agreement are expressly entered into only by and between Associate and the City and are intended only for their benefit. Neither Associate nor the City intends to create or establish any third-party beneficiary status or right (or the equivalent thereof) in any other third party nor shall any other third party have any right to enforce or enjoy any benefit created or established by the provisions and covenants in this Agreement.

3. Audits, Inspection and Enforcement. From time to time, after reasonable notice, upon any breach of this Addendum by Associate, the City may inspect the facilities, systems, books and records of Associate to monitor compliance with this Addendum. Associate shall promptly remedy any violation of this Addendum and shall certify the same to the City in writing. The fact that the City inspects, or fails to utilize its right to inspect, Associate's facilities, systems, books, records, and procedures does not relieve Associate of its responsibility to comply with this Addendum, nor does the City's (i) failure to detect or (ii) detection, but failure to notify Associate or require Associate to remedy such breach, constitute acceptance of such practice or a waiver of the City's enforcement rights under this Addendum.

4. Termination.

a. Material Breach. A breach by Associate of any provision of this Addendum, shall constitute a material breach of the Agreement and shall provide grounds for immediate termination of the Agreement by the City. [45 CFR § 164.504(e)(3) and 45 CFR § 164.314(a)(2)(i)(D)]

b. Termination for Cause - Reasonable Steps to Cure Breach. If the City recognizes a pattern of activity or practice of Associate that constitutes a material breach or violation of the Associate's obligations under the provisions of this Addendum and does not terminate the Agreement pursuant to Section 4a, above, the City may provide an opportunity for Associate to end the violation or cure the breach within five (5) days, or other cure period as may be specified in the Agreement. If Associate does not cure the breach or end the violation within the time period provided, the City may immediately terminate the Agreement.

c. Judicial or Administrative Proceedings. The City may terminate the Agreement, effective immediately, if (i) Associate is named as a defendant in a criminal or administrative proceeding for a violation of HIPAA, or (ii) a finding or stipulation that Associate has violated any standard or requirement of the HIPAA Regulations (or other security or privacy law) is made in any administrative or civil proceeding.

d. Effect of Termination. Upon termination of the Agreement for any reason, Associate shall return or destroy as directed by the City all PHI, including but not limited to ePHI, received from the City (or created or received by Associate on behalf of the City) that Associate still maintains in any form. This provision shall also apply to City PHI that is in the possession of subcontractors or agents of Associate. Associate shall retain no copies of such PHI or, if return or destruction is not feasible, Associate shall provide to the City notification of the conditions that make return or destruction infeasible and shall continue to extend the protections of this Addendum to such information, and limit further use or disclosure of such PHI to those purposes that make the return or destruction of such PHI infeasible. [45 CFR § 164.504(e)(2)(ii)(I)]

5. Indemnification. Associate shall indemnify and hold harmless the City and its officers, employees, trustees, agents, and instrumentalities (the indemnified parties) from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the City or its officers, trustees, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to, or resulting from the performance of this Addendum by Associate or its employees, agents, servants, partners, principals, or subcontractors. Associate shall pay all claims and losses in connection therewith and shall investigate and defend all

claims, suits, or actions of any kind or nature in the name of any of the indemnified parties, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Associate expressly understands and agrees that any insurance protection required by this Addendum, or otherwise provided by Associate, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the indemnified parties as herein provided. This paragraph shall survive the termination of the Agreement.

6. **Limitation of Liability.** Nothing in this Addendum shall be construed to affect or limit the City's sovereign immunity as set forth in Florida Statutes, Section 768.28.

7. **Amendment.**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to the security and privacy of PHI, including electronic data, are rapidly evolving and that amendment of this Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HIPAA Regulations and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that the City must receive satisfactory written assurance from Associate that Associate will adequately safeguard all PHI that it receives or creates pursuant to this Agreement. Upon the City's request, Associate agrees to promptly enter into an amendment to the Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HIPAA Regulations or other applicable laws. The City, in addition to any other remedies including specific performance, may terminate the Agreement upon five [5] days' written notice in the event Associate does not enter into said amendment to the Agreement providing assurances regarding the safeguarding of PHI that the City, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the HIPAA Regulations. Notwithstanding Associate's failure to enter into an amendment, Associate shall comply with all provisions of the HIPAA laws.
- b. **Amendment of Appendix C.** In addition to amendments described in 7a above, Appendix C may otherwise be modified or amended by written mutual agreement of the parties without amendment of the remainder of this Agreement."

8. **Assistance in Litigation or Administrative Proceedings.** Associate shall make itself, and any subcontractors, employees or agents assisting Associate in the performance of its obligations under this Agreement, available to the City at the City's convenience upon reasonable notice, at no cost to the City, to testify as witnesses, for document production, or otherwise, in the event of litigation or administrative proceedings being commenced against the City, its trustees, officers, agents or employees based upon claimed violation of HIPAA, the HIPAA Regulations or other laws relating to security and privacy, except where Associate or its subcontractor, employee or agent is a named adverse party.

9. **Effect on Agreement.** Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Agreement shall remain in force and effect. In the event of any conflict between this Addendum and Agreement, this Addendum shall control.

10. **Interpretation.** This Addendum and the Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA Regulations and applicable Florida laws. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA Regulations.

11. **Jurisdiction**. Any litigation between the parties regarding the terms of this Addendum shall take place in Miami-Dade County, Florida.



Section IV: References

Provide a minimum of three (3) references (but no more than five (5) from public sector agencies, particularly municipal/local government, for which Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. DO NOT include work/services performed for the City of Coral Gables or City employees as reference.

1. **City of Miramar**
2300 Civic Center Place, Miramar, FL 33130
Na'Imah Martin, Benefits Manager
954.602.3842
nmartin@miramarfl.gov
Term of Contract: 11/1/2003 to current
Contract Amount: \$300,000
Services Provided: Life and Accidental Death and Dismemberment, Dependent Life, and Long Term Disability

2. **City of Miami Gardens**
18605 NW 27TH Ave, Miami Gardens, FL 33056
Julette Burton, Assistant HR Director
305.914.9158
jburton@miamigardens-fl.gov
Term of Contract: 1/1/2014 to current
Contract Amount: \$300,000
Services Provided: Life and Accidental Death and Dismemberment, Dependent Life, Short Term and Long Term Disability

3. **City of Pompano Beach**
100 W Atlantic Blvd, Pompano Beach, FL 33060
Cindy Lawrence, Risk Manager
954.786.4636
Cindy.Lawrence@copbfl.com
Term of Contract: 2/1/1999 to current
Contract Amount: \$70,000
Services Provided: Life and Dependent Life

4. **City of Fort Lauderdale**
100 N Andrews Ave 3rd Floor, Fort Lauderdale, FL 33301
Michael Naftaniel, Benefits Manager
954.828.5436
mnaftaniel@fortlauderdale.gov
Term of Contract: 1/1/2017 to current
Contract Amount: \$500,000
Services Provided: Life and Accidental Death and Dismemberment, Dependent Life

State of Florida

Department of State

I certify from the records of this office that STANDARD INSURANCE COMPANY is an Oregon corporation authorized to transact business in the State of Florida, qualified on March 4, 1987.

The document number of this corporation is P13468.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 29, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of July, 2019*



Ronald R. De
Secretary of State

Tracking Number: 9126350124CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer Oregon, Inc. 1050 SW 6th Avenue, Suite 1000 Portland OR 97204	CONTACT NAME: Eleanor Ko PHONE (A/C, No, Ext): 503-416-7899 FAX (A/C, No): E-MAIL ADDRESS: eko@woodruffswsawyer.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Standard Insurance Company 1100 SW Sixth Avenue, P11C Portland, OR 97204	INSURER A: Federal Insurance Company INSURER B: Sentry Insurance, A Mutual Company INSURER C: Atlantic Specialty Insurance Company INSURER D: Lloyds of London INSURER E: INSURER F:	
	NAIC # 20281 24988 27154	

COVERAGES

CERTIFICATE NUMBER: 1411503295

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			7120077550012	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			7120077550012	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			7120077550012	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	9016876	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D	Professional Liability Privacy/Cyber Liability			82086341 B0146CYUSA1901398	7/1/2019 7/1/2019	7/1/2020 7/1/2020	Limit \$2,000,000 Limit \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Operations of the Named Insured subject to the terms, conditions and exclusions of the policy issued by the Insurance Company.

RFP 2019 Group Dental, Vision, Group Life AD&D

City of Coral Gables is included as additional insured and waiver of subrogation applies per attached endorsements VCA201 and VCG205.

CERTIFICATE HOLDER**CANCELLATION**

City of Coral Gables
 Insurance Compliance
 P.O. Box 100085 -CE
 Duluth GA 30096

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROAD FORM AUTOMOBILE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement extends certain coverages. The following listing and the headers in this endorsement are only for convenience. Provisions in this endorsement might be modified by other endorsements. Read the entire policy carefully to determine rights, duties and what is and is not covered.

<p>A. Drive Other Car Coverage – Executive Officers and Certain Individuals</p> <p>B. Section II – Covered Autos Liability Coverage</p> <ol style="list-style-type: none"> 1. Additional Insured – Written Contract, Agreement, Permit or Authorization 2. Broadened Named Insured 3. Employees as Insureds (Including Employee Hired Autos and Fellow Employee Coverage) 4. Newly Acquired or Formed Organizations 5. Supplementary Payments – Bail Bonds and Loss of Earnings <p>C. Section III – Physical Damage Coverage</p> <ol style="list-style-type: none"> 1. Hired Auto Physical Damage Coverage 2. Towing – Any Covered Autos 3. Transportation Expenses Increased 	<ol style="list-style-type: none"> 4. Loss of Use Expenses Increased 5. Other Coverage Extensions <ol style="list-style-type: none"> a. Airbag Discharge b. Auto Theft Reward c. Loan/Lease Gap Coverage d. Rental Reimbursement 6. Diminution in Value 7. Communications Equipment 8. Deductible Waived For Glass Repair <p>D. Section IV – Business Auto Conditions</p> <ol style="list-style-type: none"> 1. Duties in Event of Accident, Claim, Suit or Loss 2. Waiver of Subrogation When Required by Written Contract or Agreement <p>E. Section V – Definitions</p> <ol style="list-style-type: none"> 1. Bodily Injury – Includes Mental Anguish 2. Executive Officer
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A. Drive Other Car Coverage – Executive Officers and Certain Individuals

1. The following is added to **Section I – Covered Autos**:

Drive Other Car Coverage

- a. For Covered Autos Liability Coverage and Physical Damage Coverage, “autos” in the care, custody or control of an “insured” described in Paragraph 2. below, which you do not own, hire, lease or borrow, are covered “autos”. But this does not include any “auto”:
 - (1) Owned by any “insured” described in Paragraph 2. below, or any member of their household, including any “auto” that is owned but not insured;
 - (2) Used by an “insured” described in Paragraph 2. below while working in the business of selling, servicing, repairing or parking autos; or
 - (3) Insured or covered under another policy.
- b. If Medical Payments, Uninsured/Underinsured Motorist, Personal Injury Protection or other compulsory coverages required by the governing jurisdiction are provided by this policy, then an “insured” described in Paragraph 2. below, and their family members residing in the same household, are “insureds” while:
 - (1) Occupying as a passenger; or
 - (2) A pedestrian when struck by;

any “auto” you do not own, hire, lease or borrow, except an “auto” owned by an “insured” described in Paragraph 2. below or members of their household, or an “auto” insured or covered under any other policy.

2. With respect to Drive Other Car Coverage only, Paragraph **A.1. Who is an Insured** of **Section II – Liability Coverage** is amended to include as an “insured” the following:

If you are designated in the Declarations as:

- a. An individual, you and your spouse.
- b. A partnership, your partners and their spouses.
- c. An organization other than an individual or a partnership, your “executive officers” and their spouses.

3. **Limit of Insurance and Deductible**

The most we will pay for Drive Other Car Coverage is the single highest Limit of Insurance for the applicable coverage for an “auto” you own. The Deductible for Drive Other Car Coverage is the largest Deductible for the applicable coverage for an “auto” you own.

4. **Other Insurance**

Regardless of the existence of other insurance or Paragraph **B.5. Other Insurance** of **Section IV – Business Auto Conditions**, Drive Other Car Coverage is primary.

B. Section II – Covered Autos Liability Coverage

1. **Additional Insured – Written Contract, Agreement, Permit or Authorization**

Paragraph **A.1. Who is an Insured** of **Section II – Covered Autos Liability Coverage** is amended to include as an additional “insured” any person or organization with whom you have agreed in a written contract, agreement, permit or authorization to provide insurance such as is afforded under this Coverage Form but only with respect to liability for “bodily injury” or “property damage” caused in whole or in part by your maintenance, operation or use of a covered “auto”. But this insurance does not apply:

- a. Unless the written contract or agreement has been executed or the permit or authorization has been issued prior to the “accident” that caused the “bodily injury” or “property damage”;
- b. To any person or organization included as an “insured” under any other provisions of this policy, including this or any other endorsement;
- c. To the independent acts or omissions of such person or organization; or
- d. To any lessor of “autos” when their contract or agreement with you for such leased “auto” ends or the lessor or its agent takes possession of the “auto”.

2. **Broadened Named Insured**

Paragraph **A.1. Who is an Insured** of **Section II – Covered Autos Liability Coverage** is amended to include as a Named Insured any legally incorporated entity in which you maintain ownership of more than 50 percent of the voting stock on or after the effective date of this endorsement, but only if there is no other similar insurance available to that organization. This insurance does not apply to any organization that is an insured under another policy or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance.

3. **Employees as Insureds (Including Employee Hired Autos and Fellow Employee Coverage)**

- a. Paragraph **A.1. Who is an Insured** of **Section II – Covered Autos Liability Coverage** is amended to include as an “insured” your “employee” while:

- (1) Using a covered “auto” you do not own, hire or borrow in your business or your personal affairs.
- (2) Operating an “auto” hired or rented under a contract or agreement in that “employee’s” name, with your permission, while performing duties related to the conduct of your business.

- b. Exclusion **B.5. Fellow Employee** of **Section II – Covered Autos Liability** is deleted.

- c. The following is added to **B.5.b** of **Section IV – Business Auto Conditions**:

Any covered “auto” hired or rented without a driver by your “employee” under a contract or agreement in that “employee’s” name, with your permission, while performing duties related to the conduct of your business is also deemed to be a covered “auto” you own.

4. Newly Acquired or Formed Organizations

Paragraph **A.1. Who is an Insured of Section II – Covered Autos Liability Coverage** is amended to include as an “insured” any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, if there is no other similar insurance available to that organization. But:

- (1) Coverage under this provision is afforded only until the end of the policy period; and
- (2) Coverage does not apply to “bodily injury” or “property damage” caused by an “accident” that occurred before you acquired or formed the organization.

5. Supplementary Payments – Bail Bonds and Loss of Earnings

In Paragraph **A.2.a. Supplementary Payments of Section II – Covered Autos Liability**, the following replaces Paragraphs (2) and (4):

- (2) Up to \$3,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$500 a day because of time off from work.

C. Section III – Physical Damage Coverage

1. Hired Auto Physical Damage Coverage

- a. If hired “autos” are covered “autos” under **Section II – Covered Autos Liability Coverage** and this policy provides Comprehensive, Specified Causes of Loss Coverage or Collision Coverage for any “auto” you own, a hired “auto” will be deemed a covered “auto” for Physical Damage Coverage subject to the provisions in Paragraph **b.** below.
- b. For Hired Physical Damage Coverage provided by paragraph **a.** above:
 - (1) The most we will pay for “loss” to any hired “auto” is the lesser of:
 - (a) \$75,000 for “autos” of the private passenger type and \$50,000 for all other “autos”;
 - (b) The actual cash value of the damaged or stolen property as of the time of the “loss”; or
 - (c) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
 - (2) The Deductible is the largest Deductible for the applicable coverage for an “auto” you own.
 - (3) This insurance is excess over any other valid and collectible insurance, whether such insurance is primary, excess, contingent or on any other basis.

2. Towing – Any Covered Autos

The following replaces Paragraph **A.2. Towing of Section III – Physical Damage Coverage**:

We will pay up to \$100 for towing and, if labor is performed at the place of disablement, labor costs incurred each time a covered “auto” is disabled if a premium charge for towing and labor is shown in the Schedule or the Declarations.

3. Transportation Expenses Increased

In Paragraph **A.4.a. Transportation Expenses of Section III – Physical Damage Coverage**, the amounts we will pay amounts we will pay for temporary transportation expenses incurred by you because of the total theft of a covered “auto” of the private passenger type are increased to \$75 per day, to a maximum of \$2,250.

4. Loss of Use Expenses Increased

The following replaces the last paragraph in Paragraph **A.4.b. Loss Of Use Expenses of Section III – Physical Damage Coverage**:

However, the most we will pay for any expenses for loss of use is \$1,000.

5. Other Coverage Extensions

If you have Physical Damage Coverage, the following are added to Paragraph **A.4. Coverage Extensions of Section III – Physical Damage Coverage**:

a. Airbag Discharge

We will pay to reset or replace a covered “auto’s” airbag that accidentally discharges without the “auto” being involved in an “accident” if the airbag is not covered under a manufacturer’s warranty and you did not intentionally cause the discharge. No Deductible applies to this Coverage Extension.

b. Auto Theft Reward

If you have Comprehensive or Specified Cause of Loss Coverage, we will pay a reward up to \$2,000 for information leading to the arrest and conviction of anyone stealing a covered “auto”. But we will not pay a reward to you, any family members or “employees” or any public officials while performing their duties.

c. Loan/Lease Gap Coverage

If a covered “auto” is subject to a long-term loan or lease that requires, in writing, that the lender or lessor be an additional “insured”, and you are legally obligated for the remaining balance on the loan or lease, we will pay the difference between the actual cash value of the “auto” at the time of “loss” and the remaining balance on your loan or lease. But we will not pay for:

- (1) Any amount paid under the policy’s Physical Damage Coverage; or
- (2) Any amounts for abnormal or excess wear and tear, additional or high mileage charges, carry-over balances from previous loans or leases, extended warranties or insurance purchased with the loan or lease, lease termination fees, taxes, overdue payments, unreturned security deposits or any penalties, interest or charges resulting from overdue payments.

d. Rental Reimbursement

We will pay for expenses to rent an “auto” of the private passenger type because of “loss” to a covered “auto” of the private passenger type. But:

- (1) We will only pay expenses incurred during the policy period at the time of the “loss” and ending, regardless of the policy period, six days after the “loss”.
- (2) The most we will pay is the lesser of:
 - (a) Reasonable and necessary expenses actually incurred; or
 - (b) \$50 per day.
- (3) This coverage does not apply if a spare or reserve “auto” is available to you.
- (4) If “loss” is because of the total theft of a covered “auto”, we will pay only those amounts that are not already covered under Transportation Expenses.

No Deductible applies to this Coverage Extension.

6. Diminution in Value

The following is added to Exclusion **B.6.** of **Section III – Physical Damage Coverage:**

This exclusion does not apply to “diminution in value” of a covered “auto” of the private passenger type used in the conduct of the “insured’s” business that is leased, rented, hired or borrowed without a driver for a period of 30 days or less. But the most we will pay for such “diminution in value” is the lesser of:

- a. 20 percent of the actual cash value of the “auto” as of the time of the “loss”; or
- b. \$7,500.

7. Communications Equipment

The following is added to Paragraph **B. Exclusions** of **Section III – Physical Damage Coverage:**

Exclusions **4.c.** and **4.d.** do not apply to communications equipment, including its antenna and other accessories, that is permanently installed in, and not removable from, a covered “auto” and designed for use as a:

- a. Citizen’s band radio;
- b. Two-way mobile radio or telephone;

- c. Scanning monitor receiver; or
- d. GPS navigation system.

No Deductible applies to “loss” to such communications equipment. But the most we will pay for all such communications equipment is \$5,000 for any one “loss”.

8. Deductible Waived For Glass Repair

The following is added to Paragraph **D. Deductible of Section III – Physical Damage Coverage**:

No Deductible applies if glass that is damaged is repaired rather than replaced.

D. Section IV – Business Auto Conditions

1. Duties in the Event of Accident, Claim, Suit or Loss

The following is added to Paragraph **A.2. Duties in the Event of Accident, Claim, Suit or Loss of Section IV – Business Auto Conditions**:

The requirements that you must notify us of an “accident”, claim, “suit” or “loss”, or send us documents concerning a claim or “suit”, apply only if the “accident”, claim, “suit” or “loss” is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership;
- (3) An “executive officer” or insurance or risk manager, if you are a corporation; or
- (4) A manager, if you are a limited liability company.

The requirement that you must notify us as soon as practicable of an “accident”, claim, “suit” or “loss” does not apply if you report the “accident”, claim, “suit” or “loss” to your workers’ compensation insurer and the “accident”, claim, “suit” or “loss” later develops into a liability claim for which coverage is provided by this policy. But as soon as you become aware that an “accident”, claim, “suit” or “loss” is a liability claim rather than a workers’ compensation claim, you must comply with all parts of Paragraph **A.2. Duties in the Event of Accident, Claim, Suit or Loss of Section IV – Business Auto Conditions**.

2. Waiver of Subrogation When Required by Written Contract or Agreement

The following is added to Paragraph **A.5. Transfer of Rights of Recovery Against Others to Us of Section IV – Business Auto Conditions**:

We will waive any right of recovery against any person or organization because of payments we make for “bodily injury” or “property damage” arising out of the ownership, maintenance or use of a covered “auto” when you have assumed liability for such “bodily injury” or “property damage” under an “insured contract”, but only if the “insured contract” is executed before the “accident” or “loss” occurs.

E. Section V – Definitions

1. Bodily Injury – Includes Mental Anguish

The following is added to Paragraph **C. of Section V – Definitions**:

“Bodily injury” includes mental anguish resulting from bodily injury, sickness, or disease sustained by a person at any time.

2. Executive Officer

The following is added to **Section V – Definitions**:

“Executive officer” means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROAD FORM GENERAL LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement extends certain coverages. The following listing and the headers in this endorsement are only for convenience. Provisions in this endorsement might be modified by other endorsements. Read the entire policy carefully to determine rights, duties and what is and is not covered.

<p>A. Section I – Coverages</p> <ol style="list-style-type: none"> 1. Expected or Intended Injury (Property Damage) 2. Non-Owned Aircraft and Watercraft Under 55 Feet 3. Alienated Premises 4. Broadened Property Damage – Rented Premises, Borrowed Equipment and Use of Elevators 5. Personal and Advertising Injury <ol style="list-style-type: none"> a. Non-Employment Related Discrimination b. Limited Contractual Liability Coverage 6. Medical Payments – Increased Limits and Time Period 7. Product Recall Expense Coverage 8. Supplementary Payments – Cost of Bail Bonds and Loss of Earnings <p>B. Section II – Who is an Insured</p> <ol style="list-style-type: none"> 1. Broadened Named Insured 2. Additional Insured – Broad Form Vendor 3. Additional Insured – Written Contract, Agreement, Permit or Authorization 	<ol style="list-style-type: none"> 4. Incidental Malpractice by Employed Physicians, Nurses, EMTs and Paramedics 5. User of Covered Watercraft 6. Newly Acquired or Formed Organizations <p>C. Section III – Limits of Insurance – Aggregate Limit Per Location</p> <p>D. Section IV – Commercial General Liability Conditions</p> <ol style="list-style-type: none"> 1. Duties in Event of Occurrence, Offense, Claim or Suit 2. Waiver of Subrogation When Required by Written Contract or Agreement <p>E. Section V – Definitions</p> <ol style="list-style-type: none"> 1. Bodily Injury – Includes Mental Anguish 2. Coverage Territory – Worldwide 3. Mobile Equipment – Self-Propelled Snow Removal, Road Maintenance and Street Cleaning Equipment Less than 1,000 Pounds Gross Vehicle Weight
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A. Section I – Coverages

1. Expected or Intended Injury (Property Damage)

The following is added to Exclusion 2.a. **Expected Or Intended Injury of Section I – Coverages – Coverage A – Bodily Injury and Property Damage Liability:**

This exclusion does not apply to “property damage” resulting from the use of reasonable force to protect persons or property.

2. Non-Owned Aircraft and Watercraft Under 55 Feet

a. The following is added to Exclusion 2.g. **Aircraft, Auto or Watercraft of Section I – Coverages – Coverage A – Bodily Injury and Property Damage Liability:**

This exclusion does not apply to an aircraft that is:

- (a) Hired, chartered or loaned with a paid crew; and
- (b) Not owned by any insured.

b. The following replaces Exclusion 2.g.(2)(a) of **Section I – Coverages – Coverage A – Bodily Injury and Property Damage Liability:**

- (a) Less than 55 feet long; and

- c. The following is added to Paragraph **b.(1)** in Paragraph **4. Other Insurance** of **Section IV – Commercial General Liability Conditions**:

This insurance is excess over any of the other valid and collectible insurance available to the insured that provides coverage for aircraft or watercraft not owned by any insured, whether such insurance is primary, excess, contingent or on any other basis.

3. Alienated Premises

The following replaces Exclusion **2.j.(2)** of **Section I – Coverages – Coverage A – Bodily Injury and Property Damage Liability**:

- (2) Premises you sell, give away or abandon, if the “property damage” arises out of any part of those premises and occurs from hazards that were known to you, or should have been known to you, at the time the property was transferred or abandoned;

4. Broadened Property Damage – Rented Premises, Borrowed Equipment and Use of Elevators

- a. The following is added to Exclusion **2.j. Damage To Property** of **Section I – Coverages – Coverage A – Bodily Injury and Property Damage Liability**:

Paragraph **(1)** of this exclusion does not apply to “property damage” to real property you rent or temporarily occupy with permission of the owner.

Paragraph **(4)** of this exclusion does not apply to “property damage” to equipment you borrow while at a job site if the equipment is not being used by anyone to perform work or operations at the time of loss.

Paragraphs **(3)**, **(4)** and **(6)** of this exclusion do not apply to “property damage” arising out of the use of elevators at premises you own, rent, lease or occupy.

- b. The following replaces Paragraph **6.** of **Section III – Limits Of Insurance**:

6. Subject to Paragraph **5.** above, the Damage to Premises Rented to You Limit shown in the Declarations is the most we will pay under Coverage **A** for damages because of “property damage” to any one premises while rented to you or occupied by you with permission of the owner. If a Damage to Premises Rented to You Limit is not shown in the Declarations, that Limit will be \$500,000.

- c. The following is added to Paragraph **b.(1)** of Paragraph **4. Other Insurance** of **Section IV – Commercial General Liability Conditions**:

This insurance is excess over any of the other valid and collectible insurance available to the insured that provides coverage for real property you rent or temporarily occupy with the permission of the owner, borrowed equipment or use of elevators, whether such insurance is primary, excess, contingent or on any other basis.

5. Personal and Advertising Injury

- a. **Non-Employment Related Discrimination**

The following is added to the Paragraph **14.** “personal and advertising injury” of **Section V – Definitions**, but only if Coverage **B** is not otherwise excluded by the provisions of this Coverage Part or any endorsement:

“Personal and advertising injury” includes injury, including consequential “bodily injury”, arising out of discrimination because of race, color, creed, national origin, age, sex or physical disability, where such insurance is not prohibited by law, but only if the discrimination is:

- (1) Not done intentionally by or at the direction of:
- (a) The insured; or
 - (b) Any “executive officer”, director, stockholder, partner, member, manager or “employee”; and
- (2) Not directly or indirectly related to the employment, prospective employment or termination of employment of any person by any insured.

This insurance afforded for discrimination does not apply to fines or penalties, or that portion of any award or judgment resulting from the multiplied portion of any damages under state or federal law.

b. Limited Contractual Liability Coverage

The following is added to Exclusion **2.e. Contractual Liability** of **Section I – Coverages – Coverage B – Personal and Advertising Injury Liability**:

This exclusion does not apply to liability for damages assumed in a written contract or agreement if the liability assumed pertains to your business and is the tort liability (meaning liability that would be imposed by law in the absence of contract or agreement) of another party to pay for "personal and advertising injury" to a third person or organization, provided the "personal and advertising injury":

- (1) Occurs after the execution of the contract or agreement; and
- (2) Arises out of the offense of false arrest, detention or imprisonment.

6. Medical Payments – Increased Limits and Time Period

The following provisions are modified only if Coverage **C** is not otherwise excluded by the provisions of this Coverage Part or any endorsement.

a. The following replaces Paragraph **a.(3)(b)** in Paragraph **1. Insuring Agreement** of **Section I – Coverage C – Medical Payments**:

(b) The expenses are incurred and reported to us within three years of the date of the accident; and

b. The following is added to Paragraph **7.** of **Section III – Limits Of Insurance**:

The Medical Expenses Limit for Coverage **C** is the greater of \$15,000 per person or the amount shown in the Declarations.

7. Product Recall Expense Coverage

a. The following is added to **Section I – Coverages**:

Product Recall Expense Schedule	
Product Recall Aggregate Limit	\$ 50,000
Each Product Recall Limit	\$ 25,000
Each Product Recall Deductible	\$1,000
The limits and deductible in this Schedule apply to Product Recall Expense Coverage unless other amounts are shown in the Declarations.	

PRODUCT RECALL EXPENSE COVERAGE

We will pay "product recall expense" incurred by you or on your behalf for a "covered recall" to which this insurance applies. This insurance applies to "product recall expense" for a "covered recall" that takes place in the "coverage territory" and during the policy period. The amount we will pay for "product recall expense" is limited as described in **Section III – Limits Of Insurance**.

We will only pay the amount of "product recall expense" in excess of the Each Product Recall Deductible shown in the Schedule above. You must pay the Each Product Recall Deductible for each "covered recall" that is initiated.

b. The following is added to **Section III – Limits Of Insurance**:

The Product Recall Aggregate Limit shown in the Schedule above is the most we will pay for the sum of all "product recall expense" incurred for all "covered recalls" initiated during the policy period.

Subject to the Product Recall Aggregate Limit, the Each Product Recall Limit shown in the Schedule above is the most we will pay for all "product recall expenses" arising out of any one "covered recall" for the same defect or deficiency.

c. The following is added **Section IV – Commercial General Liability Conditions**:

Duties In The Event Of "Covered Recall"

- 1. You must report a "covered recall" to us as soon as practicable and no later than 30 days after you discover or are made aware of such recall.
- 2. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. You must see to it that the following are done as soon as practicable after an actual or anticipated "covered recall" that may result in "product recall expense":
 - (a) Give us notice of any discovery or notification that "your product" must be withdrawn or recalled, including a description of "your product" and the reason for the withdrawal or recall;
 - (b) Cease any further release, shipment, consignment or any other method of distribution of such product, as well as any similar products, until it has been determined that all such products are free from defects that could result in "product recall expense";
 - (c) As often as may be reasonably required, permit us to:
 - (1) Inspect "your product" and take damaged and undamaged samples of "your products" for inspection, testing and analysis; and
 - (2) Examine and make copies from your books and records;
 - (d) Within 60 days of our request and providing you the necessary forms, send us a signed, sworn proof of loss containing the information we request to settle the claim; and
 - (e) Permit us to examine any insured under oath, while not in the presence of any other insured, at such times as may reasonably be required, about any matter relating to this insurance or your claim, including an insured's books and records. An insured's answers to the examination must be signed.
- d. The following are added to **Section V – Definitions**:

"Covered recall" means a recall of "your product" made necessary because the insured or a government entity has determined that a known or suspected defect, deficiency, inadequacy or dangerous condition in "your product" has resulted in, or will result in, "bodily injury" or "property damage".

"Product recall expense":

 - a. Means the following necessary and reasonable extra expenses incurred by you or on your behalf exclusively for the purpose of recalling "your product":
 - (1) Expenses for communications, including broadcast announcements or printed "advertisements" and associated stationery, envelopes and postage;
 - (2) Expenses for shipping the recalled products from any purchaser, distributor or user to the place or places designated by you;
 - (3) Expenses for overtime paid to your regular non-salaried "employees";
 - (4) Expenses for hiring "temporary workers";
 - (5) Expenses incurred by "employees", including transportation and accommodations;
 - (6) Expenses to rent additional warehouse or storage space; or
 - (7) Expenses for proper disposal of "your product" if the disposal is necessary to avoid "bodily injury" or "property damage" and is other than regularly used to discard, trash or dispose of "your product".
 - b. Does not include the following:
 - (1) Damages, fines or penalties;
 - (2) Defense expenses;
 - (3) The cost of regaining your market share, goodwill, revenue or profit; or
 - (4) Any expenses resulting from:
 - (a) Failure of any product to accomplish its intended purpose;
 - (b) Breach of warranties of fitness, quality, durability or performance;
 - (c) Loss of customer approval, or any cost incurred to regain customer approval;
 - (d) Redistribution or replacement of "your product" that was recalled with like products or substitutes;
 - (e) The insured's caprice or whim;

- (f) A condition any insured knew, or had reason to know, of at the inception of this insurance that was likely to cause loss; or
- (g) Recall of "your products" that have no known or suspected defect solely because a known or suspected defect in another of "your products" has been found.

8. Supplementary Payments – Cost of Bail Bonds and Loss of Earnings

The following replaces Paragraphs 1.b. and 1.d. of **Supplementary Payments – Coverages A and B** in **Section I – Coverages**:

- b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$250 a day because of time off from work.

B. Section II – Who is an Insured

1. Broadened Named Insured

Section II – Who Is An Insured is amended to include as a Named Insured any legally incorporated entity in which you maintain ownership of more than 50 percent of the voting stock on the effective date of this endorsement, but only if there is no other similar insurance available to that organization. This insurance does not apply to any organization that is an insured under another policy or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance.

2. Additional Insured – Broad Form Vendor

- a. **Section II – Who Is An Insured** is amended to include as an additional insured any person or organization (referred to below as "vendor") with whom you have agreed in a written contract or agreement to provide insurance, but only with respect to "bodily injury" or "property damage" arising out of "your products" that are distributed or sold in the regular course of the vendor's business. But none of these vendors are an additional insured:
 - (1) If the "products-completed operations hazard" is excluded under the Coverage Part or by endorsement;
 - (2) If the vendor is a person or organization from whom you have acquired the products, or any ingredient, part or container entering into, accompanying or containing those products;
 - (3) For "bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement unless that the vendor would have otherwise been liable for such "bodily injury" or "property damage" in the absence of that contract or agreement; or
 - (4) For "bodily injury" or "property damage" caused by or arising out of:
 - (a) Any express warranty not authorized by you;
 - (b) Any physical or chemical change in the product made intentionally by the vendor;
 - (c) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - (d) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
 - (e) Operations to demonstrate, install, service or repair, except those operations performed at the vendor's premises in connection with the sale of the product;
 - (f) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
 - (g) The sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf, unless such act or omission is:
 - (i) In the course of repackaging "your products" in the original container after unpacking solely for the purpose of inspection, demonstration, testing or the substitution of parts under instructions from the manufacturer;

- (ii) A demonstration, installation, servicing or repair operation of “your products” performed at the vendor’s premises in connection with the sale of the product; or
 - (iii) An inspection, adjustment, test or servicing of “your products” the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- b. The insurance afforded to such vendor under Paragraph a. above:
 - (1) Applies only to the extent permitted by law; and
 - (2) Will not be broader than that which you are required by the contract or agreement to provide to such vendor.
- c. The following is added to **Section III – Limits Of Insurance**:

The most we will pay on behalf of a vendor that qualifies as an additional insured is the amount of insurance:

 - a. Required by the contract or agreement; or
 - b. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less. This provision does not increase the applicable Limits of Insurance shown in the Declarations.

3. Additional Insured – Written Contract, Agreement, Permit or Authorization

- a. **Section II – Who Is An Insured** is amended to include as an additional insured any person or organization with whom you have agreed in a written contract, agreement, permit or authorization to provide insurance but only with respect to liability for injury or damage caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf for:
 - (1) “Bodily injury”, “property damage” or “personal and advertising injury” in the performance of your ongoing operations, and only until your operations are completed, for such person or organization at the location designated in the contract, agreement, permit or authorization;
 - (2) “Bodily injury”, “property damage” or “personal and advertising injury” in the maintenance, operation or use of equipment leased to you by such person or organization; or
 - (3) “Bodily injury”, “property damage” or “personal and advertising injury” in connection with premises you own, rent, lease or occupy.
- b. The insurance afforded to an additional insured under Paragraph a. above does not apply:
 - (1) Unless:
 - (a) The contract or agreement is executed, or the permit or authorization is issued, before the “bodily injury”, “property damage” or “personal and advertising injury” occurs; and
 - (b) The contract, agreement, permit or authorization is in effect or becomes effective during the policy period.
 - (2) To any:
 - (a) Person or organization included as an insured under any other provision of this policy, including this or any other endorsement;
 - (b) Lessor of equipment after the equipment lease terminates or expires;
 - (c) Owner or other interests from whom land has been leased;
 - (d) Manager or lessor of premises if:
 - (i) The “occurrence” takes place after you cease to be a tenant in that premises; or
 - (ii) The “bodily injury”, “property damage” or “personal and advertising injury” arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor;
 - (e) Person or organization if the “bodily injury”, “property damage” or “personal and advertising injury” arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - (i) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

(ii) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services; or

(f) "Bodily injury" or "property damage" occurring after:

(i) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured at the location of the covered operations has been completed; or

(ii) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

c. The insurance afforded to an additional insured under Paragraph a. above:

(1) Applies only to the extent permitted by law; and

(2) Will not be broader than that which you are required by the contract, agreement, permit or authorization to provide to such additional insured.

d. With respect to the insurance afforded to an additional insured under Paragraph a. above, the following is added to **Section III – Limits Of Insurance**:

The most we will pay on behalf of the additional insured is the amount of insurance:

a. Required by the contract, agreement, permit or authorization; or

b. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less. This provision does not increase the applicable Limits of Insurance shown in the Declarations.

4. **Incidental Malpractice by Employed Physicians, Nurses, EMTs and Paramedics**

a. The following is added to Paragraph 2.a.(1)(d) of **Section II – Who Is An Insured**:

But an "employee" or "volunteer worker" employed or volunteering as a physician, dentist, nurse, emergency medical technician or paramedic is an insured if you are not engaged in the business or occupation of providing professional health care services.

b. The following is added to Paragraph b.(1) in Paragraph 4. **Other Insurance** of **Section IV – Commercial General Liability Conditions**:

This insurance is excess over any of the other valid and collectible insurance available to the insured for coverage for insured "employee" or volunteer worker who is a physician, dentist, nurse, emergency medical technician or paramedic, whether such insurance is primary, excess, contingent or on any other basis.

5. **User of Covered Watercraft**

a. **Section II – Who Is An Insured** is amended to include as an additional insured any person or organization who uses, or is responsible for the use of, a watercraft covered by this policy if the use is with your express or implied consent. But no such person or organization is an insured with respect to:

a. "Bodily injury" to that person's or organization's "employee"; or

b. "Property damage" to property:

(1) Owned, occupied or used by; or

(2) In the care, custody or control of, rented to or over which physical control is being exercised for any purpose by;

that person or organization.

b. The following is added to Paragraph **b.(1)** in Paragraph **4. Other Insurance** of **Section IV – Commercial General Liability Conditions**:

This insurance is excess over any of the other valid and collectible insurance available to the insured for use of, or responsibility for use of, a watercraft covered by this policy, whether such insurance is primary, excess, contingent or on any other basis.

6. Newly Acquired or Formed Organizations

The following replaces Paragraph **3.a.** of **Section II – Who Is An Insured**:

- a.** Coverage under this provision is afforded only until the end of the policy period;

C. Section III – Limits of Insurance – Aggregate Limit Per Location

The following is added to Paragraph **2.** of **Section III – Limits Of Insurance**:

The General Aggregate Limit applies separately to each “location” of yours. As used in this provision, “location” means premises you own, rent or lease involving the same or connecting lots, or whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

D. Section IV – Commercial General Liability Conditions

1. Duties in the Event of Occurrence, Offense, Claim or Suit

The following is added to Paragraph **2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** of **Section IV – Commercial General Liability Conditions**:

The requirements that you must notify us of an “occurrence”, offense, claim or “suit”, or send us documents concerning a claim or “suit”, apply only if the “occurrence”, offense, claim or “suit” is known to:

- (1)** You, if you are an individual;
- (2)** A partner, if you are a partnership;
- (3)** An “executive officer” or insurance or risk manager, if you are a corporation; or
- (4)** A manager, if you are a limited liability company.

The requirement that you must notify us as soon as practicable of an “occurrence” or an offense that may result in a claim does not apply if you report the “occurrence” or offense to your workers’ compensation insurer and that “occurrence” or offense later develops into a liability claim for which coverage is provided by this policy. But as soon as you become aware that an “occurrence” or offense is a liability claim rather than a workers’ compensation claim, you must comply with all parts of Paragraph **2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** of **Section IV – Commercial General Liability Conditions**.

2. Waiver of Subrogation When Required by Written Contract or Agreement

The following is added to Paragraph **8. Transfer of Rights of Recovery Against Others to Us** of **Section IV – Commercial General Liability Conditions**:

We will waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or “your work” included within the “products-completed operations hazard” if the operations or work is done under a written contract or agreement with that person or organization, but only if the contract or agreement is executed before the “bodily injury” or “property damage” occurs and requires you to waive your rights of recovery.

E. Section V – Definitions

1. Bodily Injury – Includes Mental Anguish

The following is added to Paragraph **3.** of **Section V – Definitions**:

“Bodily injury” includes mental anguish resulting from bodily injury, sickness, or disease sustained by a person at any time.

2. Coverage Territory – Worldwide

The following replaces Paragraph **4.** of **Section V – Definitions**:

- 4.** “Coverage territory” means anywhere other than a country or jurisdiction that is subject to trade or other economic sanction or embargo by the United States of America. But the insured’s responsibility to pay damages must be determined in a settlement we agree to or in a “suit” on the merits brought within the United States of America (including its territories and possessions), Puerto Rico or Canada.

3. Mobile Equipment – Self-Propelled Snow Removal, Road Maintenance and Street Cleaning Equipment Less than 1,000 Pounds Gross Vehicle Weight

The following is added after Paragraph **12.f.(1)** of **Section V – Definitions**:

But a self-propelled vehicle of less than 1,000 pounds gross vehicle weight that is maintained primarily for purposes other than transportation of persons or cargo with permanently attached equipment for snow removal, road maintenance (other than construction or resurfacing) or street cleaning will be considered “mobile equipment” and not an “auto”.

FLORIDA OFFICE OF INSURANCE REGULATION

STANDARD INSURANCE COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a LIFE AND HEALTH INSURER CERTIFICATE OF AUTHORITY and remains subject to the laws of Florida.

Original Issuance: 01/19/1988

Replacement Issuance: Monday, May 13, 2019

No. 19 - 930242990



David Altmaier

David Altmaier
Commissioner
Office of Insurance Regulation

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ATTN: **Name1**

Report Printed: JUL 12 2019
In Date

BUSINESS INFORMATION

STANCORP FINANCIAL GROUP, INC.

(FOREIGN PARENT IS MEIJI YASUDA LIFE INSURANCE COMPANY, CHIYODA-KU, JAPAN.)

**1100 Sw 6th Ave
Portland, OR 97204**

This is a **headquarters (subsidiary)** location.
Branch(es) or division(s) exist.

D-U-N-S® Number: 05-322-4098

Parent D-U-N-S®: 69-059-7828

Telephone: 971 321-7000

D&B Rating: **ER1**

Chief executive: J GREG NESS, CEO-PRES

Number of employees: ER1 is **1000 or more** employees.

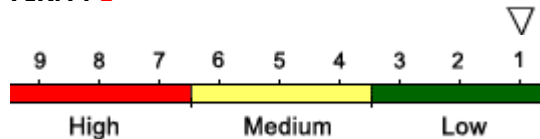
Year started: 1998

D&B Supplier Risk: **1**

Management control: 2015

Employs: 2,702 (Undetermined here)

SUPPLIER EVALUATION RISK (SER) RATING FOR THIS FIRM : **1**



All amounts are displayed in local currency.

Financial statement date: DEC 31 2015

Sales F: 2,902,400,000

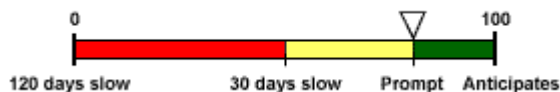
Net worth F: 2,190,800,000

History: CLEAR

D&B PAYDEX®

D&B PAYDEX: 80

When weighted by dollar amount, payments to suppliers average generally within terms.



Based on up to 24 months of trade.

SUMMARY ANALYSIS

D&B Rating: ER1

Number of employees: ER1 indicates **1000 or more** employees.

Certain lines of business, primarily banks, insurance companies and government entities, do not lend themselves to classification under the D&B Rating system. Instead, we assign these types of businesses an Employee Range symbol based on the number of people employed. No other significance should be attached to this symbol. The ERN should not be interpreted negatively. It simply means we do not have information indicating how many people are employed at this firm. For more information, see the D&B Rating Key.

Below is an overview of the company's rating history since 04/29/16:

D&B Rating	Date Applied
ER1	04/29/16

The Summary Analysis section reflects information in D&B's file as of July 8, 2019.

RISK SCORE ANALYSIS

PROBABILITY OF CEASED OPERATIONS/BECOMING INACTIVE

SUPPLIER EVALUATION RISK RATING: 1

The probability of ceased operations/becoming inactive indicates what percent of U.S. businesses is expected to cease operations or become inactive over next 12 months.

Probability of Supplier Ceased Operations/Becoming Inactive : 1.3% (130 PER 10,000)

Percentage of US business with same SER score : 13% (1,300 PER 10,000)

Average Probability of Supplier Ceased Operations/Becoming Inactive : 0.48% (48 PER 10,000)
- Average of Businesses in D&B's Supplier Database

CREDIT DELINQUENCY SCORE: 522

SPECIAL EVENTS

09/29/2017

STOCK/BOND ISSUANCE/REDEMPTION/REPURCHASE: According to published reports, StanCorp Financial Group, Inc. announced that it will redeem 100% of its Fixed-to-Floating Rate Income Capital Obligation Notes due June 1, 2067. The outstanding principal amount of the ICONs was \$252.9 million on September 27, 2017.

The ICONs will be redeemed at par on December 1, 2017. StanCorp stated that the total amount to be paid on redemption includes the outstanding principal amount of the ICONs, plus accrued and unpaid interest of approximately \$2.4 million.

06/08/2017

BOARD OF DIRECTORS UPDATE: According to published reports, StanCorp Financial Group, Inc. announced that it has appointed Elizabeth E. Flynn, Richard H. Wills and H. Elizabeth Mitchell to its board of directors effective May 8, 2017.

01/27/2017

CONTROL CHANGE: On March 31, 2016, sources stated that Meiji Yasuda Life Insurance Company, Chiyoda-Ku, Japan, has completed the acquisition of Stancorp Financial Group, Inc., Portland, OR, on March 7, 2016. With the acquisition, Stancorp Financial Group, Inc. will now operate as a wholly-owned subsidiary of Meiji Yasuda Life Insurance Company. StanCorp common stock has ceased trading and will be delisted from the New York Stock Exchange. Employees and management were retained. Further details are unavailable.

CUSTOMER SERVICE

If you have questions about this report, please call our Customer Resource Center at 1.800.234.3867 from anywhere within the U.S. If you are outside the U.S. contact your local D&B office.

*** Additional Decision Support Available ***

Additional D&B products, monitoring services and specialized investigations are available to help you evaluate this company or its industry. Call Dun & Bradstreet's Customer Resource Center at 1.800.234.3867 from anywhere within the U.S. or visit our website at www.dnb.com.

HISTORY

The following information was reported **06/08/2017**:

Officer(s): J GREG NESS, CEO-PRES
FLOYD F CHADEE, CFO

THE OFFICER(S) and Elizabeth E. Flynn, Richard H. Wills and H. Elizabeth Mitchell.

The Oregon Secretary of State's business registrations file showed that Stancorp Financial Group, Inc. was registered as a Corporation on September 23, 1998, under file registration number 653675-84.

Business started 1998.

The company's common stock is traded on the New York Stock Exchange under the symbol "SFG". As of February 13, 2015, there were 29,160 shareholders of record of common stock. As of December 31, 2014, those shareholders identified by the company as beneficially owning 5% or more of the outstanding shares were: FMR LLC (7.9%); The Vanguard Group, Inc. (6.7%); BlackRock Inc. (6.0%); FMR LLC (5.7%); Franklin Resources, Inc. (5.7%); Invesco Ltd. (5.5%) and Dimensional Fund Advisors LP (5.5%). As of the same date, officers and directors as a group beneficially owned 2.7% of the outstanding shares.

Business started 1998. Present control succeeded March 2016.

CONTROL CHANGE:

On March 31, 2016, sources stated that Meiji Yasuda Life Insurance Company, Chiyoda-Ku, Japan, has completed the acquisition of Stancorp Financial Group, Inc., Portland, OR, on March 7, 2016. With the acquisition, Stancorp Financial Group, Inc. will now operate as a wholly-owned subsidiary of Meiji Yasuda Life Insurance Company. StanCorp common stock has ceased trading and will be delisted from the New York Stock Exchange. Employees and management were retained. Further details are unavailable.

J GREG NESS. Greg Ness is chairman, president and chief executive officer of StanCorp Financial Group, Inc. and Standard Insurance Company. From July 2009 through November 2011, he served as president and chief executive officer and was elected chairman of the board in December 2011.

FLOYD F CHADEE. Floyd Chadee was appointed senior vice president and chief financial officer of StanCorp Financial Group, Inc. and Standard Insurance Company in April 2008.

ELIZABETH E. FLYNN. Served as the vice chairman of Marsh USA, Inc., from 2013 to 2015.

RICHARD H. WILLS. Served as president and chief executive officer of Tektronix from 2000 until 2008.

H. ELIZABETH MITCHELL. Served as president and chief executive officer of Renaissance Reinsurance U.S., Inc., from 2015 to 2016.

BUSINESS REGISTRATION

CORPORATE AND BUSINESS REGISTRATIONS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE AS OF JUL 03 2019:

Registered Name: STANCORP FINANCIAL GROUP, INC.

Business type: DOMESTIC CORPORATION

Corporation type: PROFIT
State of incorporation: OREGON
Filing date: SEP 23 1998
Registration ID: 65367584
Status: ACTIVE

Where filed: SECRETARY OF STATE/CORPORATIONS DIVISION, SALEM, OR

Registered agent: HOLLEY Y FRANKLIN

Principals: HOLLEY Y FRANKLIN, SECRETARY
J GREG NESS, PRESIDENT, 1100 SW SIXTH AVE, PORTLAND, OR, 972040000

OPERATIONS

06/08/2017

Description: Foreign Parent is Meiji Yasuda Life Insurance Company, Chiyoda-KU, Japan. Duns number 690597828. Reference is made to that report for background information on the parent company and its management.

This company operates as a life insurance carrier. Also, operates as an accident or health insurance carrier.

Revenues are derived from premiums, investment income and administrative fees. Sells to general public and commercial concerns. Territory : United States.

Nonseasonal.

Employees: 2,702 which includes officer(s). Undetermined employed here.

Facilities: Owns premises in a building.

Branches: This business has multiple branches, detailed branch/division information is available in Dun & Bradstreets linkage or family tree products.

Subsidiaries: This business has multiple subsidiaries, detailed subsidiary information is available in D&Bs linkage or family tree products.

FAMILY LINKAGE

Parent Information:

D-U-N-S® #: 69-059-7828
Name: MEIJI YASUDA LIFE INSURANCE COMPANY
Country: JP
Revenue: N/A

Domestic Ultimate Parent Information:

D-U-N-S® #: 05-322-4098
Name: STANCORP FINANCIAL GROUP, INC.
Country: US
Revenue: N/A

Global Ultimate Parent Information:

D-U-N-S® #: 69-059-7828
Name: MEIJI YASUDA LIFE INSURANCE COMPANY
Country: JP
Revenue: N/A

UNSPSC

UNSPSC (United Nations Standard Product and Services Code) is a globally accepted commodity (Product and Services) classification system. STANCORP FINANCIAL GROUP, INC. offers the following product(s) and service(s):

84131601 Life insurance
84131602 Health or hospitalization insurance

NAICS

Beginning in 1997, the **Standard Industrial Classification (SIC)** was replaced by the **North American Industry Classification System (NAICS)**. This six digit code is a major revision that not only provides for newer industries, but also reorganizes the categories on a production/process-oriented basis. This new, uniform, industry-wide classification system has been designed as the index for statistical reporting of all economic activities of the U.S., Canada, and Mexico.

524113 Direct Life Insurance Carriers
524114 Direct Health and Medical Insurance Carriers

SIC

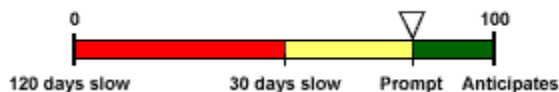
Based on information in our file, D&B has assigned this company an extended 8-digit SIC. D&B's use of 8-digit SICs enables us to be more specific to a company's operations than if we use the standard 4-digit code.

63110000 Life insurance
63210000 Accident and health insurance

D&B PAYDEX

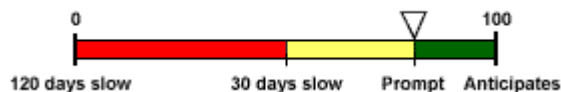
The D&B PAYDEX is a unique, dollar weighted indicator of payment performance based on up to 19 payment experiences as reported to D&B by trade references.

3-Month D&B PAYDEX: 80
 When weighted by dollar amount, payments to suppliers average within terms.



Based on trade collected over last 3 months.

D&B PAYDEX: 80
 When weighted by dollar amount, payments to suppliers average generally within terms.



Based on up to 24 months of trade. When dollar amounts are not considered, then approximately 100% of the company's payments are within terms.

PAYMENT SUMMARY

The Payment Summary section reflects payment information in D&B's file as of the date of this report.

Below is an overview of the company's dollar-weighted payments, segmented by its suppliers' primary industries:

	Total Rcv'd (#)	Total Dollar Amt (\$)	Largest High Credit (\$)	Within Terms (%)	Days Slow (<31 31-60 61-90 90> (%))			
Top industries:								
Public finance	3	17,600	10,000	100	-	-	-	-
Short-trm busn credit	1	250	250	100	-	-	-	-
Reg misc coml sector	1	100	100	100	-	-	-	-
Lithographic printing	1	50	50	100	-	-	-	-
Misc business service	1	50	50	100	-	-	-	-
Other payment categories:								
Cash experiences	12	800	100					

Payment record unknown	0	0	0
Unfavorable comments	0	0	0

Placed for collections:

With D&B	0	0	
Other	0	N/A	
Total in D&B's file	19	18,850	10,000

The highest **Now Owes** on file is \$250

The highest **Past Due** on file is \$0

D&B receives over 600 million payment experiences each year. We enter these new and updated experiences into D&B Reports as this information is received.

PAYMENT DETAILS

Detailed payment history

Date Reported (mm/yy)	Paying Record	High Credit (\$)	Now Owes (\$)	Past Due (\$)	Selling Terms	Last Sale Within (months)
06/19	Ppt	250	250	0	Lease Agreemnt	1 mo
04/19	Ppt	50	0	0		6-12 mos
	(003)	100			Cash account	1 mo
03/19	Ppt	10,000				1 mo
	(005)	100			Cash account	1 mo
	(006)	100			Cash account	1 mo
	(007)	100			Cash account	1 mo
08/18	(008)	100				1 mo
Â	Â Satisfactory.					
07/18	(009)	50			Cash account	1 mo
12/17	(010)	50			Cash account	1 mo
	(011)	50			Cash account	1 mo
	(012)	50			Cash account	1 mo
	(013)	50			Cash account	1 mo
	(014)	50			Cash account	1 mo
08/17	(015)	0	0	0	Cash account	6-12 mos
07/17	Ppt	7,500				1 mo
	Ppt	100				1 mo
	(018)	100			Cash account	1 mo
06/17	Ppt	50				1 mo

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

PAYMENT TRENDS

SUPPLIER VERSUS INDUSTRY PAYDEX

->	PRIOR 4 QTRS	CURRENT 12 MONTH TREND
----	---------------------	-------------------------------

	2017	---	2018	---	---	---	---	---	---	2019	---	---	---	---	---	
	SEP	DEC	MAR	JUN	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Supplier PAYDEX	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80

Industry PAYDEX (Based on establishments in SIC 63XX)

UP QRT	80	80	80	80		80			80			80			80	
MEDIAN	79	79	79	79		79			79			79			79	
LO QRT	74	75	74	75		74			75			74			74	

PAYDEX scores are updated daily and are based on upto 24 months of trade experiences from the Dun& Bradstreet trade file.

All amounts displayed within this report are in local currency.

FINANCE

01/27/2017

Two-year statement comparative:

	Fiscal Consolidated Dec 31 2013	Fiscal Consolidated Dec 31 2014
Total Assets	21,393,300,000	22,710,600,000
Total Liabilities	19,240,500,000	20,555,000,000
Total Equity	2,152,800,000	2,155,600,000
Total Revenues	2,860,100,000	2,770,100,000
Net Profit (Loss)	228,500,000	219,300,000

Fiscal Consolidated statement dated DEC 31 2015:

Assets

Cash	452,300,000
Accts Rec	134,900,000
Accrued Investment Income	109,400,000
Amounts Recoverable-Reinsurers	1,003,300,000
Dac/voba & Other Intangible-Net	397,300,000
Goodwill	36,000,000
Fixt & Equip	89,200,000
Separate Account Assets	7,031,400,000
Investments-Other	13,744,100,000
Other Assets	176,500,000

Liabilities

Future Policy Benefits/claims	5,858,200,000
Other Policyholder Funds	7,053,300,000
Deferred Tax Liabilities-Net	4,500,000
St & Long-Term Debt	506,400,000
Other Liabilities	7,561,200,000
COMMON STOCK	26,600,000
ACCUM OTHER COMPREHENSIVE LOSS	(26,900,000)
RETAINED EARNINGS	2,191,100,000

Total Assets 23,174,400,000

Total 23,174,400,000

From JAN 01 2015 to DEC 31 2015 annual sales \$2,902,400,000. Gross profit \$2,902,400,000; operating expenses \$2,603,200,000. Operating income \$299,200,000; net income before taxes \$299,200,000; Federal income tax \$84,700,000. Net income \$214,500,000.

Statement obtained from Securities And Exchange Commission. Prepared from statement(s) by Accountant: Deloitte & Touche LLP, Portland, Oregon.

ACCOUNTANT'S OPINION

A review of the accountant's opinion indicated that the financial statement meets generally accepted accounting principles and the audit contains no qualifications.

Fixed assets shown net less \$295,600,000 depreciation.

Explanations

The net worth of this company includes intangibles. Other liabilities consists of separate account liabilities and other liabilities.

On January 27, 2017, sources confirmed business name, address, phone number and operations of this location.

PUBLIC FILINGS

The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

SUITS

Status:	Pending
FILING NO.:	180909760
Plaintiff:	THOMAS J BADDLEY
Defendant:	STANCORP FINANCIAL GROUP INC AND OTHERS
Cause:	CONTRACTS
Where filed:	SALT LAKE COUNTY 3RD DISTRICT COURT, SALT LAKE CITY, UT
Date status attained:	12/31/2018
Date filed:	12/31/2018
Latest Info Received:	01/24/2019

If it is indicated that there are defendants other than the report subject, the lawsuit may be an action to clear title to property and does not necessarily imply a claim for money against the subject.

UCC FILINGS

Collateral:	Equipment and proceeds
Type:	Original
Sec. party:	PACIFIC OFFICE AUTOMATION, BILLINGS, MT
Debtor:	STANCORP FINANCIAL GROUP, INC.
Filing number:	8631370
Filed with:	SECRETARY OF STATE/UCC DIVISION, SALEM, OR
Date filed:	10/01/2010
Latest Info Received:	10/06/2010
Collateral:	Equipment and proceeds
Type:	Original
Sec. party:	PACIFIC OFFICE AUTOMATION, BILLINGS, MT
Debtor:	STANCORP FINANCIAL GROUP, INC.
Filing number:	8631364
Filed with:	SECRETARY OF STATE/UCC DIVISION, SALEM, OR
Date filed:	10/01/2010
Latest Info Received:	10/06/2010

The public record items contained in this report may have been paid, terminated, vacated or released prior to the date this report was printed.

GOVERNMENT ACTIVITY

Activity summary

Congressional District:

03

The details provided in the Government Activity section are as reported to Dun & Bradstreet by the federal government and other sources.

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1. The Symbol, Number, or Score in the Rating Scale used to Denote the Credit Rating Categories and Notches as required by Paragraph (a)(1)(ii)(A) of Rule 17g-7

Standard Insurance Company

A.M. Best #: 007069

NAIC #: 69019

FEIN #: 93-0242990

Financial Strength Rating		View Definition
Rating:	A (Excellent)	
Affiliation Code:	g (Group Rating)	
Financial Size Category:	XIII (\$1.25 Billion to \$1.5 Billion)	
Outlook:	Stable	
Action:	Affirmed	
Effective Date:	August 9, 2018	
Initial Rating Date:	June 30, 1928	

Long-Term Issuer Credit Rating		View Definition
Long-Term:	a+	
Outlook:	Stable	
Action:	Affirmed	
Effective Date:	August 9, 2018	
Initial Rating Date:	July 14, 2005	

- (i) Denotes Indicative Rating
- u Denotes Under Review Rating

Best's Credit Rating Analyst	
Rating Issued by:	A.M. Best Rating Services, Inc.
Senior Financial Analyst :	Keith Behrmann
Director :	Joseph R. Zazzera

2. The Version of the Procedure or Methodology used to Determine the Credit Rating as required by Paragraph (a)(1)(ii)(B) of Rule 17g-7

Rating Methodology and Criteria Report:	Version
The following Methodologies and Criteria Procedures were used at the time of and the basis for the proposed rating	
<u>A.M. Best's Stress Liquidity Ratio for U.S. Life Insurers</u>	10/13/2017
<u>Best's Credit Rating Methodology</u>	10/13/2017
<u>Available Capital & Holding Company Analysis</u>	10/13/2017
<u>Evaluating U.S. Surplus Notes</u>	10/13/2017
<u>Understanding BCAR for U.S. and Canadian Life/Health Insurers</u>	05/10/2018

3. The Main Assumptions and Principles used to Construct the Procedures and Methodology used to Determine the Credit Rating as required by Paragraph (a)(1)(ii)(C) of Rule 17g-7

Assumptions

Based on historical experience and A.M. Best's transition studies, ratings typically move no more than one or two notches when Rating Actions occur. However, certain factors could cause larger scale movement in the ratings. A.M. Best identifies the following primary factors as having the potential to significantly affect ratings:

- Data accuracy and reliability
- Interest rates
- Investment impairments
- Liquidity
- Equity markets
- Catastrophe model risk
- Reinsurance market capacity and credit risk
- Mortality risk
- Morbidity risk
- Holding company/affiliates
- Country risk
- Regulatory risk

Elements of Country Risk

A.M. Best defines country risk as the risk that country-specific factors could adversely affect an insurer's ability to meet its financial obligations. Country risk is evaluated and incorporated into all of A.M. Best's credit ratings. As part of evaluating country risk, A.M. Best identifies the various risks within a country that may directly or indirectly affect an insurance company. A.M. Best separates these risks into three main categories: economic risk, political risk and financial system risk. Given A.M. Best's particular focus on the insurance industry, financial system risk is further divided into two sections: insurance risk and non-insurance financial system risk.

Economic risk is the likelihood that fundamental weaknesses in a country's economy will cause adverse developments for an insurer. A.M. Best's determination of economic risk evaluates the state of the domestic economy, government finances, and international transactions, as well as prospects for growth and stability.

Political risk is the likelihood that governmental or bureaucratic inefficiencies, societal tensions, an inadequate legal system or international tensions will cause adverse developments for an insurer. Political risk comprises the stability of a government and society, the effectiveness of international diplomatic relationships, the reliability and integrity of the legal system and business infrastructure, the efficiency of the government bureaucracy, and the appropriateness and effectiveness of the government's economic policies.

Financial system risk (non-insurance) is the risk that financial volatility may erupt due to inadequate reporting standards, weak banking systems or asset markets, or poor regulatory structure. Non-insurance financial system risk considers a country's banking system, accounting standards, financial market development, and government finances, and assesses how vulnerable the financial system is to external or internal volatility. Basel II & III, World Bank Insolvency Principles and international accounting standards are referenced in the analysis, as are the performances of banks, equity indices and fixed-income securities.

Insurance risk is the risk that the insurance industry's levels of development and public awareness, transparency and effectiveness of regulation, reporting standards, and regulatory sophistication will contribute to a volatile financial system and compromise an insurer's ability to pay claims. Insurance risk, which A.M. Best considers as a distinct subsection of financial system risk, is addressed separately because of the importance of, and A.M. Best's specific focus on, the industry. The determination is based heavily on the Insurance Core Principles (ICP) of the International Association of Insurance Supervisors (IAIS). A.M. Best employs a sizable subset of the 28 ICPs by organizing them into three categories: 1) government commitment to an open and well-regulated insurance industry; 2) adequacy of supervisory authority and its supporting infrastructure; and 3) insurer accountability.

Country Risk Tiers

The assignment of CRTs to score ranges is based on A.M. Best's assertion that the risk in countries can be categorized loosely to provide a basis of comparison, provided that country-by-country differences are acknowledged. Therefore, CRTs can be classified, in a typical scenario, by the following:

- CRT-1: A country receiving a CRT-1 assignment is characterized by a predictable and transparent political environment, legal system and business infrastructure, a sophisticated financial system regulation with deep capital markets, and a mature insurance industry framework.
- CRT-2: A country receiving a CRT-2 assignment is characterized by a predictable and transparent political environment, legal system and business infrastructure, sufficient financial system regulation, and a mature insurance industry framework.
- CRT-3: A country receiving a CRT-3 assignment is characterized by a developing political environment, legal system, business infrastructure, capital market, and insurance regulatory structure.
- CRT-4: A country receiving a CRT-4 assignment is characterized by a relatively unpredictable and nontransparent political, legal and business environment with an underdeveloped capital market, and a partially to fully inadequate insurance regulatory structure.
- CRT-5: A country receiving a CRT-5 assignment is characterized by an unpredictable and opaque political, legal and business environment with weak rule of law, lower human development and social instability, a limited, illiquid or nonexistent capital market, and a nascent insurance industry.

In short, as country risk increases (as measured by a higher Country Risk Tier), the distribution of ratings generally migrates down the rating scale. This same relationship effectively applies to any significant category of risk an insurer faces, i.e., higher risk exposure places pressures upon financial stability.

4. The Potential Limitations of the Credit Rating as required by Paragraph (a)(1)(ii)(D) of Rule 17g-7

Please refer to Understanding Best's Credit Ratings for the following:

- [I\(a\). Usage of Ratings and Limitations](#)
- [VIII. Best's Rating Scales: Categories and Symbols](#)

5. Information on the Uncertainty of the Credit Rating as required by Paragraph (a)(1)(ii)(E) of Rule 17g-7

Please refer to **Understanding Best's Credit Ratings** for the following:

- [II\(b\)ii. Quality of Information](#)

6. Use of Third Party Due Diligence in Taking the Credit Rating Action as required by Paragraph (a)(1)(ii)(F) of Rule 17g-7

A.M. Best Company did not use due diligence services of a third party in taking the Rating Action. This disclosure only applies to Rating Actions associated with asset-backed securities as defined by section 3(a)(79) of the Securities Exchange Act of 1934, as amended.

7. How Servicer or Remittance Reports were used, and with what Frequency, to Conduct Surveillance of the Credit Rating as required by Paragraph (a)(1)(ii)(G) of Rule 17g-7

How Servicer / Remittance reports were used:

Not Applicable

Frequency of surveillance:

Not Applicable

8. A Description of the Types of Data about the Obligor, Issuer, Security, or Money Market Instrument that were Relied Upon for the Purpose of Determining the Credit Rating as required by Paragraph (a)(1)(ii)(H)(i) of Rule 17g-7

Please refer to **Understanding Best's Credit Ratings** for the following:

- [II\(b\). Compile Information](#)
- [II\(b\)i. Material Sources of Information](#)

9. An Overall Assessment of the Quality of Information Available and Considered in Determining the Credit Rating as required by Paragraph (a)(1)(ii)(I) of Rule 17g-7

Please refer to **Understanding Best's Credit Ratings** for the following:

- II(b)i. Material Sources of Information
- II(b)ii. Quality of Information

10. Information Relating to Conflicts of Interest as required by Paragraph (a)(1)(ii)(J) of Rule 17g-7

1) A.M. Best Company has been paid to determine the Credit Rating by the obligor being rated or the issue, underwriter, depositor, or sponsor of the security or money market instrument being rated.

Rating Opinion Characteristics

Solicited	Participating
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2) A.M. Best Company was also paid for services by the company other than determining Credit Ratings during the most recently ended fiscal year.

Please refer to **Understanding Best's Credit Ratings** for the following:

- I(d). Not an Investment Advisor or Consultant

11. An Explanation or Measure of the Potential Volatility of the Credit Rating as required by Paragraph (a)(1)(ii)(K) of Rule 17g-7

Factors - Change Rating:

An increase in the strategic importance to the ultimate parent organization, Meiji Yasuda Life Insurance Company, could result in positive rating action. Potential rating impact: Minor

A declining trend of operating performance could result in negative rating action. Potential rating impact: Minor

A decline in risk-adjusted capitalization could result in negative rating action. Potential rating impact: Minor

NOTE: Only a Rating Committee can make a rating decision and the above referenced factors would be taken into consideration, along with all available relevant information in determining a Rating Action. However, the magnitude of a potential change in the rating that could reasonably occur as a result of the impact of the factors listed above are characterized by the following summary chart:

Rating Change Characterization	Number of ICR Notches (Up or Down)
Minor	0 - 1
Moderate	2 - 3
Severe	> 3

12. The Information on the Content of the Information of the Credit Rating as required by Paragraph (a)(1)(ii)(L) of Rule 17g-7

(1) Rating History and Performance

- Financial Strength / Issuer Credit Rating History

(2) Expected Probability of Default and Expected Loss

The Commission states that it does not expect NRSROs to alter the meanings of their Credit Ratings or rating procedures and methodologies to conform to this disclosure requirement. Rather, the Commission expects NRSROs to provide "information" to the extent it is consistent with their procedures and methodologies for determining Credit Ratings, on the expected probability of default and expected loss in the event of default. According to the Commission, this information could consist of, for example, historical default and loss statistics, respectively, for the class or subclass of the Credit Rating.

A.M. Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of a specific default probability or loss expectation. A.M. Best is providing the historical default statistics or derivatives of such default statistics to comply with Rule 17g-7(a)(ii)(L)(2). A.M. Best does not produce any loss statistics related to any classes of Credit Ratings so it has no information about expected loss given default. Furthermore, expected losses given default is not consistent with A.M. Best's procedures and methodologies for determining Credit Ratings.

INSURANCE COMPANY DEFAULT RATES (FSR)

* Default Rates Based On Average Cohort Method

FSR	1 - Year	3 - Year	10 - Year
A++			0.03%
A+	0.05%	0.19%	0.64%
A	0.04%	0.32%	2.35%
A-	0.10%	0.73%	3.73%
B++	0.38%	1.67%	5.49%
B+	0.80%	2.43%	7.60%
B	1.70%	4.64%	11.05%
B-	3.57%	7.42%	14.94%
C++	3.99%	7.59%	14.99%
C+	3.58%	7.27%	15.43%
C	3.15%	8.72%	18.67%
C-	12.60%	16.26%	18.89%
D	17.62%	25.00%	33.96%

* Ratings Data from 1992 to 2015

1. Impairments as a Proxy for Defaults. A.M. Best designates an insurer as a Financially Impaired Company (FIC) as of the first public action taken by an insurance department or regulatory body, whereby the insurer's a) ability to conduct normal insurance operations is adversely affected, b) capital and surplus have been deemed inadequate to meet regulatory requirements, or c) general financial condition has triggered regulatory concern. The actions include supervision, rehabilitation, liquidation, receivership, conservatorship, cease-and-desist orders, suspension, license revocation and certain administrative orders. Companies that enter voluntary dissolution and are not under financial duress at that time are not counted as financially impaired. For the purposes of the performance statistics, A.M. Best considers impairments and defaults to be synonymous.

2. Construction of Default Rates of Insurance Carriers (FSR). This table was constructed by directly observing the default rates of insurance operating companies rated on the traditional Financial Strength Rating (FSR) scale.

3. Rating a Measure of Relative Credit Risk. A.M. Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Consistent With Submission to the Securities and Exchange Commission. The data used to calculate default rates in this table is consistent with the data used to calculate the 1-year, 3-year and 10-year default rates for insurers as required by the Securities and Exchange Commission (the Commission) in Exhibit 1 of Form NRSRO. Unlike the single cohort method of analysis used in the submission to the Commission, however, the calculations in this table reflect the use of the average cohort approach in order to capture the effect of the various economic cycles experienced by insurance carriers since 1992 when the current 13-point FSR scale (A++ to D) was adopted by A.M. Best.

5. Data Does Not Necessarily Reflect Default Expectations. The data in this table does not necessarily reflect our default rate expectations. For example, the fact that we show no default rate for the 1-year "A++" category does not mean that we expect no defaults for this rating. It only means that we have not yet observed any historical defaults over a 1-year period for companies rated "A++".

6. Data Changes Periodically. The data in the table will change if A.M. Best: 1) adds more ratings cohorts over time in order to calculate default rates, 2) changes its criteria for recognizing insurance company defaults, and 3) changes the default count for other reasons such as confidential supervision of insurance carriers discovered by A.M. Best. In most cases, A.M. Best will revise the default rates annually.

INSURANCE COMPANY DEFAULT RATES (ICR)

* Default Rates Based On FSR to ICR Translation

ICRs	1 - Year	3 - Year	10 - Year
aaa			0.03%
aa+			0.03%
aa	0.05%	0.19%	0.64%
aa-	0.05%	0.19%	0.64%
a+	0.04%	0.32%	2.35%
a	0.04%	0.32%	2.35%
a-	0.10%	0.73%	3.73%
bbb+	0.38%	1.67%	5.49%
bbb	0.38%	1.67%	5.49%
bbb-	0.80%	2.43%	7.60%
bb+	1.70%	4.64%	11.05%
bb	1.70%	4.64%	11.05%
bb-	3.57%	7.21%	14.94%
b+	3.99%	7.59%	14.99%
b	3.99%	7.59%	14.99%
b-	3.58%	7.27%	15.43%
ccc+	3.15%	8.72%	18.67%
ccc	3.15%	8.72%	18.67%
ccc-	12.60%	16.26%	18.89%
cc	12.60%	16.26%	18.89%
c	17.62%	25.00%	33.96%

* See ICR/FSR Translation Table

1. Impairments as a Proxy for Defaults. A.M. Best designates an insurer as a Financially Impaired Company (FIC) as of the first public action taken by an insurance department or regulatory body, whereby the insurer's a) ability to conduct normal insurance operations is adversely affected, b) capital and surplus have been deemed inadequate to meet regulatory requirements, or c) general financial condition has triggered regulatory concern. The actions include supervision, rehabilitation, liquidation, receivership, conservatorship, cease-and-desist orders, suspension, license revocation and certain administrative orders. Companies that enter voluntary dissolution and are not under financial duress at that time are not counted as financially impaired. For the purposes of the performance statistics, A.M. Best considers impairments and defaults to be synonymous.

2. Construction of Default Rates of Insurance Carriers(ICR). This table was not constructed by directly observing the default rates of insurance operating companies rated on the 21-point Issuer Credit Rating(ICR) scale because

default data associated with ICRs is sparse. It was constructed by converting each operating company Financial Strength Rating (FSR) to an equivalent ICR based on an FSR/ICR translation table.

3. Rating a Measure of Relative Credit Risk. A.M. Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Does Not Necessarily Reflect Default Expectations. The data in this table does not necessarily reflect our default rate expectations. For example, the fact that we show no default rate for the 1-year "aaa" category does not mean that we expect no defaults for this rating. It only means that we have not yet observed any historical defaults over a 1-year period for companies with an equivalent "aaa" rating.

5. Data Changes Periodically. The data in the table will change if A.M. Best: 1) adds more ratings cohorts over time in order to calculate default rates, 2) changes its criteria for recognizing insurance company defaults, and 3) changes the default count for other reasons such as confidential supervision of insurance carriers discovered by A.M. Best. In most cases, A.M. Best will revise the default rates annually.

CORPORATE DEFAULT RATES

* Default Rates Based On Notching Applied To Insurance ICRs

ICRs	1 - Year	3 - Year	10 - Year
aaa	0.00%	0.00%	0.03%
aa+	0.00%	0.00%	0.03%
aa	0.00%	0.00%	0.03%
aa-	0.00%	0.00%	0.03%
a+	0.03%	0.10%	0.34%
a	0.05%	0.19%	0.64%
a-	0.05%	0.19%	0.64%
bbb+	0.04%	0.32%	2.35%
bbb	0.04%	0.32%	2.35%
bbb-	0.10%	0.73%	3.73%
bb+	0.38%	1.67%	5.49%
bb	0.38%	1.67%	5.49%
bb-	0.80%	2.43%	7.60%
b+	1.25%	3.54%	9.33%
b	1.70%	4.64%	11.05%
b-	1.70%	4.64%	11.05%
ccc+	3.57%	7.21%	14.94%
ccc	3.78%	7.40%	14.97%
ccc-	3.99%	7.59%	14.99%
cc	3.99%	7.59%	14.99%
c	3.58%	7.27%	15.43%

1. Impairments as a Proxy for Defaults. A.M. Best designates an insurer as a Financially Impaired Company (FIC) as of the first action taken by an insurance department or regulatory body, whereby the insurer's a) ability to conduct normal insurance operations is adversely affected, b) capital and surplus have been deemed inadequate to meet regulatory requirements, or c) general financial condition has triggered regulatory concern. The actions include supervision, rehabilitation, liquidation, receivership, conservatorship, cease-and-desist orders, suspension, license revocation and certain administrative orders. Companies that enter voluntary dissolution and are not under financial duress at that time are not counted as

financially impaired. For the purposes of the performance statistics, A.M. Best considers impairments and defaults to be synonymous.

2. Construction of Default Rates of Corporates. This table was not constructed by directly observing the default rates of corporate ratings on the 21-point Issuer Credit Rating (ICR) scale because default data associated with corporate ICRs is sparse. Rather, this table was constructed by a) converting each default rate associated with each Financial Strength Rating (FSR) to its equivalent operating company ICR based on the FSR/ICR translation table, and then, b) converting the operating company ICR to an equivalent corporate rating based on a notching algorithm set forth in the criteria, Insurance Holding Company and Debt Ratings, to reflect the legal separation of insurance holding companies from operating insurers as well as the normal subordination of insurance holding company creditors to operating company policyholders.

3. Ratings a Measure of Relative Credit Risk. A.M. Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of an obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Does Not Necessarily Reflect Default Expectations. The data in this table does not necessarily reflect our default rate expectations. For example, the fact that we show no default rate for the 1-year "aaa" category does not mean that we expect no defaults for this rating. It only means that we have not yet observed any historical defaults over a 1-year period for corporate obligations with an equivalent "aaa" rating.

5. Data Changes Periodically. The data in the table will change if A.M. Best: 1) adds more ratings cohorts over time in order to calculate default rates, 2) changes its criteria for recognizing insurance company defaults, and 3) changes the default count for other reasons such as confidential supervision of insurance carriers discovered by A.M. Best. In most cases, A.M. Best will revise the default rates annually.

ASSET-BACKED SECURITIES DEFAULT RATES (All Subclasses)

* Default Rates From Best's Idealized Issue Default Matrix

ICRs	1 - Year	3 - Year	10 - Year
aaa	0.03%	0.11%	0.42%
aa+	0.08%	0.14%	0.58%
aa	0.11%	0.17%	0.69%
aa-	0.14%	0.28%	0.88%
a+	0.16%	0.33%	1.09%
a	0.20%	0.41%	1.31%
a-	0.22%	0.62%	2.24%
bbb+	0.28%	0.96%	3.45%
bbb	0.35%	1.26%	4.50%
bbb-	0.45%	1.56%	5.48%
bb+	0.84%	2.90%	10.00%
bb	1.23%	4.68%	15.65%
bb-	1.56%	6.02%	19.50%
b+	3.28%	9.73%	31.11%
b	3.73%	10.80%	33.58%
b-	4.77%	13.08%	38.23%
ccc+	6.74%	17.66%	47.84%
ccc	10.33%	20.41%	49.46%
ccc-	13.85%	23.11%	51.07%
cc	19.53%	28.87%	57.44%
c	23.30%	31.74%	59.04%

* Best's Idealized Issue Default Matrix published December 2007

1. Asset-Backed Securities Default. A.M. Best designates an asset-backed security as being in default if the issuer of the security failed to timely pay principal or interest due according to the terms of the security.

2. Construction of Default Rates of Asset-Backed Securities. This table was not constructed by directly observing the default rates of asset-backed securities. The default rates of the ratings in this category are equivalent to the default rates in Best's Idealized Issue Default Matrix. This matrix reflects A.M. Best's long-term view of defaults of asset-backed securities and structured finance transactions. This view was formed by considering the defaults associated with operating insurance companies rated by A.M. Best, the notching process employed to derive the ratings associated with holding company debt obligations, and the need to make distinctions between rating categories.

3. Ratings a Measure of Relative Credit Risk. A.M. Best's Credit Ratings generally are intended to indicate the relative degree of credit risk of and obligor or debt instrument rather than reflect a measure of specific default probability.

4. Data Changes Periodically. The data in the table will change if A.M. Best modifies Best's Idealized Default Matrix. This matrix was published in December 2007 but may be revised based on more recent insurance company default data.

13. Information on the Sensitivity of the Credit Rating to Assumptions as required by Paragraph (a)(1)(ii)(M) of Rule 17g-7

Topic	(1) Key Assumption Detail	(2) Potential Impact on the Rating
Data Accuracy and Reliability	While public information is considered as part of the rating process, AMB relies primarily on audited financial statements, third party actuarial reports, documents and assertions provided by management. The assumption is that the financial information provided is reliable and credible, although AMB does not undertake to verify the accuracy of this information.	A material misstatement of financial performance or capital position, whether through negligence or fraud, could negatively affect a company's rating. For example, inflated asset valuations or a faulty actuarial opinion of reserve adequacy could result in an incorrect assessment of the financial strength of a company.
Interest rates	Assumption is for normalized yield curve with no +/- changes of 300 basis points in a 12 month period.	Deviation could result in rating changes especially for companies with large interest sensitive blocks of business. Spike in interest rates may cause significant disintermediation and large unrealized losses on fixed income portfolio. However, surrender charges on liabilities and intent to hold assets to maturity are mitigating factors. Prolonged low interest rates impact spreads and hedging costs and potentially impact Credit Ratings.
Mortality Risk	No significant mortality event is assumed and assumptions about mortality are consistent with a normalized death rate (i.e. non pandemic scenario, no significant extension of life through scientific breakthrough). Assumes no significant level of anti-selection.	BCAR Stress test undertaken. Mortality experience significantly exceeds priced for expectations resulting in higher than expected claim payments. For life segments, a significant portion of gross profits is derived from a mortality margin. Significant mortality event may have secondary economic impacts as well. Deviation could result in rating change for companies with large biometric exposure. Significant improvement in mortality would have a negative impact on pension and other longevity linked liabilities.
Morbidity Risk	Normal morbidity experience is assumed. Assumes that there is no significant flu, catastrophic disease, terror or biological attack which causes spike in morbidity incidence or duration. No major drug breakthrough which leads to higher utilization costs. Assumes a&h business is priced appropriately.	BCAR Stress test undertaken. Significant morbidity event (e.g. pandemic) causes asymmetrical morbidity and business disruption. Event may have secondary economic impacts as well. Deviation could result in rating change for companies with significant health exposure.

Topic	(1) Key Assumption Detail	(2) Potential Impact on the Rating
Holding Company / Affiliates	Assumes no sudden change in holding company leverage, coverage and/or liquidity. Additional assumptions include no change in credit facilities to obtain letters of credit from a commercial bank, through the placement of assets in trust. If rating includes a level of rating enhancement based on a degree of implicit and explicit support provided by the parent company and/or affiliate, the assumption is that the level of support will remain prospectively.	Any sudden change in holding company leverage, coverage, and or liquidity could result in a rating change for both the holding company and its operating insurance subsidiaries. Any alteration in a parent (holding) company's ability to provide implicit and/or explicit parental support could alter Best's view of rating enhancement which could suddenly cause a rating downgrade. In addition, changes in enhancement provided to group-rated members, may have an impact on the rating(s). Best evaluates impact on capital via forecasted BCAR including planned dividends to Parent and by evaluating BCAR for the entire Enterprise based on tangible equity. The starting point for every rating is the stand-alone evaluation of the legal entity's balance sheet strength, operating performance and business profile.

14. Information on the Representations, Warranties, and Enforcement Mechanisms as required by Paragraph (a)(1)(ii)(N) of Rule 17g-7

The representations, warranties, and enforcement mechanisms available to investors which were disclosed in the prospectus, private placement memorandum, or other offering documents for the asset-backed security and that relate to an asset pool underlying the asset-backed security. This disclosure only applies to Rating Actions associated with asset-backed securities as defined by section 3(a)(79) of the Securities Exchange Act of 1934, as amended. Furthermore, the disclosure applies to asset-backed securities that were initially rated on or after September 26, 2011.

15. Attestation as required by Paragraph (a)(1)(iii) of Rule 17g-7**Attestation**

Attached is a signed statement by a person within A.M. Best that has responsibility for the Rating Action and, to the best knowledge of the person: (A) No part of the Credit Rating was influenced by any other business activities; (B) The Credit Rating was based solely upon the merits of the obligor, security, or money market instrument being rated; and (C) The Credit Rating was an independent evaluation of the credit risk of the obligor, security, or money market instrument.

As the person responsible for this Rating Action, which was determined through the rating committee process, to the best of my knowledge:

- No part of the rating was influenced by any other business activities;
- The Credit Rating was based solely upon the merits of the obligor or security being rated and
- The Credit Rating was an independent evaluation of the risks and merits of the obligor or security being rated.

Note: Best's Credit Ratings are a product/service of A.M. Best Inc. and not of any particular individual group or committee within A.M. Best.

Name, Title: /s/ Kenneth A. Frino, MD

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address any other risk, including but not limited to, liquidity risk, market value risk or price volatility of rated securities. NO WARRANTY, EXPRESS OR IMPLIED, AS TO THE ACCURACY, TIMELINESS, COMPLETENESS, MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE OF ANY SUCH RATING OR OTHER OPINION OR INFORMATION IS GIVEN OR MADE BY AMB IN ANY FORM OR MANNER WHATSOEVER. Each credit rating or other opinion must be weighed solely as one factor in any investment or purchasing decision made by or on behalf of any user of the information contained herein, and each such user must accordingly make its own study and evaluation of each security or other financial obligation and of each issuer and guarantor of, and each provider of credit support for, each security or other financial obligation that it may consider purchasing, holding or selling.



SUBMITTAL - SECTION II: EXPERIENCE AND QUALIFICATIONS

SECTION II: EXPERIENCE AND QUALIFICATIONS

(i) FOR PROPOSER:

- 1) Provide a complete history and description of your company, including, but not limited to, the number of years in business, size, number of employees, office location, copy of applicable licenses/certifications, credentials, capabilities and capacity to meet the City's needs.

Standard Insurance Company was founded in 1906 as Oregon Life Insurance Company. It was the first life insurance company in the Pacific Northwest. In 1929, we converted to a mutual company and updated our name to Oregon Mutual Life Insurance Company. In 1931, the company began promoting its bond portfolio of non-callable, high-interest, long-term bonds. The bonds paid returns of 4-5 percent through the worst years of the Great Depression. This provided rare financial security for investors.

As the company expanded, we gained recognition for our customer-centric approach, as well as for product quality and financial strength. In 1946, the company's name changed to Standard Insurance Company. In 1951, Standard Insurance Company wrote its first Group Life insurance policy. It is still in force today. This is a testament to our commitment to building lasting customer relationships.

The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance today. We provide insurance to approximately 64,000 groups covering more than 15 million employees nationwide. For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service. We are always striving to do what is right for our customers.

The Standard is headquartered in Portland, Oregon, but has office locations throughout the country, including offices in Tampa and Fort Lauderdale, Florida. As of June 2019, The Standard employees 3,016 employees. You will find copies of our licenses/certifications, credentials, capabilities and capacity to meet the City's needs demonstrated throughout sections I-V.



SECTION II: EXPERIENCE AND QUALIFICATIONS

(i) FOR PROPOSER:

2)

Describe the Proposer's relevant knowledge and experience in providing the services described in the "Scope of Services" to public sector agencies similar in size to the City of Coral Gables.

The Standard is excited to have the opportunity to provide Life and Accidental Death and Dismemberment Coverage to The City of Coral Gables for a 10/1/2019 effective date. The Standard's quote is provided net of commissions and is compliant with current legislation. We agree to assist the City in remaining compliant, as future regulations become known. HR administration staff will have access to our online portal, called AdminEase. AdminEase will allow staff to enroll employees in coverage, terminate coverage, provide claim status, evidence of insurability status, ability to pay their bill, and provide access to certificates and policies.

The City will be assigned their own local Account Manager, Alison Brogan, that will be available to assist the Human Resources Benefits staff when needed in person or by phone. Alison Brogan will also be available to meet periodically with the City and/or Consultants. The Standard's local office in Fort Lauderdale has a multi-lingual staff which can assist members with benefit and claim related issues. Our ReadyEnroll platform, at no additional cost to the City, is available to provide an online open enrollment option.

**SECTION II:
EXPERIENCE AND
QUALIFICATIONS**

Our Financial Strength



For an insurance and asset management company, there is nothing more important than financial strength. We take this responsibility very seriously and back it up with our disciplined business practices, sound investment strategies and unique industry expertise. Because of our strong business mix and capital levels, we at The Standard have maintained our focus on providing excellent customer service while still seeking attractive business opportunities. By approaching our commitments with a long-term perspective, we are able to invest for our customers and for our future.

Our balance sheet is the cornerstone of our financial strength and has provided us with a foundation for profitability through a wide range of economic cycles.

Bond Portfolio

Our bond portfolio is strong. Our strategy is to maintain a diversified portfolio of high-quality, fixed-maturity securities to keep us well-protected should any industries experience difficulties.

- average portfolio credit quality rating of “A-” as measured by Standard & Poor’s

Commercial Mortgage Loan Portfolio

Our commercial mortgage loans have consistently provided a superior balance of risk and return. We offer small commercial mortgage loans to borrowers who want a fixed rate over time, and we rigorously underwrite every commercial mortgage loan we make. The quality of our commercial mortgage loan portfolio is excellent. As of Dec. 31, 2017:

- \$6.58 billion portfolio (on approximately 6,200 loans)
- average loan size of approximately \$1.1 million

The Standard Stands the Test of Time

In the July 2017 issue of *Best’s Review*, Standard Insurance Company was recognized for maintaining an “A” rating or higher from A.M. Best Company since 1928. The Standard was honored to be among one of only eight life/health insurers to consistently achieve an “A” rating or higher for the past 90 years. Given rapidly evolving markets, changing customer needs and challenging economic times, this is a significant accomplishment. We are proud of this longstanding track record of financial strength.



Greg Ness
Chairman, President and CEO

Standard Insurance Company Financial Strength Ratings

A+ (Strong) by Standard & Poor’s
fifth of 20 ratings

A1 (Good) by Moody’s
fifth of 21 ratings

A (Excellent) by A.M. Best*
third of 13 ratings

As of January 2018

* Rating includes The Standard Life
Insurance Company of New York

StanCorp Financial Group Long-Term Senior Debt Ratings

Standard & Poor’s: BBB+

Moody’s: Baa1

A.M. Best: bbb+

As of January 2018

Balance Sheet as of Dec. 31, 2017

Assets	\$30.17 billion
Fixed Maturity Securities	55.2% of cash and investments
A- or Higher	61.6%
BBB- to BBB+	31.6%
BB- to BB+	4.5%
B+ or Lower	2.3%
Commercial Mortgage Loans	40.3% of cash and investments
Real Estate and Other Invested Assets	2.9% of cash and investments
Cash and Cash Equivalents	1.6% of cash and investments
Portfolio Yields	
Fixed Maturity Securities	3.47%
Commercial Mortgage Loans	4.52%



Corporate Profile

StanCorp Financial Group, Inc., through its subsidiaries marketed as The Standard — Standard Insurance Company, The Standard Life Insurance Company of New York, Standard Retirement Services, StanCorp Mortgage Investors, StanCorp Real Estate and StanCorp Equities — is a leading provider of financial products and services. StanCorp's subsidiaries offer group and individual disability insurance, group life and accidental death and dismemberment insurance, group dental and group vision insurance, absence management services, retirement plans products and services, individual annuities, and the origination and servicing of fixed-rate commercial mortgage loans. For more information about StanCorp Financial Group, Inc., visit the Investor Relations pages on standard.com.

Meiji Yasuda Life Insurance Company of Tokyo, Japan acquired StanCorp Financial Group in 2016. The Standard serves as Meiji Yasuda's primary U.S. presence and partner, maintaining its Portland, Oregon operations and headquarters as well as its employees, management team, brand, product mix, distribution channels and community support.

Meiji Yasuda and The Standard are both leaders in group benefit insurance in their respective markets. Meiji Yasuda, founded in 1881 and headquartered in Tokyo, is the oldest and third largest life insurance company in Japan, with the largest share of group insurance in the Japanese market. With more than 42,000 employees and 6.6 million customers, Meiji Yasuda specializes in group and individual life insurance, bancassurance and group annuity products, and has assets of \$334 billion and premium income of \$23 billion. In addition to Japan, Meiji Yasuda has insurance operations throughout the U.S., Poland, China, Indonesia and Thailand.

Except where indicated, data represents consolidated results for StanCorp Financial Group, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc., and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Products not available in all states. Product features vary by state and company and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.



Section III: Proposed Approach and Methodology

Standard Insurance Company (The Standard) is pleased to provide our response to the City of Coral Gables for Group Life and Accidental Death and Dismemberment Insurance. We are excited to have the opportunity to work with the City. The Standard ranks as one of the top insurance carriers in the nation and has earned a reputation for providing quality insurance products, personalized service and strong financial performance. We know that listening to and partnering with our customers is the key to delivering exceptional service and to building long-term relationships.

We are uniquely qualified to compose a tailored package to help you achieve your financial and coverage goals, while also offering innovative options. Your customized plan includes:

- **Expertise in Public Sector** – The Standard is the leading insurer of municipalities, with over 4,700 group policies with public employers. In the state of Florida alone, The Standard insures over 200 municipalities. Of the 50 states in the US, Standard insures roughly 30% of them.
- **Commitment to South FL Market** – Since we started selling group insurance in Florida in 1989, The Standard has had a strong presence in the South Florida market. The current representative is born and raised in Fort Lauderdale and has been working this territory for over 4 years. Her manager is, Pat Feldman who has been with Standard for 27 years and managed the Florida office for over 14 years. The consistent presence shows commitment to the employees in Coral Gables and has led to our ability to earn many well-known accounts in the area including: City of Miramar, City of Miami, City of Miami Gardens, Metro Dade County Firefighters Association, FIU, FAU, Coral Gables Fraternal Order of Police, Miami Dade Expressway Authority, City of Fort Lauderdale, City of Sunrise, City of Pembroke Pines, Broward County BOCC, Broward County Sherriff, Monroe County School District, Town of Medley, and Town of Davie.
- **Competitive and Affordable Pricing** – Based upon The Standard's substantial experience in effectively underwriting risk, we are proposing rates 14% below current Life and AD&D rates which equates to nearly \$14,000 in annual cost savings to the City.
- **Local Account Manager** – The strength of The Standard's expertise is our people who provide personalized service every day. The results of our customer-focused approach speak for themselves: Our average relationship is over nine years and we've maintained over 90% persistency for over six years. The City of Coral Gables will work with Alison Brogan, who has 10+ years of experience with The Standard and works primarily with public sector clients. We understand that municipalities require a different level of expertise than other clients. Alison will assist with the implementation process and accurately respond to questions in a timely manner. We have provided a sample implementation plan for your review with the intent to customize based on your needs.

The Standard is excited about the opportunity to work with the City of Coral Gables and welcome the opportunity to speak further about the benefits mentioned above. We look forward to continuing our partnership with you in building a secure future for your members.

Sincerely,

Jackie Coningsby – Employee Benefits Specialist
Alison Brogan – Account Manager

City of Coral Gables

Draft Implementation Plan

Responsibility	Activity	Date
City of Coral Gables	Carrier Selection	TBD
The Standard	Provide General Worksheets, Master Application, and Binder Check Request	July 2019
The Standard City of Coral Gables	Conduct implementation meeting with City of Coral Gables to coordinate alignment of resources: <ul style="list-style-type: none"> • Contact introductions • Plan design review • Claims procedure overview • Contract delivery timeline • Member communication • Communication of ongoing implementation status 	July 2019
City of Coral Gables	Provide General Worksheets, Master Application, and Binder Check Request	July 2019
The Standard City of Coral Gables	Discuss enrollment strategy, if needed, determine necessary enrollment materials and meetings	July 15, 2019
The Standard	Provide draft contracts	August 1, 2019
City of Coral Gables	Review and provide comments regarding draft contract	August 15, 2019
City of Coral Gables	Submit census for final lives and volume	August 15, 2019
The Standard	Prepare customized claim form for City of Coral Gables review	August, 2019
City of Coral Gables	Provide feedback/signoff on customized claim form	September 1, 2019
The Standard	Prepare initial premium statement with final lives and volume	September 15, 2019
The Standard	Finalize contracts and deliver to City of Coral Gables	September 15, 2019
The Standard City of Coral Gables	Submit premium to The Standard	July 1, 2019
City of Coral Gables	Effective Date	July 1, 2019
The Standard City of Coral Gables	Post implementation issues/administration and reporting follow-up	Ongoing

Account Service and Claims Management Teams

Account Management Philosophy

Standard Insurance Company understands that as an employer, you have distinct employee benefits needs. These are best served by dedicated, experienced resources you can trust to provide innovative solutions, superior service and a firm commitment to your satisfaction.

The following list includes the designated resources that would work with City of Coral Gables and its employees to get the most out of your group insurance plan. While each member has distinct responsibilities and expertise, the common theme is that our business is founded on building long lasting relationships with our customers through superior customer service.

Direct phone numbers and emails for every resource listed below will be provided if we are the selected carrier.

Account Service - Home Office

Portland, OR Toll-free: 800.642.9888 Fax: 971.321.5072

Name and Title	Responsibilities
Alesha Buturla Sr. Underwriter	Provides a consistent underwriting approach, analyzes claims trends and projects future plan costs. When the City's policy renews, the Underwriter will work to suggest ways to enhance the plan, control costs or offer other plan changes.

Account Service – Miami Employee Benefits Sales and Service Office

Fort Lauderdale, FL Tel: 954.771.6828 Toll-free: 800.530.2291 Fax: 954.771.7086

Name and Title	Responsibilities
Jaqueline Coningsby Employee Benefits Specialist	Works to find a solution for the City's employee benefits needs, and is committed to working with underwriting and claims professionals and others to make sure that we meet our goal to provide quality products at an affordable cost, as well as outstanding customer service.
Alison Brogan Account Manager	Will provide assistance to the City on daily account management issues. The Account Manager works closely with the entire Home Office team.

Claim Management - Home Office*

Portland, OR Toll-free: 800.368.1135 Fax: 971.321.6400

Name and Title	Responsibilities
John Pettit Manager Life Benefits	Supervises the Life benefit analysts and support staff that will administer claims for the City's employees. The Life Manager's role is to help assure that the accounts assigned to the team receive the care and level of service that they expect and deserve. The Manager checks the quality of the team's work, monitors workflow and workloads, and adjusts as appropriate.

*Claims for Life are managed in one of three fully-staffed claim processing operations located throughout the United States. We have offices in White Plains, New York; Altavista, Virginia; and Portland, Oregon. Factors that determine where claims will be managed include geography, complexity and type of coverage being administered. We would be happy to discuss the location where your claims will be administered once you have selected The Standard as your carrier.

Biographies

Jacqueline Coningsby, Employee Benefits Specialist, Miami Employee Benefits Sales and Service Office

Jackie is an Employee Benefits Specialist in our Miami office. She started with The Standard in the summer of 2015 with the 2015 Rookie Class where she trained in the Tampa office for about 9 months. Upon completion of training, she was assigned a territory in South Florida (her home town) ranging from West Palm Beach down to Miami. Jackie's primary responsibilities include partnering with brokers in South Florida as well as with her service team to uphold the exceptional service expectations of our clients. She earned her bachelor's degree in Professional Sales and Spanish at Florida State University. As a new member of the National Association of Insurance and Financial Advisors of Broward County, she is looking forward to getting more involved with the local organization and networking with other local brokers in South Florida.

Alison Brogan, Account Manager

Alison is an Account Manager in our Tampa office, a position she has held since 2010. She is responsible for servicing groups with between 500 and 20,000 lives. Alison joined The Standard in 2006 as a Customer Service Representative, and she has also served as an Account Specialist. Before joining our team, Alison was a financial services representative with MetLife and a quality control specialist/auditor with Progressive Insurance. She earned her associate degree in general arts from Hillsborough Community College.

Alesha Buturla, Sr. Underwriter

Alesha is a Senior Underwriter for Regional Accounts. She joined The Standard in 2009 as an Associate Underwriter. Previously, she spent 11 years as an Underwriter in mortgage lending. Alesha earned her bachelor's degree in General Science from the University of Oregon.

John Pettit, Manager, Life Benefits

John is a Life Benefits Manager in our Altavista, VA office, a role he has held since August of 2016. Prior to joining our team John worked as a Senior Life Claims Manager and Life New Business Team Manager at Genworth, accumulating nearly 20 years of professional experience with Life benefits and claims management. John has an MBA from Liberty University and received his Bachelor's in Business from Averett University.



Submittal – Section III: Project Approach and Methodology

2) Provide details of the Proposer's lack of restrictions or exclusions imposed

Please refer to Questionnaire page 11-12

3) Provide a comprehensive description of your proposed ability to duplicate existing coverage for employees, retirees, and dependents. Additionally, providing alternate benefit options (as identified in the RFP) for future cost controls.

Please refer to Questionnaire page 10-11 and cover letter page 99



Section IV: References

Provide a minimum of three (3) references (but no more than five (5) from public sector agencies, particularly municipal/local government, for which Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. DO NOT include work/services performed for the City of Coral Gables or City employees as reference.

1. **City of Miramar**
2300 Civic Center Place, Miramar, FL 33130
Na'Imah Martin, Benefits Manager
954.602.3842
nmartin@miramarfl.gov
Term of Contract: 11/1/2003 to current
Contract Amount: \$300,000
Services Provided: Life and Accidental Death and Dismemberment, Dependent Life, and Long Term Disability
2. **City of Miami Gardens**
18605 NW 27TH Ave, Miami Gardens, FL 33056
Julette Burton, Assistant HR Director
305.914.9158
jburton@miamigardens-fl.gov
Term of Contract: 1/1/2014 to current
Contract Amount: \$300,000
Services Provided: Life and Accidental Death and Dismemberment, Dependent Life, Short Term and Long Term Disability
3. **City of Pompano Beach**
100 W Atlantic Blvd, Pompano Beach, FL 33060
Cindy Lawrence, Risk Manager
954.786.4636
Cindy.Lawrence@copbfl.com
Term of Contract: 2/1/1999 to current
Contract Amount: \$70,000
Services Provided: Life and Dependent Life
4. **City of Fort Lauderdale**
100 N Andrews Ave 3rd Floor, Fort Lauderdale, FL 33301
Michael Naftaniel, Benefits Manager
954.828.5436
mnaftaniel@fortlauderdale.gov
Term of Contract: 1/1/2017 to current
Contract Amount: \$500,000
Services Provided: Life and Accidental Death and Dismemberment, Dependent Life

**Premium Response Form
RFP 2019-022 GROUP LIFE AND AD&D INSURANCE**

A minimum premium rate guarantee of 24 months is required.

LIFE INSURANCE

DESCRIPTION	LIFE INSURANCE COVERAGE
Volume:	\$58,812,250
Carrier:	The Standard
DESCRIPTION	LIFE INSURANCE COST
2 YEAR RATE GUARANTEE	N/A
3 YEAR RATE GUARANTEE	0.11 per \$1,000 of benefit

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

DESCRIPTION	AD&D INSURANCE COVERAGE
Volume:	\$29,638,000
Carrier:	The Standard
DESCRIPTION	AD&D INSURANCE COST
2 YEAR RATE GUARANTEE	N/A
3 YEAR RATE GUARANTEE	0.025 per \$1,000 of benefit

NOTE: Proposer affirms that the prices stated on the price proposal form above represents the entire cost of the items in full accordance with the requirements of this RFP, inclusive of its terms, conditions, specifications and other requirements stated herein, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other. All rates should include any network access fees, PPACA fees, HMO/POS fee, and Utilization Review costs.

Firm Name: Standard Insurance Company

F.E.I.N. No: 93-0242990

Authorized Representative (Print Name): Graeme Queen

Title: 2nd Vice President Strategic Account Services

Address: 500 SW Fifth Avenue, Portland, Oregon 97204

Telephone: (971) 321-2529

Fax: (971) 321-6808

E-mail: Graeme.Queen@standard.com

Authorized Signature: _____

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS RESPONSE. FAILURE TO SIGN THIS RESPONSE WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE FIRM NONRESPONSIVE.

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

GROUP LIFE INSURANCE POLICY

Policyholder:	Sample Life Basic Plan
Policy Number:	720125-A
Effective Date:	November 1, 2007

The consideration for this Group Policy is the application of the Policyholder and the payment by the Policyholder of premiums as provided herein.

Subject to the **Policyholder Provisions** and the **Incontestability Provisions**, this Group Policy (a) is issued for the Initial Rate Guarantee Period shown in the **Coverage Features**, and (b) may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by us, but will not be less than 12 months.

For purposes of effective dates and ending dates under this Group Policy, all days begin and end at 12:00 midnight Standard Time at the Policyholder's address.

This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

GP190-LIFE/S399

THIS POLICY IS NOT AVAILABLE IN NEW YORK

This is a sample policy. Product availability, plan provisions and features may vary by state. The proposed premium rate and plan design is based on the underwriting data received by us. Final premium rates and plan provisions will be determined on the basis of: applicable state laws, Policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured, and our current underwriting rules and practices.

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COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	720125-A
Type of Insurance Provided:	
Life Insurance:	Yes
Supplemental Life Insurance:	Not applicable
Dependents Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Policyholder:	Sample Life Basic Plan Private Group
Employer(s):	Sample Life Basic Plan Private Group
Group Policy Effective Date:	November 1, 2007
Policy Issued in:	Alaska

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:	You are a Member if you are: <ol style="list-style-type: none">1. An active employee of the Employer; and2. Regularly working at least 30 hours each week. You are not a Member if you are: <ol style="list-style-type: none">1. A temporary or seasonal employee.2. A leased employee.3. An independent contractor.4. A full time member of the armed forces of any country.
Class Definition:	None
Eligibility Waiting Period:	You are eligible on one of the following dates: <p>If you are a Member on the Group Policy Effective Date, you are eligible on that date.</p> <p>If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month coinciding with or next following 90 consecutive days as a Member.</p>

Evidence of Insurability:	Required:
	a. For late application for Contributory insurance.
	b. For reinstatements if required.
	c. For Members and Dependents eligible but not insured under the Prior Plan.

PREMIUM CONTRIBUTIONS

Life Insurance:	Noncontributory
AD&D Insurance:	Noncontributory
Dependents Life Insurance:	Contributory

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:	2 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$100,000.
Repatriation Benefit:	The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

For your Spouse:

Dependents Life Insurance Benefit:	\$5,000
The amount of Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your Life Insurance.	

For your Child:

Dependents Life Insurance Benefit:	\$3,000
The amount of Dependents Life Insurance for your Child may not exceed 100% of the amount of your Life Insurance.	

SCHEDULE OF AD&D INSURANCE

For you:

AD&D Insurance Benefit:	The amount of your AD&D Insurance Benefit is equal to the amount of your Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.
Seat Belt Benefit:	The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.
Air Bag Benefit:	The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.

- Career Adjustment Benefit: The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
- Child Care Benefit: The total child care expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
- Higher Education Benefit: The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand, one foot or sight of one eye	50%
c. Two or more of the Losses listed in b. above	100%

No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.

REDUCTIONS IN INSURANCE

If you or your Spouse reaches an age shown below, the amount of insurance will be the amount determined from the Schedule Of Insurance, multiplied by the appropriate percentage below:

Life and AD&D Insurance:

Age of Member	Percentage
65 through 69	65%
70 through 74	50%
75 or over	35%

Dependents Life Insurance:

Age of Spouse	Percentage
65 through 69	65%
70 through 74	50%
75 or over	35%

OTHER BENEFITS

Waiver Of Premium: Yes
Accelerated Benefit: Yes

OTHER PROVISIONS

Limits on Right To Convert if
Group Policy terminates
or is amended:

Minimum Time Insured: 5 years

Maximum Conversion Amount: \$2,000

Leave Of Absence Period: 60 days

Insurance Eligible For Portability:

For you:

Life Insurance: Yes

Minimum combined amount: \$10,000

Maximum combined amount: \$300,000

For your Spouse:

Dependents Life Insurance: Yes

Minimum combined amount: \$5,000

Maximum combined amount: \$100,000

For your Child:

Dependents Life Insurance: Yes

Minimum combined amount: \$1,000

Maximum combined amount: \$5,000

For you:

AD&D Insurance: Yes

Minimum combined amount: \$10,000

Maximum combined amount: \$300,000

Annual Earnings based on:

Partners, L.L.C. Owner-Employees, Sole Proprietors, S-Corporation Shareholders and P.C. Partners: Annual compensation during the Employer's prior tax year (or the Policyholder's prior tax year if you are a P.C. partner).

All other Members: Earnings in effect on your last full day of Active Work.

Earnings Period for Commissions
(see **Definitions**):

The preceding 12 calendar months.

PREMIUM RATES AND RENEWALS

Premium Rates:

Life Insurance: \$.880 monthly per \$1,000 of Life Insurance
Dependents Life Insurance: \$2.880 monthly per Member electing Dependents Life Insurance, regardless of the number of Dependents covered

AD&D Insurance: \$.500 monthly per \$1,000 of AD&D Insurance

Premium Due Dates: November 1, 2007 and the first day of each calendar month thereafter.

Grace Period: 31 days

Initial Rate Guarantee Period: November 1, 2007 to November 1, 2009

Notice of Rate Change: 31 days

Minimum Participation:

Life Insurance:

Number: 10 insured Members

Percentage: 100% of eligible Members

Dependents Life Insurance: 100% of eligible Dependents

LIFE INSURANCE

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

C. Changes In Life Insurance

1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase or the date of change in your classification, age or Annual Earnings.

2. Decreases

A decrease in your Life Insurance because of a change in your classification, age or Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the date of the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

E. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance subject to Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Life Insurance not subject to Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

F. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance;
2. The date the Group Policy terminates;
3. The date your employment terminates; and
4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.
 - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
 - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy.
 - c. During the first 60 days of:
 - (1) A temporary layoff; or
 - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
 - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
 - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than the period shown in the **Coverage Features**.

G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member

again within 90 days, the Eligibility Waiting Period will be waived.

2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

(REPAT) L.L.F.OT.3

DEPENDENTS LIFE INSURANCE

A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Dependents Life Insurance

See the **Coverage Features** for the amount of your Dependents Life Insurance.

C. Changes In Dependents Life Insurance

1. Increases

You must apply in writing for any elective increase in your Dependents Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve that Dependent's Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase.

An increase in your Dependents Life Insurance because of an increase in your Life Insurance becomes effective on the date your Life Insurance increases.

2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

D. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

E. Becoming Insured For Dependents Life Insurance

1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date you become eligible for Life Insurance; and
- b. The date you first acquire a Dependent.

A Member may not be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

2. Effective Date

The **Coverage Features** states whether your Dependents Life Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the later of:

1. The date your Life Insurance becomes effective; and
2. The first day of the calendar month coinciding with or next following the date we approve the Dependent's Evidence Of Insurability.

b. Dependents Life Insurance Not Subject To Evidence Of Insurability

1. Noncontributory Dependents Life Insurance

Noncontributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the later of:

- i. The date your Life Insurance becomes effective; and
- ii. The date you first acquire a Dependent.

2. Contributory Dependents Life Insurance

You must apply in writing for Contributory Dependents Life Insurance and agree to pay premiums. Contributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the latest of:

- i. The date your Life Insurance becomes effective if you apply on or before that date;
- ii. The date you become eligible to insure your Dependents if you apply on or before that date; and
- iii. The date you apply if you apply within 31 days after you become eligible.

Late Application: Evidence Of Insurability is required for each Dependent if you apply more than 31 days after you become eligible.

c. While your Dependents Life Insurance is in effect, each new Child becomes insured immediately.

d. Takeover Provision

Each Dependent who was eligible under the Prior Plan for more than 31 days but was not insured must submit satisfactory Evidence Of Insurability to become insured for Dependents Life Insurance.

F. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die (no premiums will be charged for your Dependents Life Insurance during this time);
2. The date your Life Insurance ends;
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy;
4. The date the last period ends for which you made a premium contribution, if your Dependents Life Insurance is Contributory;
5. For your Spouse, the date of your divorce;
6. For any Dependent, the date the Dependent ceases to be a Dependent; and
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

(SP & CH) LI.DL.OT.4

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

If you have an accident, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, or sight which meet all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
4. With respect to all other Losses, occurs within 365 days after the accident and is certified by a Physician in the appropriate specialty as determined by us.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

D. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

E. AD&D Insurance Exclusions

No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and

any substantial armed conflict between organized forces of a military nature.

2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
5. Sickness or Pregnancy existing at the time of the accident.
6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Additional AD&D Benefits

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your Life; and
2. You are wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

G. Becoming Insured For AD&D Insurance

1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

b. Contributory AD&D Insurance

You must apply in writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The first day of the calendar month coinciding with or next following the date you apply, if you apply after you become eligible.

H. When AD&D Insurance Ends

AD&D Insurance ends automatically on the earlier of:

- 1. The date your Life Insurance ends.
- 2. The date your Waiver Of Premium begins.
- 3. The date AD&D Insurance terminates under the Group Policy.
- 4. The date the last period ends for which a premium was paid for your AD&D Insurance.

(FB NO DEP REQD_ALCOHL EXCL_SEAT AIR COMBO) LI.AD.OT.5

ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

- 1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
- 2. You were Actively At Work on your last scheduled work day before the date of your absence; and
- 3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

LI.AW.OT.1

PORTABILITY OF INSURANCE

A. Portability Of Insurance

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the **Coverage Features** for yourself and your Dependents without submitting Evidence Of Insurability. To be eligible you must satisfy the following requirements:

- 1. On the date your employment terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.

(If you are unable to meet this requirement, see the **Right To Convert** and **Waiver Of Premium** provisions for other options that may be available to you under the Group Policy.)

- 2. On the date your employment terminates, you are under age 65.

3. On the date your employment terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date your employment terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

B. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the **Coverage Features**. You may buy less than the maximum amounts in increments of \$1,000.

The combined amounts of insurance purchased under this **Portability Of Insurance** provision and the **Right To Convert** provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

C. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 31 days after the date your employment terminates.

If death occurs within 31 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates.

(WITH DL REF_WITH ADAD REF) LI.TP.OT.1

WAIVER OF PREMIUM

A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us satisfactory Proof Of Loss.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy, except AD&D Insurance.
2. Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.

3. Waiting Period means the 180 consecutive day period beginning on the date you become Totally Disabled. Waiver Of Premium begins when you complete the Waiting Period.

C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium.

D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled.

E. Amount Of Insurance

The amount of Insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled. However, the following will apply:

1. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you become insured under a group life insurance plan that replaces the Group Policy while you are eligible for Waiver Of Premium, any death benefit payable under the Group Policy will be reduced by the amount payable under the replacement group life insurance plan.
3. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.
4. The amount of Supplemental Life Insurance on your Spouse will be the lesser of:
 - a. The amount in effect on the day before you become Totally Disabled; and
 - b. The amount in effect one year before the date you become Totally Disabled.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given;
3. The date you fail to attend an examination or cooperate with the examiner;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured; and
5. The date you reach age 65.

(ELIG 60_TERMS 65) LI.WP.OT.2

ACCELERATED BENEFIT

A. Accelerated Benefit

If you qualify for Waiver Of Premium and give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

If your Insurance is scheduled to end within 24 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give us satisfactory Proof Of Loss on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 24 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the Group Policy, the amount of your Insurance will be the amount in (2) below.

(1) 10% of the amount of your Insurance as if no Accelerated Benefit had been paid; or

(2) The amount of your Insurance as if no Accelerated Benefit had been paid; minus

The amount of the Accelerated Benefit; minus

An interest charge calculated as follows:

$A \text{ times } B \text{ times } C \text{ divided by } 365 = \text{interest charge.}$

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

The amount of your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit. AD&D is not continued under Waiver Of Premium.

Note: If you assign your rights under the Group Policy, the amount of your Insurance after payment of the Accelerated Benefit will be the amount in (2) above.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit and Supplemental Life Insurance Benefit, if any, under the Group Policy.

LI.AB.OT.5

RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under Waiver Of Premium, but excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:
 - a. The Member's failure to make a required premium contribution.
 - b. Payment of an Accelerated Benefit.
4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.

2. The maximum amount you have a Right To Convert is the lesser of:
 - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
 - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

LI.RC.OT.1

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the Waiver Of Premium claim (or other benefits based on disability); or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the Waiver Of Premium claim (or other benefits based on disability), the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Reference to any internal rule or guideline relied upon in deciding a Waiver Of Premium claim (or other benefits based on disability).
4. A description of any additional information needed to support the claim.
5. Information concerning the claimant's right to a review of our decision.
6. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA if the claim is denied on review.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium (or other benefits based on disability);
2. Within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for

review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to Waiver Of Premium claims (or other benefits based on disability), the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium (or other benefits based on disability).

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Reference to any internal rule or guideline relied upon in deciding a Waiver Of Premium claim (or other benefits based on disability).
4. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.
5. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA.

The Group Policy does not provide voluntary alternative dispute resolution options. However, you may contact your local U.S. Department of Labor Office and your State insurance regulatory agency for assistance.

(2ND REV PRIV WRDG_NEW WOP WRDG) LI.CL.OT.5

ASSIGNMENT

The rights and benefits under the Group Policy cannot be assigned.

LI.AS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 6 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
2. AD&D Insurance benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living.
 - a. AD&D Insurance benefits payable because of the death of your Dependent.
 - b. Dependents Life Insurance benefits.
 - c. Supplemental Life Insurance benefits payable because of the death of your Spouse.
 - d. Accelerated Benefits.
4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.
5. Supplemental Life Insurance benefits payable because of the death of your Spouse which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of your Spouse.
 - b. The parents of your Spouse.
 - c. The brothers and sisters of your Spouse.
 - d. Your estate.

6. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.

2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits. Your Beneficiary designations for Life Insurance and your Supplemental Life Insurance may be different.

You must name or change Beneficiary in writing. Writing includes a form signed by you or a verification from the Policyholder or Employer of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to the Policyholder or Employer during your lifetime;
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered to the Policyholder or Employer.

If we approve it, a designation, which meets the requirements of a Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse. (See **Definitions**)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(FB_REPAT_ELECT/TEL DESIG_WITH DEF SP_25K SSA LUMP INSTALL_SPOUSE DEF TERM) LI.BB.OT.6

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. Amount of benefits payable;
 - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

LI.AL.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LI.TL.OT.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement made to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years during the lifetime of the insured.

B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

LI.IN.OT.2

CLERICAL ERROR AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

B. The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LI.CE.OT.2

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

LI.TA.OT.1

DEFINITIONS

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Features**).

A. Partners, P.C. Partners, L.L.C. Owner-Employees, Sole Proprietors and S-Corporation Shareholders

If you are a Partner, L.L.C. Owner-Employee, Sole Proprietor or S-Corporation Shareholder, Annual Earnings means your annual compensation from the Policyholder during the Policyholder's prior tax year. If you are a P.C. Partner, Annual Earnings means your annual compensation received by your professional corporation from the Policyholder during the Policyholder's prior tax year. Your annual compensation is determined by adding the following amounts as reported on the applicable Schedule K-1, Schedule C, Form W-2 or S-Corporation federal income tax return:

1. Your ordinary income (loss) from trade or business activity(ies).
2. Your guaranteed payments, if you are a Partner.
3. Your net profit from business.
4. Your compensation (as an officer), salary, or wages, if you are an S-Corporation Shareholder.

If you were not a Partner, P.C. Partner, L.L.C. Owner-Employee, Sole Proprietor or S-Corporation Shareholder during the entire prior tax year, your Annual Earnings will be 12 times your average monthly compensation for your period as a Partner, P.C. Partner, L.L.C. Owner-Employee, Sole Proprietor or S-Corporation Shareholder.

B. All Other Members

1. Commissions averaged over the Earnings Period shown in the **Coverage Features** or over the period of your employment if less than the Earnings Period.
2. Shift differential pay.

Annual Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Any other extra compensation.

C. All Members

Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan; or
2. Stock options or stock bonuses.

Child means:

1. Your unmarried child from live birth through age 20 (through age 24 if a registered student in full time attendance at an accredited educational institution); or
2. Your unmarried child who meets either of the following requirements:
 - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child; or
- ii. Your stepchild, if living in your home;

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your

Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means a person to whom you are legally married. However, for purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced.

Supplemental Life Insurance means supplemental life insurance, if any, under the Group Policy.

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POLICYHOLDER PROVISIONS

A. Premiums

The premium due on each Premium Due Date is the sum of the premiums for all persons then insured. Premium Rates are shown in the **Coverage Features**.

B. Contributions From Members

The Policyholder determines the amount, if any, of each Member's contribution toward the cost of insurance under the Group Policy.

C. Changes In Premium Rates

We may change Premium Rates for Supplemental Life Insurance upon 31 days written notice, but not more often than once in any calendar year.

We may change any other Premium Rates when:

1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations; or
2. Factors material to underwriting the risk we assumed under the Group Policy, including, but not limited to, number of persons insured, age, Annual Earnings, gender and occupational classification, change by 25% or more; or
3. We and the Policyholder mutually agree to change Premium Rates.

Except as provided above, Premium Rates will not be changed during the Initial Rate Guarantee Period shown in the **Coverage Features**. Thereafter, except as provided above, we may change Premium Rates upon advance written notice to the Policyholder. The minimum advance notice is shown in the **Coverage Features** as Notice of Rate Change. Any such change in Premium Rates may be made effective on any Premium Due Date, but no such change will be made more than once in any contract year. Contract years are successive 12 month periods computed from the end of the Initial Rate Guarantee Period.

D. Payment Of Premiums

All premiums are due on the Premium Due Dates shown in the **Coverage Features**.

Each premium is payable on or before its Premium Due Date directly to us at our home office. The payment of each premium as it becomes due will maintain the Group Policy in force until the next Premium Due Date.

E. Grace Period And Termination For Nonpayment

If a premium is not paid on or before its Premium Due Date, it may be paid during the following Grace Period. The length of the Grace Period is shown in the **Coverage Features**. The Group Policy will remain in force during the Grace Period.

If the premium is not paid during the Grace Period, the Group Policy will terminate automatically at the end of the Grace Period.

The Policyholder is liable for premium for insurance under the Group Policy during the Grace Period. We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

F. Termination For Other Reasons

The Policyholder may terminate the Group Policy by giving us written notice. The effective date of termination will be the later of:

1. The date stated in the notice; and
2. The date we receive the notice.

We may terminate the Group Policy as follows:

1. On any Premium Due Date if the number of persons insured is less than the Minimum Participation Number or less than the Minimum Participation Percentage shown in the **Coverage Features**.
2. On any Premium Due Date if we determine that the Policyholder has failed to promptly furnish any necessary information requested by us, or has failed to perform any other obligations relating to the Group Policy.

The minimum advance notice of such termination by us is the same as the Notice of Rate Change stated in the **Coverage Features**.

G. Premium Adjustments

Premium adjustments involving a return of unearned premiums to the Policyholder will be limited to the 12 months just before the date we receive a request for premium adjustment.

H. Certificates

We will issue certificates to the Policyholder showing the coverage under the Group Policy. The Policyholder will distribute a certificate to each insured Member. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

I. Records And Reports

The Policyholder or Employer will furnish on our forms all information reasonably necessary to administer the Group Policy. We have the right at all reasonable times to inspect the payroll and other records of the Policyholder or Employer which relate to insurance under the Group Policy.

J. Agency And Release

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard Insurance Company. The Policyholder, Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The Policyholder and each Employer hereby release, hold harmless and indemnify Standard Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agents or employees.

K. Notice Of Suit

The Policyholder or Employer shall promptly give us written notice of any lawsuit or other legal proceedings arising under the Group Policy.

L. Entire Contract, Changes

The Group Policy and the application of the Policyholder constitute the entire contract between the parties. A copy of the Policyholder's application is attached to the Group Policy when issued.

The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. No agent has authority to change the Group Policy or to waive any of its provisions.

M. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.

(NO DIV) LI.PH.OT.4

ALI99

Don't miss out on enrollment!

Find out how your employee
benefits can help shield you and
your family from unexpected
expenses. Take care of your own.
Learn more during enrollment.





Get your ducks in a row.
Enroll in benefits soon.



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ABC Sample Co
000 Any Street
Portland OR 97000

Enrollment is coming!

Don't let enrollment pass by without finding out how your employee benefits can protect you and loved ones from unexpected expenses.

This protection offers affordable group rates, and your premiums can be conveniently deducted from your paycheck.

Take time to learn more about your employee benefits.

Open Enrollment Is Coming Soon

January 1, 2018 through January 2, 2018

Standard Insurance Company

800.xxx.xxxx Tel www.standard.com
900 SW Fifth Avenue Portland OR 97204

Enrollment and Change

To Be Completed By Human Resources

Group Number	Division	Billing Category	Date of Employment
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To Be Completed By Applicant

- Apply for Coverage Name Change Former Name _____
- Add Dependent Delete Dependent Date of Add/Delete _____
- Reinstatement Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	ZIP
Phone Number	Job Title/Occupation		
Employer Name	Hours Worked Per Week	Are you Actively At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Earnings \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
Have you or your Spouse used tobacco in any form in the last 12 months? You <input type="checkbox"/> Yes <input type="checkbox"/> No Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse Full Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

Life and Accidental Death and Dismemberment (AD&D) Insurance

- Life with AD&D (Employer Paid)
- Life with AD&D (Employee Paid) \$50,000 \$100,000 \$150,000 Other \$ _____
- Additional Life with AD&D (Employee Paid) \$50,000 \$100,000 \$150,000 Other \$ _____

Dependents Life and Accidental Death and Dismemberment (AD&D) Insurance

- Spouse Life with AD&D \$50,000 \$100,000 \$150,000 Other \$ _____
- Child(ren) Life with AD&D \$50,000 \$100,000 \$150,000 Other \$ _____

Supplemental Life Insurance

- Your requested amount \$ _____ Your Spouse requested amount \$ _____

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

- You only \$ _____ Your Spouse \$ _____ or ____% Your Child(ren) \$ _____ or ____%

Short Term Disability Insurance

- Short Term Disability (Employer Paid) Short Term Disability (Employee Paid)

Long Term Disability Insurance

- Long Term Disability (Employer Paid) Long Term Disability (Employee Paid)

Your Full Name

Accident Insurance

You only You and your Spouse You and your Child(ren) (no Spouse) You, your Spouse and your Child(ren)

Critical Illness Insurance

If the coverage option you select requires Evidence Of Insurability, please complete the questions below for you and/or your Spouse.

Employee* \$10,000 \$20,000 \$30,000 Other \$ _____
 Spouse \$5,000 \$10,000 \$15,000 Other \$ _____

If applying for Critical Illness coverage for your Spouse, is your Spouse gainfully employed or capable of performing the material duties of an occupation? Yes No
***Eligible child(ren) are automatically covered at 25% of your Coverage Amount.**

	You		Spouse	
	Yes	No	Yes	No
1. In the past 12 months have you or your Spouse had any symptom or been informed by a medical professional of any abnormal test result which resulted in a recommendation to have any diagnostic test or procedure which has not yet been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a medical professional ever diagnosed you or your Spouse as having or prescribed medication for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) antibodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having: <ul style="list-style-type: none"> • diabetes (other than during pregnancy); heart disorder; angina; arterial disease; heart attack; angioplasty; coronary artery bypass; high blood pressure (hypertension) treated with three (3) or more medications; rheumatic fever; stroke; transient ischemic attack; • renal disease (excluding kidney stone or urinary tract infection); pancreas disorder; liver cirrhosis; hepatitis (excluding hepatitis A); • benign brain tumor; systemic lupus; muscular dystrophy; poliomyelitis; osteomyelitis or neurological disorder? • Addison's disease; sickle cell anemia; hemophilia; paralysis; organ transplant; tuberculosis; or lung disease (excluding asthma or acute pneumonia)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having cancer or malignancy (excluding non-melanoma skin cancer); bone marrow disorder, ulcerative colitis or Crohn's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having: glaucoma; retinitis pigmentosa or macular degeneration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having: Alzheimer's disease; dementia; multiple sclerosis; Amyotrophic Lateral Sclerosis (ALS) or Parkinson's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospital Indemnity Insurance

If the coverage option you select requires Evidence Of Insurability, please complete the questions below for you, and/or your Spouse and/or your Child(ren). If you have more than one eligible Child, please answer yes if any Child meets the condition.

You only You and your Spouse You and your Child(ren) (no Spouse) You, your Spouse and your Child(ren)

If applying for Critical Illness coverage for your Spouse, is your Spouse gainfully employed or capable of performing the material duties of an occupation? Yes No

	You		Spouse		Child(ren)	
	Yes	No	Yes	No	Yes	No
1. In the past 12 months, have you or your Spouse or Child(ren) been confined to the hospital for more than 5 consecutive days due to any medical condition or injury that is not completely resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 12 months have you or your Spouse or Child(ren) had any symptom or been informed by a medical professional of any abnormal test result which resulted in a recommendation to have any diagnostic test or procedure which has not yet been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Full Name

	You		Spouse		Child(ren)	
	Yes	No	Yes	No	Yes	No
3. Has a medical professional ever diagnosed you or your Spouse or Child(ren) as having or prescribed medication for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) antibodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 5 years, have you or your Spouse or Child(ren) had, been treated for or been diagnosed by a medical professional as having: <ul style="list-style-type: none"> • diabetes (other than during pregnancy); heart disorder; angina; arterial disease; heart attack; angioplasty; coronary artery bypass; high blood pressure (hypertension) treated with three (3) or more medications; rheumatic or scarlet fever; stroke; transient ischemic attack; • cancer or malignancy (excluding non-melanoma skin cancer); bone marrow disorder; ulcerative colitis; Crohn's disease; • renal disease (excluding kidney stone or urinary tract infection); pancreas disorder; liver cirrhosis; hepatitis (excluding hepatitis A); • benign brain tumor; systemic lupus; muscular dystrophy; poliomyelitis; osteomyelitis; neurological disorder; Alzheimer's disease; dementia; multiple sclerosis; Amyotrophic Lateral Sclerosis (ALS); Parkinson's disease; • musculoskeletal disorder not related to an accident or injury; • Addison's disease; sickle cell anemia; hemophilia; paralysis; organ transplant; • tuberculosis; or lung disease (excluding asthma or acute pneumonia)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 5 years, have you or your Spouse or Child(ren) had, been treated for or been diagnosed by a medical professional as having schizophrenia; psychosis; major depressive disorder; bipolar disorder; or post-traumatic stress disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental/Vision Insurance (See below)

Dental/Vision (Employer Paid) Dental/Vision (Employee Paid) Low Dental Plan High Dental Plan

Dental You only You and your Spouse You and your Child(ren) (no Spouse) You, your Spouse and your Child(ren)

Vision You only You and your Spouse You and your Child(ren) (no Spouse) You, your Spouse and your Child(ren)

Are you covered for Dental insurance under another plan? Yes No Are one or more Dependents? Yes No

Vision Insurance (See below)

Vision (Employer Paid) Balanced Care Vision (Employee Paid) Plan 1 Plan 2 Plan 3

Vision You only You and your Spouse You and your Child(ren) (no Spouse) You, your Spouse and your Child(ren)

Are you covered for Vision insurance under another plan? Yes No Are one or more Dependents? Yes No

List Dependents to enroll or delete. Add sheet for additional Dependents if needed.

Full Name		Date of Birth	Full Name		Date of Birth
Spouse	<input type="checkbox"/> M <input type="checkbox"/> F		Child 2	<input type="checkbox"/> M <input type="checkbox"/> F	
Child 1	<input type="checkbox"/> M <input type="checkbox"/> F		Child 3	<input type="checkbox"/> M <input type="checkbox"/> F	

Dental and Vision Insurance Waiver: Contributory Dental and/or Vision Insurance

The insurance coverage available to me and my Dependents has been explained to me and I do not want to enroll at this time. I understand that if I elect to enroll in the future, the insurance coverage may be subject to a Late Enrollment Penalty.

I decline Dental and/or Vision insurance for myself.

I decline Dental and/or Vision insurance for one or more Dependents.

Your Full Name

Beneficiary

This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation will also apply to your Supplemental Life and Accident Insurance, if any, available through your Employer. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary Full Name	Address	Soc. Sec. No <i>If known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>
Contingent Full Name	Address	Soc. Sec. No <i>If known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Consent To Electronic Transactions

Pursuant to applicable state and federal electronic transaction laws, I consent to sending and receiving electronic records and to the use of electronic signatures. This consent applies to information, documents, including but not limited to, forms, applications, statements, claims, cancellation and nonrenewal notices where permitted by law, privacy notices or other communications made or exchanged under any plans, insurance policies or products offered or administered by Standard Insurance Company (The Standard). These electronic documents and communications may be sent to the email address I provide and in some cases may be made available to me at a website portal with notification at the email address I provide.

I understand that I will need to have web browser software and Adobe® Reader® software on a computer capable of accessing the Internet and a valid email address to access and retain these electronic records. A confirmation email will be sent from XXX@standard.com to the email address that I provide below. I will click on the link provided in that email to confirm my email address and electronic delivery election, and will add XXX@standard.com to my safe senders list to ensure the email is not blocked or sent to a spam folder. I may request a paper version of any of the electronically furnished documents at any time by contacting The Standard at 888.000.0000 and the document will be provided. There may be a charge for a paper version of certain documents. I will inform The Standard at XXX@standard.com if my email address changes or if I prefer to receive communications at a different email address. In addition, I may withdraw this consent at any time by notifying The Standard by email at XXX@standard.com or at 888.000.0000 that I no longer consent to sending and receiving electronic records or to the use of electronic signatures. The withdrawal of my consent shall be effective no later than ten business days after receipt of the withdrawal by The Standard. Withdrawing consent to receive information and documents electronically may result in a charge for a paper version of certain documents.

The Standard may choose to offer additional online services in the future that it will provide under terms and conditions other than or in addition to those described above. Therefore, as a condition of accessing or receiving those additional services, I may be asked to agree to different or additional terms and conditions.

I agree and consent to the terms and conditions set forth in this Consent to Electronic Transactions section, including, but not limited to, the use of electronic signatures. I agree to receive all mailings and communications electronically at the email address provided below.

Email Address

For Accident, Critical Illness, Hospital Indemnity Insurance:

These benefits are under limited benefit insurance policies. These policies are a supplement to health insurance and are not a substitute for major medical coverage. They are not intended to satisfy the individual mandate of the Affordable Care Act (ACA) or provide the minimum essential coverage required by the ACA. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Your Full Name

Signature

I wish to make the choices indicated on this form, including, if applicable, consent to the terms and conditions set forth in the Consent to Electronic Transactions section. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein, including, if applicable, those made in response to the Evidence Of Insurability questions, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I acknowledge that I have read the Fraud Notices. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)

Date

Enroller (If applicable)

Enroller ID

Date

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

Fraud Notices

ALABAMA, MARYLAND, RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARKANSAS, MAINE, OHIO: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA, NEW MEXICO: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NORTH CAROLINA: Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant files an application for insurance or a statement of claim, knowing that the application or statement contains false or misleading information concerning any fact or matter material to the claim is guilty of a Class H felony and may subject the individual to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or any other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA, WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Welcome to your employee benefits.

Enroll in coverage now to help protect
yourself and your loved ones in the future.



ABC Sample Co.

SAMPLE BOOKLET

Standard Insurance Company



Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process.



Protection from the Unexpected

Even with medical insurance, a serious illness or accident – or even a routine stay in the hospital – can be a drain on your finances. The following types of insurance pay a benefit to help you pay the bills. Use the payment however you like to cover out-of-pocket medical costs and other living expenses.

Accident insurance pays a lump sum directly to you so you can help cover out-of-pocket expenses as you or a family member recuperates after an accident.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. Use the benefit, paid to you in a lump sum, for deductibles, copays, rent or groceries as you or a family member recovers.

With the insurance described above, you can take advantage of affordable group rates that will not increase as you get older. And if you leave your job, you can take your coverage with you.

Your Employer-Paid Benefits

- Basic Life and Accidental Death & Dismemberment insurance
- Short Term Disability insurance
- Long Term Disability insurance

Benefits You Can Apply for Now:

- Accident insurance
- Critical Illness insurance
- Additional Life insurance
- Dependents Life insurance



Protection for Your Loved Ones

Life insurance helps provide support and stability to your family if something were to happen to you or your spouse or children. It can help your family financially through a difficult time and provide support into the future.

Accidental Death and Dismemberment (AD&D) insurance helps protect against a sudden financial loss brought on by an accidental death. It can also help pay for the high cost of living associated with surviving an accident that results in a severe physical loss.



Protection for Your Paycheck

Your most valuable asset is your ability to earn an income. Disability insurance provides partial income replacement if you can't work because of a qualifying disability caused by an illness, injury or

pregnancy. The benefit payments can help with bills that continue even when you can't work, like your mortgage or rent — expenses medical insurance won't cover.

Short Term Disability insurance pays a weekly benefit to help you keep your finances on track when you're out of work because of a disability.

Long Term Disability insurance pays a monthly benefit if you experience a disability that lasts for several months or even years.

When you buy insurance through work, you have access to competitive group rates and the convenience of premiums deducted right from your paycheck.

Ready to Apply? You'll Find the Form(s) Right Here

Once you've reviewed your options, the next step is to apply using the form(s) included at the end of this guide. Don't forget to turn in your forms before your enrollment period ends.

Enroll Now



Enrollment begins January 1, 2000
and ends January 1, 2000

Attend your group meeting on:

- Month Date, 0:00 a.m. Location
- Month Date, 0:00 a.m. Location

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Group Accident Insurance

Keep your finances on track when an accident happens.

Having an accident doesn't just hurt you — it can also damage your finances. Your medical insurance will cover some of the expenses, but you'll be left to foot the bills for your copays and deductible. Those can add up fast, especially if you're unable to work while you recover. That's where Group Accident insurance comes in: It helps protect your bank account from the out-of-pocket expenses that can come with an injury — whether you're coping with a broken arm or recovering from a serious car accident.

Medical insurance helps — but it doesn't pay for everything.



31 million

Some 31 million people sought care in the emergency room for unintended injuries in 2011.¹



10 million

An estimated 10 million working-aged Americans struggled to pay medical bills in 2013 — even though they had health insurance.²

¹ Source: FastStats, based on National Hospital Ambulatory Medical Care Survey: 2011 Emergency Departure Summary Tables, www.cdc.gov/nchs/fastats/accidental-injury.htm

² Source: NerdWallet Health. In 2013, NerdWallet aggregated multiple sources and data sets to estimate the impact of medical bills on Americans that year.

Don't let an accident stop your financial plans.

Accident insurance is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to get injured. It's protection that's also convenient: Your premium payments are deducted directly from your paycheck.

Here's how it works:

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover.

Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.



You'd get an additional 25% if your child is injured while participating in an organized athletic activity — whether it's football practice, a soccer game or dance class.

BENEFITS PAID TO YOU

Urgent Care Visit.....	\$50
X-ray.....	\$50
Dislocated Elbow.....	\$800
Arm Fracture.....	\$550
Wrist Fracture.....	\$550
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment (2 visits)	\$100
SUBTOTAL.....	\$2,150
Youth Organized Sports Benefit (25% of subtotal).....	\$538
Total paid directly to you.....	\$2,688

Imagine that you survive a serious car accident. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic in another city and physical therapy.



You'd get an additional \$500 because you were injured in a car accident. Because you drove more than 100 miles for your follow-up appointment, you'd receive an extra \$150. If your car accident occurred more than 100 miles away from home and a family member traveled to be near you while you were in the hospital, we'd pay additional benefits to help cover lodging expenses.

BENEFITS PAID TO YOU

Ambulance.....	\$300
Emergency Room Visit.....	\$150
CAT Scan.....	\$200
Hospital Admission Benefit.....	\$1,000
5-Day Hospital Confinement (\$200 per day).....	\$1,000
Right Leg Fracture.....	\$4,000
Knee Cap Fracture.....	\$1,100
Pelvis Fracture.....	\$2,400
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment.....	\$50
SUBTOTAL.....	\$10,250
Automobile Accident Benefit.....	\$500
Transportation Benefit.....	\$150
Lodging (4 days).....	\$700
Total paid directly to you.....	\$11,600

Affordable Group Rates

Because you'll be buying this insurance through ABC Sample Co., you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older — meaning you'll pay the same premium for the life of the policy, even if you continue your coverage after your employment with ABC Sample Co. ends (this is known as portability).

You can get a Health Maintenance Screening Benefit of \$50 each year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

It pays to be well-adjusted. If you need to see a chiropractor while you're recovering from an accident, you can get a benefit of \$50 (up to two visits per accident, providing those visits are on different days).

Staying in a hospital can be costly, even with medical insurance coverage. You'll receive a \$1,000 benefit if you're admitted — plus \$100 for every day you're hospitalized.* And if you're admitted or confined to a critical care unit while you're in the hospital, you'll receive additional critical care unit benefits.

If you or a dependent travel at least 100 miles for treatment, you'll receive a Transportation Benefit of \$150 for each day of travel.** We'll pay a \$175 Lodging Benefit per day** if you or a dependent travel at least 100 miles from your or your dependent's place of residence for treatment and you, your dependent or another person incurs a lodging expense.

*Up to 365 days per accident.

**Maximum 30 days per accident; 90 days per year.

Coverage for...	Weekly Premium
You	\$0.00
You and your spouse	\$0.00
You and your children	\$0.00
You, your spouse and your children	\$0.00

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$800
Ambulance — Ground	\$300
Emergency Room Visit	\$150
Urgent Care Visit	\$50
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$50
Emergency Dental Care — Crown	\$200
Emergency Dental Care — Extraction	\$100
Outpatient X-ray	\$50
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$200
Transfusion Blood, Plasma or Platelets	\$300

Specific Injury Benefits	
Burns	\$200-\$10,000, depending on severity
Coma	\$7,500
Concussion	\$150
Eye Injury	\$200
Lacerations	\$75-\$500, depending on size
Skin Graft	25% of burn benefit

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600
Knee (not including kneecap)	\$900/\$1,800
Collarbone (acromioclavicular), Spine	\$400/\$800
Finger, Rib, Toe	\$150/\$300
Hip	\$2,500/\$5,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550/\$1,100
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000
Rib	\$400/\$800
Finger, Toe	\$100/\$200
Hip	\$2,500/\$5,000
Leg (hip to knee)	\$2,000/\$4,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400
Skull (depressed)	\$4,000/\$8,000
Skull (non-depressed)	\$1,500/\$3,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

Group Accident Insurance

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$200
Repair	\$750
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$200
Repair of one	\$750
Repair of two or more	\$1,000
Ruptured Disc	
Repair	\$750
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$200
Laparoscopic Repair Surgery	\$750
Open Repair Surgery	\$1,500
Surgical Facility Benefit	\$150

Hospital Benefits	
Hospital Admission (once per covered accident)	\$1,000
Daily Hospital Confinement (maximum 365 days per covered accident)	\$200 per day
Critical Care Unit Admission* (once per covered accident)	\$750
Daily Critical Care Unit Confinement* (maximum 15 days per covered accident)	\$200 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$100 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$100
Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Physician Follow-up (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Hearing Device	\$500
Prosthesis	One: \$500 Two or more: \$1,000
Occupational, Speech or Physical Therapy (maximum 3 visits per covered accident, 1 per day)	\$50 per day

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$175
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$150
Health Maintenance Screening Benefit (once per calendar year)	\$50
Automobile Accident Benefit	\$500
Youth Organized Sports Benefit	Additional 25% of total benefit payable

Accidental Death and Dismemberment (AD&D)	
Accidental Death	
You:	\$50,000
Spouse:	\$25,000
Child:	\$12,500
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

Important Details

Here's where you'll find the nitty-gritty details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage — at the same rate you would pay today — if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

To be eligible for this coverage, you must be a regular employee of ABC Sample Co., actively working in the United States at least 30 hours per week and a citizen or resident of the United States or Canada. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, a person to whom you are legally married. You can also cover your children from birth to age 26. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive evidence of good health underwriting approval (if applicable), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism

- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in high-risk sports or activities such as (but not limited to) bungee jumping, parachuting, base jumping, mixed martial arts or mountain climbing
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

This is a limited benefit policy.

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IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



Group Critical Illness Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses. Group Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.



42%



46%



Cancer patients carry rising burdens of health care-related out-of-pocket expenses: 42 percent reported a significant subjective financial burden and 46 percent used savings to defray out-of-pocket expenses.¹

70 percent of people who had difficulty paying medical bills in 2012 had some kind of health insurance.²

1 "The Financial Toxicity of Cancer Treatment: A Pilot Study Assessing Out-of-Pocket Expenses and the Insured Cancer Patient's Experience," The Oncologist Express, Feb. 26, 2013, www.theoncologist.alphamedpress.org/content/18/4/381.long

2 "Medical Debt Among People With Health Insurance," Kaiser Family Foundation, 2012 National Health Interview Survey (NHIS) data, Jan. 7, 2014, <http://kff.org/private-insurance/report/medical-debt-among-people-with-health-insurance/>

Help ensure your financial plans stay healthy even when you're not.

Critical Illness insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered serious illness. It's protection that's also convenient: Your premium payments are deducted directly from your paycheck.

An Extra Layer of Protection

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$0,000 increments between \$0,000 and \$00,000.

With Critical Illness insurance, you can:

- **Update your coverage as needed.** As your life circumstances change, increase* or decrease your coverage.
- **Lock in your rate.** For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will pay a 45-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- **Take it with you.** If you leave your job, you can take your coverage with you.
- **Pick and choose how to spend your benefit.** Spend your lump-sum benefit however you want.
- **Protect your loved ones.** Cover your spouse up to \$00,000. Your kids are automatically covered at 25 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness exam, such as a cholesterol screening (part of a lipid panel) or mammogram — routine preventive visits that typically cost you nothing under your medical insurance.
- **Offset transportation costs.** If you have to travel at least 100 miles from home for your treatment for a covered illness, a Transportation benefit of \$150 for each day of travel will be paid.**
- **Help with lodging costs.** If a family member travels with you or a dependent at least 100 miles from your home for treatment and has to pay for a place to stay, a Lodging benefit of \$100 per day will be paid.**
- **Receive additional benefits.** If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.

Chances are good that a family member, friend or colleague of yours has endured a critical illness. You may have even seen that person struggle to pay the bills. Think of Critical Illness insurance as financial peace of mind, so you don't have to choose between paying for medical bills and helping send your daughter to the college of her dreams.

*Evidence of good health is required; see the Important Details section for more information.
**Maximum 30 days per critical illness; 90 days per year.

Here's how it works:

John has \$15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

Part of John's treatment is provided by a specialist in another city that is more than 100 miles from his home. In addition to his Critical Illness insurance benefit, he is able to use his Lodging and Transportation benefits to defray travel costs.

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational hepatitis

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Initial diagnosis and initial recommendation must occur after your coverage becomes effective.

SAMPLE OUT-OF-POCKET EXPENSES

Medical insurance deductible.....	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Transportation to medical appointments and treatments.....	\$300
Lodging near treatment facility.....	\$1,370
Lost wages.....	\$4,500
Alternative treatments and diets not covered by medical plan.....	\$4,500
TOTAL OUT-OF-POCKET EXPENSES.....	\$16,970
CRITICAL ILLNESS BENEFIT.....	\$15,000
TRANSPORTATION BENEFIT (2 trips).....	\$300
LODGING BENEFIT (3 nights).....	\$300
TOTAL BENEFITS.....	\$15,600
OUT-OF-POCKET EXPENSES.....	\$1,370

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Affordable Group Rates

Because you'll be buying this insurance through ABC Sample Co., you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same weekly payment for as long as you have your coverage. For all coverage amounts, complete a brief health questionnaire.

Coverage for...	Coverage Amount...
You	\$0,000-\$00,000 in increments of \$0,000
Your spouse	\$0,000-\$00,000 in increments of \$0,000, as long as it's not more than your coverage amount
Your child(ren) up to age 26	Automatically covered at 25% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

The weekly premiums you would pay for Critical Illness insurance benefits are based on the ages of you and your spouse and whether or not you or your spouse use tobacco. The rates below are not combined rates for you and your spouse, rather they are the rates for each of you individually. Please note that coverage can be purchased in \$0,000 increments.

Coverage Amount	Issue Age									
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70
Non-Tobacco Weekly Rates										
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Coverage Amount	Issue Age									
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70
Tobacco Weekly Rates										
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage — at the same rate you would pay today — if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be a regular employee of ABC Sample Co., actively working in the United States at least 30 hours per week and a citizen or resident of the United States or Canada. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive evidence of good health underwriting approval (if applicable), agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Evidence of Good Health

You will need to provide evidence of good health by completing a brief questionnaire for the following situations:

- For all coverage amounts
- Reinstatements, if required

- If you or your spouse were required to provide evidence of good health under a prior period of eligibility and either:
 - Did not provide it, or
 - We did not approve it

Changes in Your Insurance

To increase your or your spouse's insurance, you can apply in writing. Evidence of good health will be required:

- For requests for coverage increases
- If you or your spouse were required to provide evidence of good health under a prior period of eligibility and either:
 - Did not provide it, or
 - We did not approve it

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Initial diagnosis outside of the United States or Canada
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue

Preexisting Condition Exclusion

Preexisting conditions can affect your coverage if they

occurred at any time during the 90-day period just before the date your or your dependent's insurance or an increase in coverage amount becomes effective.

Preexisting conditions are defined as:

- A mental or physical condition (whether or not diagnosed or misdiagnosed) for which you or your dependent consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures including self-administered procedures; or taken prescribed drugs or medications.
- A mental or physical condition that was discovered or suspected as a result of any medical examination, including a routine examination.

You or your dependent will not be covered for a critical illness if it is caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition. The preexisting condition will be covered if, on the date you or your dependent incur the critical illness:

- You or your dependent have been continuously insured under the group policy for 12 months
- You have been actively at work for at least one full day after the end of that 12 months

You and your dependents will not be covered for an increase in coverage amount if your or your dependent's critical illness is caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition. The preexisting condition will be covered if, on the date you or your dependent incur the critical illness:

- You or your dependent have been continuously insured for the increase in coverage amount under the group policy for 12 months
- You have been actively at work for at least one full day after the end of that 12 months

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you reach age 00, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, your spouse reaches age 00, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including

the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

This is a limited benefit policy.

GP0614-CI

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

SI 17616D-000000 (2/16)

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IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by ABC Sample Co.

Eligibility

Definition of a Member	You are a member if you are a regular employee of ABC Sample Co. and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$00,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 00 percent at age 00, to 00 percent at age 00 and to 00 percent at age 00.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by ABC Sample Co. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and ABC Sample Co. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

SI 13279D-000000 (2/16)

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Group Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

Ⓜ About This Coverage

If you take no action, you'll be covered for the basic amount of Life insurance up to the guarantee issue maximum amount, provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
<p>How Much Can I Apply For?</p> <p>The coverage amount for your spouse cannot exceed 00 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 00 percent of your Additional Life coverage.</p>	For You:	\$00,000 – \$000,000 in increments of \$00,000
	For Your Spouse:	\$0,000 – \$00,000 in increments of \$0,000
	For Your Child(ren):	\$0,000 – \$00,000 in increments of \$0,000
<p>What is the Guarantee Issue Maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p>	For You:	Up to \$00,000
	For Your Spouse:	Up to \$00,000

AD&D Insurance
The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.

<p>What Does My AD&D Benefit Provide?</p> <p>Note: You can't buy more coverage for your spouse or child(ren) than you buy for yourself.</p>	For You:	The AD&D insurance coverage amount matches what you select for Additional Life insurance.
	For Your Spouse:	The AD&D insurance coverage amount matches what you select for Life insurance.
	For Your Child(ren):	The AD&D insurance coverage amount matches what you select for Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

☰ Additional Features

Your coverage comes with some added features:

Life Insurance

Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 00 percent of your combined Basic and Additional Life benefit to a maximum of \$000,000.
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💰 How Much Your Coverage Costs

Your Basic Life insurance is paid for by ABC Sample Co. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

<p>Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).</p>	<p>Enter your rate from the rate table.</p>	<p>This amount is an estimate of how much you would pay each month.</p>
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If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life with AD&D coverage for your child(ren), your monthly rate is \$0.00 per \$1,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.00 per \$1,000 is included.

Age (as of last January 1)	Your Rate* (Per \$1,000 of Total Coverage)	Your Spouse's Rate** (Per \$1,000 of Total Coverage)
<30	\$0.00	\$0.00
30-34	\$0.00	\$0.00
35-39	\$0.00	\$0.00
40-44	\$0.00	\$0.00
45-49	\$0.00	\$0.00
50-54	\$0.00	\$0.00
55-59	\$0.00	\$0.00
60-64	\$0.00	\$0.00
65-69	\$0.00	\$0.00
70-74	\$0.00	\$0.00
75+	\$0.00	\$0.00

How much Life insurance do you need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

*Includes a monthly AD&D rate of \$0.00 per \$1,000 of AD&D benefit.

**Includes a monthly AD&D rate of \$0.00 per \$1,000 of AD&D benefit for your spouse.

Employee Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of last January 1											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*	
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$000,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

* Coverage amounts for ages 00 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of last January 1											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*	
\$0,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
\$00,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

* Coverage amounts for ages 00 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life with AD&D Monthly Premiums

Coverage Amount	Premium
\$0,000	0.00
\$0,000	0.00
\$0,000	0.00
\$0,000	0.00
\$00,000	0.00

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of ABC Sample Co.
- Actively working at least 30 hours per week
- Insured for Basic Life insurance through The Standard

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life and AD&D insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. You may also choose to cover your child. Child means your child from live birth through age 00 (through age 00 if a registered student in full-time attendance at an accredited educational institution). Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must satisfy the eligibility requirements listed in the previous sections, receive medical underwriting approval (if applicable), apply for coverage and agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective. If you are not actively at work on the day before the scheduled effective date of your insurance, including any optional coverages, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human

resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including any optional coverages.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 00 percent at age 00, to 00 percent at age 00 and to 00 percent at age 00. Your spouse's coverage amount reduces by your age as follows: to 00 percent at age 00, to 00 percent at age 00 and to 00 percent at age 00. If you are age 00 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Basic and Additional Life premiums may be waived if you:

- Become totally disabled while insured under this plan
- Are under age 00, and
- Complete a waiting period of 180 days

If these conditions are met, your Basic and Additional Life insurance coverage may continue without cost until age 00, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for you or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

Voluntary AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under

certain circumstances)

- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependents Life with AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

SI 12506D-ALAA-000000 (2/16)
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Life Services Toolkit

Resources and tools to help you and your beneficiary meet life's challenges



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a Group Life policy from The Standard[‡] does more than help protect your family from financial hardship after a loss. We have partnered with Bensinger, DuPont and Associates (BDA) to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, beneficiaries can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a Group Life insurance policy from The Standard. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment. Life insurance beneficiaries¹ can access services for 12 months after the date of death.

Services to Help You Now

Visit the Life Services Toolkit website for information and tools to help you make important life decisions.

www.standard.com/mytoolkit with the username "assurance"



Estate-Planning Assistance: Online tools, found in the Legal Forms section, walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney, health care agent forms and living trusts.



Financial Planning: Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.



Health and Wellness: Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.



Identity Theft Prevention: Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.



Funeral Arrangements: Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Benefit, you may access the services for beneficiaries outlined on the next page.

[‡] The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

¹ The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates or charities.

Standard Insurance Company

The Standard Life Insurance Company of New York

www.standard.com

Life Services Toolkit
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Services for Your Beneficiary

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.
- **Legal Services:** Beneficiaries can obtain legal assistance from experienced attorneys.
 - They can schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed fee rates.
 - They can obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.
- **Financial Assistance:** Beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- **Support Services:** During an emotional time, beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- **Online Resources:** Beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.

For beneficiary services, visit www.standard.com/mytoolkit (User name = support) or call the phone assistance line at 800.387.5742.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company, 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York, 360 Hamilton Avenue, Suite 210, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

The Life Services Toolkit is provided through an arrangement with Bensinger, DuPont & Associates (BDA) and is not affiliated with The Standard. BDA is solely responsible for providing and administering the included service. This service is not an insurance product.

Travel Assistance

Explore the World with Confidence



Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance — and so are kids through age 25¹ — with your group insurance from The Standard.‡

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements



Emergency ticket, credit card and passport replacement, funds transfer and missing baggage



Connection to medical care providers and interpreter services



24/7/365 phone access to registered nurses for health and medication information, symptom decision support, and help understanding treatment options



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains²



Connection to a local attorney, consular officer or bail bond services



Logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability; for more complex situations, assists with making arrangements with providers of specialized security services

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

Contact Travel Assistance

800.527.0218

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

+1.410.453.6330

Everywhere else

Assistance@uhcglobal.com

www.standard.com/travel

¹ Travel Assistance is provided through an arrangement with UnitedHealthcare Global, which is not affiliated with The Standard, and is subject to the terms and conditions, including exclusions and limitations, of the Emergency Travel Assistance Program Employee Description. UnitedHealthcare Global is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product, except in Oregon. UnitedHealthcare Global is the marketing name for FrontierMEDEX, Inc. This service is only available while insured under The Standard's group policy.

² Must be arranged by UnitedHealthcare Global. Related medical services, medical supplies and a medical escort are covered where applicable and necessary.

Global Intelligence Center
www.standard.com/travel
Group #9061

Travel Assistance is available if you travel more than 100 miles from home or in a foreign country.

Contact

800.527.0218: United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda
+1.410.453.6330: Everywhere else
Assistance@uhcglobal.com



UnitedHealthcare Global is not responsible for the availability or results of any medical, legal, or transportation services. You are responsible for obtaining all services not directly provided by UnitedHealthcare Global and for the expenses associated with them. All services must be arranged by UnitedHealthcare Global. No claims for reimbursement will be accepted.

Standard Insurance Company

**The Standard Life Insurance
Company of New York**

www.standard.com

Travel Assistance
14684-D (12/15) SI/SNY EE



Group Short Term Disability Insurance

Group Short Term Disability (STD) insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this insurance is paid by ABC Sample Co.

Eligibility

Definition of a Member	You are a member if you are a regular employee of ABC Sample Co., actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Weekly Benefit	80 percent of the first \$0,000 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	\$0,000
Minimum Weekly Benefit	\$00
Benefit Waiting Period	Your weekly benefit becomes payable the first day you are disabled for disability caused by accidental injury and the first day you are disabled for disability caused by physical disease, pregnancy or mental disorder.
Definition of Disability	<p>For the benefit waiting period and while the STD benefits are payable, you are considered disabled if you:</p> <ul style="list-style-type: none">• Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation, and• Suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation <p>You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p> <p>You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your predisability earnings.</p>

Maximum Benefit Period

00 days

Other Features and Services

- Reasonable Accommodation Expense Benefit
- Return to Work Incentive
- Temporary Recovery Provision

This information is only a brief description of the group STD insurance policy sponsored by ABC Sample Co. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and ABC Sample Co. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

[SI 13275D-000000 \(2/16\)](#)

0-29925



Group Long Term Disability Insurance

Group Long Term Disability (LTD) insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by ABC Sample Co.

Eligibility

Definition of a Member	You are a member if you are a regular employee of ABC Sample Co., actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Monthly Benefit	00 percent of the first \$00,000 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$00,000
Minimum Monthly Benefit	\$000
Benefit Waiting Period	00 days
Definition of Disability	<p>For the benefit waiting period and to the end of the maximum benefit period that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none">• You are unable to perform with reasonable continuity the material duties of your own occupation, and• You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation. <p>You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p>

Maximum Benefit Period

If you become disabled before age 62, LTD benefits may continue until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while LTD benefits are payable

This information is only a brief description of the group LTD insurance policy sponsored by ABC Sample Co. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and ABC Sample Co. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

SI 13271D-000000 (2/16)

0-29928

A Helping Hand When You Need It

Rely on the support, guidance and resources of your Employee Assistance Program.












There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program* (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from The Standard.† It's confidential — information will be released only with your permission or as required by law.

With EAP, assistance is immediate and personal with no hand-offs.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

-  Emotional well-being
-  Addictions such as alcohol and drug abuse
-  Life improvement and goal-setting
-  Family, marital and other relationship issues
-  Stress or anxiety with work or family
-  Depression, grief, loss and emotional well-being
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation

WorkLife Services

WorkLife Services are provided in connection with your insurance coverage. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit www.eapbda.com to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

* The EAP service is provided through an arrangement with Bensinger, DuPont & Associates (BDA), which is not affiliated with The Standard. BDA is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

† The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 360 Hamilton Avenue, Suite 210, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

Contact EAP

888.293.6948

TDD: 800.327.1833

24 hours a day, seven days a week

www.eapbda.com

Enter **standard** as the login ID and **eap4u** as the password

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

Standard Insurance Company

The Standard Life Insurance Company of New York

www.standard.com

Employee Assistance Program-3
17201-D (12/15) SI/SNY EE

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To Be Completed By Human Resources

Group Number 000000	Division	Billing Category	Date of Employment
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To Be Completed By Applicant

- Apply for Coverage
 Name Change Former Name _____
 Add Dependent
 Delete Dependent Date of Add/Delete _____
 Reinstatement
 Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	ZIP
Phone Number	Job Title/Occupation		
Employer Name ABC Sample Co.	Hours Worked Per Week	Are you Actively At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Earnings \$ _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
Have you or your Spouse used tobacco in any form in the last 12 months? You <input type="checkbox"/> Yes <input type="checkbox"/> No Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse Full Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

<p>Life and Accidental Death and Dismemberment (AD&D) Insurance</p> <input checked="" type="checkbox"/> Basic Life with AD&D (Employer Paid) <input type="checkbox"/> Additional Life (Employee Paid) requested amount \$ _____

<p>Dependents Life Insurance</p> <input type="checkbox"/> Spouse Life requested amount \$ _____ <input type="checkbox"/> Child(ren) Life requested amount \$ _____
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<p>Short Term Disability Insurance</p> <input checked="" type="checkbox"/> Short Term Disability (Employer Paid)

Your Full Name

Long Term Disability Insurance
 Long Term Disability (Employer Paid)

Accident Insurance
 You only You and your Spouse You and your Child(ren) (no Spouse) You, your Spouse and your Child(ren)

Critical Illness Insurance
If the coverage option you select requires Evidence Of Insurability, please complete the questions below for you and/or your Spouse.
 Employee* requested amount \$ _____
 Spouse requested amount \$ _____

*Eligible child(ren) are automatically covered at 25% of your Coverage Amount.		You		Spouse	
		Yes	No	Yes	No
1.	In the past 12 months have you or your Spouse had any symptom or been informed by a medical professional of any abnormal test result which resulted in a recommendation to have any diagnostic test or procedure which has not yet been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a medical professional ever diagnosed you or your Spouse as having or prescribed medication for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) antibodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having: <ul style="list-style-type: none"> diabetes (other than during pregnancy); heart disorder; angina; arterial disease; heart attack; angioplasty; coronary artery bypass; high blood pressure (hypertension) treated with three (3) or more medications; rheumatic fever; stroke; transient ischemic attack; renal disease (excluding kidney stone or urinary tract infection); pancreas disorder; liver cirrhosis; hepatitis (excluding hepatitis A); benign brain tumor; systemic lupus; muscular dystrophy; poliomyelitis; osteomyelitis or neurological disorder? Addison's disease; sickle cell anemia; hemophilia; paralysis; organ transplant; tuberculosis; or lung disease (excluding asthma or acute pneumonia)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having cancer or malignancy (excluding non-melanoma skin cancer); bone marrow disorder, ulcerative colitis or Crohn's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having: glaucoma; retinitis pigmentosa or macular degeneration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	In the past 10 years, have you or your Spouse had, been treated for or been diagnosed by a medical professional as having: Alzheimer's disease; dementia; multiple sclerosis; Amyotrophic Lateral Sclerosis (ALS) or Parkinson's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Full Name

Beneficiary
This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. This designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary Full Name	Address	Relationship	% of Benefit <i>Total must equal 100%</i>
Contingent Full Name	Address	Relationship	% of Benefit <i>Total must equal 100%</i>

Consent To Electronic Transactions

Pursuant to applicable state and federal electronic transaction laws, I consent to sending and receiving electronic records and to the use of electronic signatures. This consent applies to information, documents, including but not limited to, forms, applications, statements, claims, cancellation and nonrenewal notices where permitted by law, privacy notices or other communications made or exchanged under any plans, insurance policies or products offered or administered by Standard Insurance Company (The Standard). These electronic documents and communications may be sent to the email address I provide and in some cases may be made available to me at a website portal with notification at the email address I provide.

I understand that I will need to have web browser software and Adobe® Reader® software on a computer capable of accessing the Internet and a valid email address to access and retain these electronic records. A confirmation email will be sent from CustomerService@Standard.com to the email address that I provide below. I will click on the link provided in that email to confirm my email address and electronic delivery election, and will add CustomerService@Standard.com to my safe senders list to ensure the email is not blocked or sent to a spam folder. I may request a paper version of any of the electronically furnished documents at any time by contacting The Standard at 866.851.2429 and the document will be provided. There may be a charge for a paper version of certain documents. I will inform The Standard at CustomerService@Standard.com if my email address changes or if I prefer to receive communications at a different email address. In addition, I may withdraw this consent at any time by notifying The Standard by email at CustomerService@Standard.com or at 866.851.2429 that I no longer consent to sending and receiving electronic records or to the use of electronic signatures. The withdrawal of my consent shall be effective no later than ten business days after receipt of the withdrawal by The Standard. Withdrawing consent to receive information and documents electronically may result in a charge for a paper version of certain documents.

The Standard may choose to offer additional online services in the future that it will provide under terms and conditions other than or in addition to those described above. Therefore, as a condition of accessing or receiving those additional services, I may be asked to agree to different or additional terms and conditions.

I agree and consent to the terms and conditions set forth in this Consent to Electronic Transactions section, including, but not limited to, the use of electronic signatures. I agree to receive all mailings and communications electronically at the email address provided below.

Email Address

Your Full Name

For Accident and Critical Illness Insurance:
These benefits are under limited benefit insurance policies. These policies are a supplement to health insurance and are not a substitute for major medical coverage. They are not intended to satisfy the individual mandate of the Affordable Care Act (ACA) or provide the minimum essential coverage required by the ACA. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Signature
I wish to make the choices indicated on this form, including, if applicable, consent to the terms and conditions set forth in the Consent to Electronic Transactions section. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein, including, if applicable, those made in response to the Evidence Of Insurability questions, are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)		Date
Enroller (If applicable)	Enroller ID	Date

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 - Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 - If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 - If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

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About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

Enrollment Booklet
SI **16891D**-000000 2/16
0-29906



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by ABC Company, Inc.

Eligibility

Definition of a Member	You are a member if you are an active employee of ABC Company, Inc. and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$00,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 00 percent at age 00, to 00 percent at age 00 and to 00 percent at age 00.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by ABC Company, Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and ABC Company, Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

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www.standard.com

SI 13279D-000000 (1/16)
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