

BENEFITS STATEMENT SERVICE AGREEMENT

This service agreement authorizes Colonial Life & Accident Insurance Company, hereafter known as Colonial, whose primary address and phone number are; **1200 Colonial Life Boulevard**
Columbia, SC 29210
(803) 798-7000

to prepare benefits statements for each participating employee of the client company.

CLIENT COMPANY

Company Name: Nassau County Board of County Commissioners Phone Number: (904) 321-5700
 Street: P.O. Box 1010 City: Fernandina Beach State: FL Zip: 32035
 Company Contact: Walter D. Gossett Title: County Coordinator Phone Number: (904) 321-5782

CONTRACT CLAUSES

It is agreed that Colonial shall produce a personalized benefits statement for each participating employee of the client company. It is also agreed that Colonial shall furnish a proof of numbers and text for the benefits statements for review and approval prior to the individual communication sessions held with each participating employee.

All employee census data and related benefit information shall be furnished to Colonial by the client company. This data must be submitted at least four (4) weeks prior to the start of benefit communication sessions. This time limit may be modified should such a modification meet with the mutual agreement of both the client company and Colonial. If the four-week time limit is not met, and modification not agreed upon, this agreement may be canceled by Colonial.

Colonial agrees to exercise reasonable care and caution in reporting all data contained in the benefits statements. However, Colonial makes no expressed or implied guarantee as to the accuracy of the reports. The client company, therefore, agrees to check all data supplied in the proof copy for content and accuracy.

CONFIDENTIALITY STATEMENT

All data obtained by Colonial from the client company shall be held in confidence and shall not be made known to other person, parties or businesses without written permission from the client company.

Pricing Structure

Number of Employees	Price per Employee
1-100	\$3.25 (per 100 employees)
101-500	\$2.50 (per 100 employees)
501-1,000	\$1.75 (per 100 employees)
1,001 or greater	\$0.75 (per 100 employees)

*Minimum fee of \$250.

Example of fee computation for 300 person company: $100 * \$3.25 = \325
 $+ 200 * \$2.50 = \500
Total Fee = \$825

CLIENT COMPANY AUTHORIZATION

Name (print): John A. Crawford, Chairman Date: 4/28/97

Number of Employees: 412 Contract Price: \$.25/participant/month

Signature: [Signature] Title: Chairman, Nassau County Board of County Commissioners

Michael S. Mullin
 County Attorney

APPROVED
 DATE 4/28/97

White copy-Colonial Life & Accident Insurance Company Yellow copy-Client Pink copy-Colonial Representative

Nenna + Sincero