

**STANDARD INSURANCE COMPANY**  
Employee Benefits - Regional Accounts  
900 SW Fifth Ave. Portland, OR 97204-1282

**Application for Group Insurance**  
**For Use in Florida**

Please type or print

REQUESTED EFFECTIVE DATE 10/1/06

**APPLICANT**

Full Legal Name of Group (Exactly as it is to be shown in the policy.)

Nassau County

Street Address 96161 Nassau Place

City Yulee

State FL

Zip Code 32097

Phone Number (904) 321-5908

FAX Number (904) 321-5926

Group Contact Chili Pope

Contact's Title Human Resources Director

Contact's Phone No. if different ( )

Contact's FAX No. if different ( )

Nature of Business government municipality

**INSURANCE COVERAGE REQUESTED**

- Life Only
- Life & AD&D
- Dependent Life
- Supplemental Life
- Additional/Optional Life
- Stand Alone AD&D
- Dental/Employees
- Dental/Employees and Dep(s)
- Dental/Orthodontia
- LTD
- STD
- LTD with Transitional Duty Agreement

**OTHER INSURANCE**

A. Does this insurance supplement other insurance?  Yes  No

If yes, specify for each line of coverage and Insurance Carrier:

B. Does this insurance replace existing insurance?  Yes  No

If yes, specify for each existing line of coverage: Jefferson Pilot, Basic, ADD, Voluntary, Dependent Life

• Please submit a copy of each inforce policy, certificate or plan document.

Effective date of Prior Plan: 1990 Termination date of Prior Plan: 9/30/06

**ACTIVE WORK REQUIREMENT:** A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements.

Initial: JS Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier. The Active Work requirement does not apply to Dental coverage.

**APPLICANT AGREES THAT:** I hereby apply for Group Insurance as provided in the attached proposal.

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance. If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application, including the attached proposal, is made a part of the Group Policy.

Applicant authorizes the agent, broker of record, or consultant to receive information regarding the applicant's claims status and experience that the applicant has a right to receive and which is reasonably necessary to assist the applicant in conducting a review of the information.

**Fraud Notice:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Jim B. Higginbotham  
Signature and Title of Applicant's Authorized Representative

Vice Chairman, Nassau County BOCC  
Jim B. Higginbotham

Conny Carter  
Signature of Witness

[Signature]  
Signature of Licensed Agent (where required by law)

LOW BRYAN  
(Print)

8/28/06  
Date


AD 3316  
License #

(Must be signed prior to the requested effective date.)

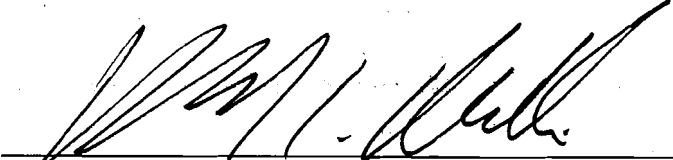
Initial Deposit \$ \_\_\_\_\_

STANDARD INSURANCE COMPANY APPLICATION FORM  
EMPLOYEE LIFE INSURANCE

ATTEST:

  
\_\_\_\_\_  
John A. Crawford  
EX-OFFICIO CLERK

APPROVED AS TO FORM BY THE  
NASSAU COUNTY ATTORNEY

  
\_\_\_\_\_  
MICHAEL S. MULLIN

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**Receipt for Initial Deposit**

Received from \_\_\_\_\_, an initial deposit of  
\$ \_\_\_\_\_\* in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date \_\_\_\_\_

*This receipt is subject to the terms and conditions on the reverse side.*

Received By

Name

Title

\*All premium checks must be made payable to Standard Insurance Company.  
Do not make check payable to the agent or leave payee blank.

**Terms of Receipt (Please read carefully.)**

*If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.*

*Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.*

*No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard insurance Company.*

*Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.*

*The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.*

*This Application, including the attached proposal, is made a part of The Group Policy.*

## NEW GROUP SUBMISSION CHECKLIST

General Information

- Completed *Application for Insurance*. Complete legal name and effective date must be included on the application. Verify that *Actively at Work* section has been initialed by the group and that all prior policy information is included where requested.
- Complete census listing. Census should contain Social Security Number, State of Employment, Full Name, Gender, Date of Birth, Date of Hire, Job Title and Salary information. Individual applications are not required for non-contributory Life, LTD and STD plans BUT should be completed for beneficiary information and retained at the employer. **Dental and Contributory Coverages:** coverage elections should be indicated on census listing AND individual applications (for ALL eligible employees) completed and submitted with Master Application.
- First month's binder premium inclusive of optional features selection on each line of coverage. Prior carrier's contract for ALL replacement coverages. Prior billings should accompany contributory coverage replacement.
- Copy of sold proposal (with election of any proposed optional features).
- Employer Tax ID Number: 591863042
- Confirmation of Group's Organizational Type (Circle appropriate type):  

<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Local Govt
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- Number of Required Minimum hours for eligibility if other than 30 hours per week: 20 hrs
- Eligibility Waiting Period: (time period a member must wait until they are eligible to participate in the Group benefits):
  1. Time period (30 days, 60 days, etc.) 1<sup>st</sup> mo > 90 days (Date of hire for elected OR contract employees)
  2. Please indicate whether the actual eligibility date is the  day following completion of this time period OR the  of the month following completion of this time period.
  3. Will the waiting period be waived on the effective date of coverage for those employees still serving this waiting period? no
- Complete LEGAL name and address of each affiliate company (if applicable). Please attach separate sheet. N/A
- In general, groups of 100+ enrolled lives will receive a summary billing and groups less than 100 lives will receive a list billing. Some variance and flexibility to these parameters is available but must be addressed with the Sales Office ASAP to avoid delays in processing. Nassau County Requires a list billing each month.
- Complete name and title of each of the following group contacts (Can be one person for all):

Contact Type	Name	Title	Phone/Fax
Executive	Chili A. Pope	HR Director	321-5908 / 321-5926
Billing			
Claims	Gail Dietz	Benefits Spec.	same as above
	Tina Keiter	HR Specialist	
Others			

- Customarily, formal documents are delivered through *AdminEASE*, Standard's online administration manual.
- Please verify internet access is available to group contact: Gail Dietz
- Please provide email addresses for group contact(s): c.pope@nassaucountyfl.com  
gdietz@nassaucountyfl.com  
tkeiter@nassaucountyfl.com

<b>Earnings</b>	<p>Earnings definition will automatically include base salary, commissions averaged over 12 months, shift differential pay, Internal Revenue Code 401(k), 403(b), or 457 deferred compensation, executive nonqualified deferred compensation and contributions to fringe benefits under Internal Revenue Code Section 125 plan, 408P earnings will be included in LTD and STD only, and partnership earnings will always be included except for public groups.</p> <p> <input type="checkbox"/> Normal wording as stated above  <input type="checkbox"/> Commissions not included  <input checked="" type="checkbox"/> Base salary only (does not include commissions or shift differential.)  <input type="checkbox"/> S-Corp/Limited Liability/ Partnership wording         </p> <p>If any other compensation is to be included or excluded, describe:</p> <p> <input type="checkbox"/> Include Bonuses averaged over 36 months? _____  <input type="checkbox"/> Include all Bonuses on census         </p>
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<b>Life</b>	<p> <input type="checkbox"/> Are retirees included?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No          1. If so, is AD&amp;D also included?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No          2. Do normal age reductions apply to retirees?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No       </p> <p>If not, what are the reductions, if any? <u>see attached spd</u></p>
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<b>Additional Life</b>	<p> <input checked="" type="checkbox"/> Verify Additional Life Amounts _____  <input checked="" type="checkbox"/> Guarantee Issue Amount _____       </p> <p> <input checked="" type="checkbox"/> Verify Spouse and Child amounts if applicable. _____  <input checked="" type="checkbox"/> Guarantee Issue Amount _____       </p> <p> <input type="checkbox"/> Obtain a previous bill to determine in force amounts if applicable.  <input type="checkbox"/> Include all EOI forms for late enrollees and amounts above plan Guarantee Issue amount       </p> <p> <input checked="" type="checkbox"/> Will employees age on Jan.1 or on the policy anniversary date? <u>on policy anniversary date only</u>  <input checked="" type="checkbox"/> For Additional Spouse Life (if applicable), is premium based on Employee Age or Spouse Age? <u>Spouse</u> </p>
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<b>STD</b>	<p> <input type="checkbox"/> Are members eligible for income from sick leave plan if they become disabled? _____ <span style="float: right;">N/A</span>          1. If so, is sick leave payable in addition to STD benefit to a maximum combined benefit of 100%? _____  <input type="checkbox"/> Is Standard administering FICA for this group? _____ (Please include appropriate forms). An additional charge may apply. Please check with Standard Sales Representative.       </p>
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<b>LTD</b>	<p> <del>Are members eligible for income from any of the following sources if they become disabled?</del> </p> <p> <input type="checkbox"/> Social Security or similar plans  <input type="checkbox"/> Public Employees Retirement System Benefits  <input type="checkbox"/> State Teachers Retirement System Benefits  <input type="checkbox"/> State Disability Income Benefits (UCD, SDI, TDB, TDI, DBL, or other)  <input type="checkbox"/> Other pension, retirement, or disability benefits.  <input type="checkbox"/> Workers Compensation Benefits  <input type="checkbox"/> Employer sponsored individual disability plans       </p> <p style="text-align: right;">N/A</p>
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<b>Dental</b>	<p> <input type="checkbox"/> Are we replacing a group dental plan? <u>N/D</u> If yes, please provide prior policy information (full certificate or plan document).  <input type="checkbox"/> Will Standard be Administering the groups COBRA? _____ (no additional cost. Additional paperwork required)  <input type="checkbox"/> What is the Percentage of Premium paid by the employer? _____  <input type="checkbox"/> Is the dental plan tied to the medical? _____       </p> <p style="text-align: right;">N/A</p>
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