

CS-16-11



Request for Group Insurance Amendment

Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204-1282

Employee Benefits Consultant: Jarod Hayer
Employee Benefits Service Representative: Alison Brogan
Employee Benefits Sales and Service Office: Tampa

Employer Name: NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
Group Number: 645195

As an authorized representative of the Employer, I request that Standard Insurance Company ("The Standard") amend the above Employer's coverage under the Group Policy to make the following change(s):

Lower rates for Basic Life Classes 1-3, Additional Life, Spouse Life, and LTD, per attached proposal.
Increase Additional Life GI to \$200,000.

Add a one-time open enrollment: Enrolled Members and Spouses may increase to GI. Members not enrolled may enroll for up to \$50,000; Spouses not enrolled may enroll for up to \$30,000. Children may be enrolled up to plan maximum without EOI.

Add a one-time open enrollment to LTD.

The enrollment periods will be 8/1/2016 through 8/31/2016.

Correct policy to show age-graded Spouse Life rates are based on the Spouse's age.

I request that the amendment become effective on 10/01/2016. I understand that the amendment will not become effective unless approved and issued by The Standard.

I request that the amendment be approved by The Standard subject to The Standard's usual underwriting requirements, including, if applicable, Evidence of Insurability or a Pre-existing Condition provision.

I understand that the amendment, if approved by The Standard, will be issued in the policy language customarily used by The Standard.

I understand that any increase in Insurance for a Member who is not Actively At Work all day on the Member's last regular work day before the scheduled effective date of the amendment will be deferred until the first day after the Member completes one full day of Active Work.

I request that the amendment, if approved and issued by The Standard, become effective by its terms without any further acceptance by the Employer, and that a copy of this Request for Group Insurance Amendment form be attached to and made a part of the amendment.

Sign Name: Walter J. Boatright Title: Chairman
Authorized Representative

Print Name: Walter J. Boatright Date: 9-12-16

Appendix II

Request for Medical Proposal (RFP) for the Nassau County Board of County Commissioners

Plan Provision for Ancillary:

Basic Life and AD&D, Voluntary Life and AD&D, Long Term Disability, Worksite

| Basic Life and AD&D | | |
|-------------------------------|---|------------------------|
| | Current | Proposed |
| Benefit Amount | \$10,000 (\$20,000 if death is the result of an accident) | Same (we are in-force) |
| Rate Summary | | |
| Basic Life - Active Members | \$0.09 per \$1000 of Benefit | 0.072 |
| Basic Life - Retiree Option 1 | \$1.10 per \$1000 of Benefit | 1.1 |
| Basic Life - Retiree Option 2 | \$1.10 per \$1000 of Benefit | 1.1 |
| Basic AD&D | \$0.02 per \$1000 of Benefit | 0.02 |

| Voluntary Life and AD&D | | |
|--|--|--|
| | Current Plan | Proposed Plan |
| Benefit Amount - Employee | \$10,000 increments up to \$300,000 maximum | \$10,000 increments up to \$300,000 maximum |
| Benefit Amount - Spouse | Minimum \$10,000. Maximum: \$150,000. Not to exceed 50% of the employee's election | Minimum \$10,000. Maximum: \$150,000. Not to exceed 50% of the employee's election |
| Benefit Amount - Child | \$10,000 | |
| Guarantee Issue - Employee | \$100,000 | \$200,000 (we are increasing GI) |
| Guarantee Issue - Spouse | \$50,000 | \$50,000 |
| Guarantee Issue - Child | \$10,000 | \$10,000 |
| Loss of one hand or foot or sign in one eye, speech, or hearing in both ears | 50% | 50% |
| Two or more of the losses listed above or quadriplegia | 100% | 100% |
| Thumb and index finger of the same hand | 25% | 25% |
| Hemiplegia, or Paraplegia | 50% | 50% |
| Benefit Reduction Schedule: | | |
| Age 70 | Reduces to 65% of original amount | Reduces to 65% of original amount |
| Age 75 | Reduces to 50% of original amount | Reduces to 50% of original amount |
| Rates | See appendix | See Quote |
| < Age 30 | | 0.054 |
| 30 - 34 | | 0.064 |
| 35 - 39 | | 0.072 |
| 40 - 44 | | 0.118 |
| 45 - 49 | | 0.228 |
| 50 - 54 | | 0.346 |
| 55 - 59 | | 0.664 |
| 60 - 64 | | 0.946 |
| 65 - 69 | | 1.501 |

| Long Term Disability 90 (Begins after 90 days) | | |
|---|---|---|
| | Current | Proposed |
| Benefit Percentage | 60% | 60% |
| Monthly Benefit Maximum | \$8,000 | \$8,000 |
| Benefit Duration | 24 months own occupation. After 24 months, the benefit will offset if you are capable of earning income performing duties other than your own occupation. If you are totally disabled from earning any income then the benefit amount may continue to Age 65. | 24 months own occupation. After 24 months, the benefit will offset if you are capable of earning income performing duties other than your own occupation. If you are totally disabled from earning any income then the benefit amount may continue to Age 65. |
| Rates (Age as of October 1) per \$100 of monthly earnings | | See Quote |
| < 30 | \$0.136 | 0.116 |

| | | |
|---------|---------|-------|
| 30 - 34 | \$0.215 | 0.183 |
| 35 - 39 | \$0.350 | 0.298 |
| 40 - 44 | \$0.509 | 0.433 |
| 45 - 49 | \$0.735 | 0.625 |
| 50 - 54 | \$1.096 | 0.932 |
| 55 - 59 | \$1.458 | 1.239 |
| 60 - 64 | \$1.480 | 1.258 |

| Long Term Disability 180 (Begins after 180 days) | | |
|---|---|---|
| | Current | Proposed |
| Benefit Percentage | 60% | 60% |
| Monthly Benefit Maximum | \$8,000 | \$8,000 |
| Benefit Duration | 24 months own occupation. After 24 months, the benefit will offset if you are capable of earning income performing duties other than your own occupation. If you are totally disabled from earning any income then the benefit amount may continue to Age 65. | 24 months own occupation. After 24 months, the benefit will offset if you are capable of earning income performing duties other than your own occupation. If you are totally disabled from earning any income then the benefit amount may continue to Age 65. |
| Rates (Age as of October 1) per \$100 of monthly earnings | | See Quote |
| < 30 | \$0.068 | 0.058 |
| 30 - 34 | \$0.147 | 0.125 |
| 35 - 39 | \$0.260 | 0.221 |
| 40 - 44 | \$0.384 | 0.326 |
| 45 - 49 | \$0.565 | 0.48 |
| 50 - 54 | \$0.836 | 0.711 |
| 55 - 59 | \$1.096 | 0.932 |
| 60 - 64 | \$1.074 | 0.913 |

| | |
|-------------------------|-------------------------------|
| Rate Guarantee End Date | 36 or 39 months - your choice |
|-------------------------|-------------------------------|

Employee Benefits Proposal and Cost Summary

Prepared for NASSAU COUNTY BOARD OF COUNTY
COMMISSIONERS on June 7, 2016
Proposed Effective Date of October 1, 2016

Presented By:

Additional Life Plan 1**Covered Members**

An active employee of the Employer working 20 hours per week

Plan

| | |
|------------------------------------|---|
| Benefit Formula | Increments of \$10,000 to a maximum of \$300,000 with a minimum of \$10,000 |
| Minimum Benefit | \$10,000 |
| Age Based Benefit Reduction | To 65% at age 70; To 50% at age 75 |
| Guarantee Issue | \$200,000 |
| Employer Contribution | 0% |

Cost

| | Members | Age | Rate: Per \$1,000 | X | Volume | = | Monthly Premium |
|---------------------|----------------|------------|--------------------------|----------|---------------|----------|------------------------|
| All Enrolled | 53 | <= 29 | 0.054 | | \$5,260,000 | | \$284 |
| | 55 | 30-34 | 0.064 | | \$5,430,000 | | \$348 |
| | 35 | 35-39 | 0.072 | | \$3,970,000 | | \$286 |
| | 76 | 40-44 | 0.118 | | \$9,680,000 | | \$1,142 |
| | 84 | 45-49 | 0.228 | | \$10,240,000 | | \$2,335 |
| | 55 | 50-54 | 0.346 | | \$4,930,000 | | \$1,706 |
| | 48 | 55-59 | 0.664 | | \$3,820,000 | | \$2,536 |
| | 28 | 60-64 | 0.946 | | \$1,760,000 | | \$1,665 |
| | 18 | 65-69 | 1.501 | | \$1,020,000 | | \$1,531 |
| | 4 | 70-74 | 2.593 | | \$143,000 | | \$371 |
| | 0 | 75 + | 3.411 | | \$0 | | \$0 |
| Total | | | | | | | \$12,203 |

- We provide policyholders with a 60-day notice of rate change.

Employee Benefits Proposal and Cost Summary

Prepared for NASSAU COUNTY BOARD OF COUNTY
COMMISSIONERS on June 7, 2016
Proposed Effective Date of October 1, 2016

Presented By:

Additional AD&D Plan 1

A benefit on the Additional Life Plan

Covered Members

An active employee of the Employer working 20 hours per week

Plan

| | |
|------------------------------------|---|
| Benefit Formula | Increments of \$10,000 to a maximum of \$300,000 with a minimum of \$10,000 |
| Minimum Benefit | \$10,000 |
| Age Based Benefit Reduction | To 65% at age 70; To 50% at age 75 |
| Employer Contribution | 0% |

Cost

| | | Members | Volume | X Rate: Per \$1,000 | = | Premium |
|---------------------|-----------------|----------------|---------------|----------------------------|----------|----------------|
| All Enrolled | AD&D | 456 | \$46,253,000 | 0.03 | | \$1,388 |
| Total | | | | | | \$1,388 |

Features

- A Family Benefits Package is included. It provides extra AD&D benefits to help families transition due to the loss of an insured member. The package includes a Child Care Benefit (child care expense reimbursement for children under age 13); a Career Adjustment Benefit (education expense reimbursement for spouses); and a Higher Education Benefit (college expense reimbursement for children).

Plan Notes

- A Seat Belt Benefit and an Air Bag Benefit are included. These provide additional benefits (100% of AD&D benefit to \$10,000 and 100% of AD&D benefit to \$5,000, respectively) if a member dies as a result of an automobile accident while using a seat belt system and where the automobile's air bag deployed at the time of the accident.