



Request for Group Insurance Amendment

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

Employee Benefits Consultant: Jackie Coningsby
Employee Benefits Service Representative: Alison Brogan
Employee Benefits Sales and Service Office: Tampa

Policyholder: City of Fort Lauderdale
Group Number: 754544

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):

Update the Plan 1 life insurance benefit to 1 times your annual earnings rounded to the next higher multiple of \$1,000 if not already a multiple of \$1,000 up to a maximum of \$300,000. Members will be enrolled in an amount of Plan 1 AD&D insurance equal to their Plan 1 life insurance benefit.

Remove class distinctions from the life and AD&D insurance policy. All Members will be eligible for Plan 1 and Plan 2 life insurance and AD&D insurance.

I request that the amendment become effective on 01/01/2019. 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: _____

Authorized Representative

Title: _____

City Manager

Print Name: _____

Lee R. Feldman

Date: _____

Nov. 26, 2018



Your Employee Benefits Proposal

Prepared for: City of Fort Lauderdale

Presented by: RHODES INS GROUP

Proposal Prepared on:
August 22, 2018

Life and AD&D Insurance

Proposed Effective Date:
January 1, 2019

Standard Insurance Company



CAM 18-1003
Exhibit 1
Page 1 of 5



Life and AD&D Insurance

Handling a Life insurance claim takes a special touch. All of our Life benefits employees complete annual grief training helping them to empathize with beneficiaries and recognize when they need special attention. And we're focused on settling claims quickly: Our average turnaround time in 2014 was four business days for clean claims and 16 days for all claims (internal company data as of January 2015).

Covered Members

An active employee of the Employer working 40 or more hours per week.

	Basic Plan 1
Benefit Schedule	1 x Annual Earnings
Rounding	Up to next \$1,000
Maximum Benefit	\$300,000
Guarantee Issue	Full Benefit
AD&D Benefit	Matches Life Benefit
Age Reduction Schedule	To 65% at age 70
Employer Contribution	100%
Minimum Participation	100%

Life Highlights

	Basic Plan 1
Waiver of Premium	Eligible to age 60 Waived to age 65
Conversion	Included
Portability	Included
Repatriation Benefit	Included
Travel Assistance	Included
Life Services Toolkit	Included

AD&D Highlights

	Basic Plan 1
Loss of life	100%
Loss of both hands, or both feet, or sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of sight of one eye and either one hand or one foot	100%
Loss of one hand or one foot	50%
Loss of sight of one eye	50%
Seat Belt Benefit	AD&D benefit payable up to \$10,000
Air Bag Benefit	AD&D benefit payable up to \$5,000
Family Benefits Package	Included
Portability	Included

Additional Plan Design Details

- An Accelerated Benefit is included. Terminally ill members may withdraw up to 75% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- If Life is sold with Standard's LTD, then the LTD claim will initiate a claim for Standard's Life Waiver of Premium.
- The Family Benefits Package includes:
 - The Higher Education Benefit reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.
 - Career Adjustment Benefit reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
 - Child Care Benefit reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.
- Travel Assistance is included and provides assistance with pre-trip planning, medical assistance services, emergency transportation services, travel and technical assistance services and legal services.
- The Life Services Toolkit is included and helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, and address financial concerns. Additionally, all covered employees will have access to online will preparation and other estate planning documents as well as articles to help deal with identity theft, improve wellness and more.
- The AD&D Occupational Assistance service is included and provides access to a Workplace Possibilities (SM) Consultant who helps those with a specified accidental dismemberment return to productive work and life.
- All other provisions of the existing plan remain unchanged.

Cost

Basic Plan 1	
Life	
Members	2,419
Volume	\$171,826,000
Rate: Per \$1,000	.045
Monthly Premium	\$7,732
AD&D	
Members	2,419
Volume	\$171,826,000
Rate: Per \$1,000	.015
Monthly Premium	\$2,577
Total Billed Premium	\$10,309
Rate Guarantee	Until 01-Jan-2021

Assumptions

- Rates include electronic documents. Printed certificates are available for an additional cost.
- Rates assume billing is centralized in one location.

Conditions

- Member must be insured under Basic Life in order to be eligible for Basic AD&D
- The elected benefit amount for Basic AD&D must match the benefit amount for Basic Life

More Information

For additional information on the available features and benefits of Life and AD&D Insurance from The Standard, click here:
<http://www.standard.com/group-life-add>



Producer Compensation Disclosure

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

No commissions included for Life.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit www.standard.com/compensation/eb/. Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

About This Employee Benefits Proposal

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on December 15, 2018, unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard 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.

Financial Strength Ratings

For information about our Financial strengths ratings visit www.standard.com/about



COMMISSION AGENDA ITEM
DOCUMENT ROUTING FORM

1006
11/27/18

Today's Date: November 20, 2018

DOCUMENT TITLE: Request for Group Insurance Amendment

COMM. MTG. DATE: 10/23/2018 CAM #: 18-1003 ITEM #: CM-6 CAM attached: ☒ YES ☐ NO

Routing Origin: HR/Risk/Benefits Router Name/Ext: Michael 5436 Action Summary attached: ☒ YES ☐ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real.

CIP FUNDED: ☐ YES ☐ NO

2) City Attorney's Office: Documents to be signed/routed? ☐ YES ☒ NO # of originals attached: 1
Is attached Granicus document Final? ☐ YES ☐ NO Approved as to Form: ☐ YES ☐ NO

Date to CCO: _____
Attorney's Name Initials

3) City Clerk's Office: # of originals: 1 Routed to: Lynette/City Clerk/x5014 Date: 11/20/2018

4) City Manager's Office: CMO LOG #: NOV-79 Document received from: 11/20/2018
Assigned to: L. FELDMAN ☒ S. HAWTHORNE ☐ C. LAGERBLOOM ☐
L. FELDMAN as CRA Executive Director ☐

☐ APPROVED FOR LEE FELDMAN'S SIGNATURE ☐ N/A FOR L. FELDMAN TO SIGN

PER ACM: S. HAWTHORNE _____ (Initial/Date) C. LAGERBLOOM _____ (Initial/Date)

☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward 1 originals to ☐ Mayor ☒ CCO Date: 11/26/2018

5) Mayor/CRA Chairman: Please sign as indicated. Forward _____ originals to CCO for attestation/City seal (as applicable) Date: _____

INSTRUCTIONS TO CITY CLERK'S OFFICE

City Clerk: Retains _____ original and forwards _____ originals to: Michael (Name/Dept/Ext)

Attach _____ certified Reso # _____ ☐ YES ☐ NO Original Route form to CAO