



## ADDENDUM 1

### RFP RM 53-19

#### Employee Life, Employee Vision, Employee Short-Term and Employee Long Term Disability Insurance

Date of Issue: April 10, 2019

Quote Submittal Deadline: The Bid Date and submission time has NOT CHANGED.

**This addendum includes the following attachments needed to form an accurate response to the RFP:**

Okaloosa County BOCC Experience Report (4 pgs)

Vision Benefits Summary (2 pgs)

Life Coverage Summary (6 pgs)

LTD Coverage Summary (6 pgs)

Okaloosa County BOCC Class 1 Life Certificate (34 pgs)

Okaloosa County BOCC Vision Certificate (24 pgs)

Okaloosa County LTD Certificate (26 pgs)

Okaloosa County BOCC Life, ADD, LTD claims as of 04/09/2019 (3pgs)

Life, ADD, LTD Vision Agent (1 pg)

Copy of Okaloosa County Life, LTD, ADD, Vision Census. (19 pgs)

(126 total pages of attachments)

EXPERIENCE REPORT

RUN DATE 04/03/2019

OKALOOSA CO BOARD OF COUNT  
Contract 649032

Term Life

From To	01/01/2017 12/31/2017	01/01/2018 12/31/2018	01/01/2019 03/31/2019	10/01/2014 03/31/2019
Earned Premium	166,592	122,994	35,497	751,414
<b>Incurred Claims</b>				
.Paid Claims	250,000	60,000	175,000	760,000
.Change in IBNR Reserves	-2,622	-6,702	0	28,936
.Change in Reported Reserves	-11,875	23,125	11,875	93,125
.Conversion Charges	0	0	0	0
<b>Incurred Claims</b>	<b>235,503</b>	<b>76,423</b>	<b>186,875</b>	<b>882,061</b>
<b>Expenses</b>				
.Commissions	3,963	4,261	1,115	19,567
.Fees	0	0	0	0
.Premium Tax	2,915	2,153	621	13,149
.Other Expenses	32,624	25,084	9,342	173,506
<b>Total Expenses</b>	<b>39,502</b>	<b>31,498</b>	<b>11,078</b>	<b>206,222</b>
<b>Result</b>	<b>-108,413</b>	<b>15,073</b>	<b>-162,456</b>	<b>-336,869</b>

YOUR PRODUCER MAY RECEIVE CONTINGENT COMPENSATION BASED ON THE AMOUNT OF PREMIUM YOU PAID. THE CONTINGENT COMPENSATION, IF ANY, IS NOT INCLUDED IN THIS REPORT BECAUSE THE STANDARD DOES NOT CHARGE TO YOUR EXPERIENCE THE AMOUNT PAID ON YOUR BEHALF. CONTINGENT COMPENSATION INFORMATION IS AVAILABLE UPON REQUEST.

Standard Insurance Company

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## EXPERIENCE REPORT

RUN DATE 04/03/2019

OKALOOSA CO BOARD OF COUNT  
Contract 649032

## Dependent Life

From	01/01/2017	01/01/2018	01/01/2019	10/01/2014
To	12/31/2017	12/31/2018	03/31/2019	03/31/2019
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Earned Premium	18,329	14,209	3,332	84,802
Incurred Claims				
.Paid Claims	41,250	25,000	50,000	326,250
.Change in IBNR Reserves	-159	-246	0	893
.Change in Reported Reserves	0	0	0	0
.Conversion Charges	0	0	0	0
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Incurred Claims	41,091	24,754	50,000	327,143
Expenses				
.Commissions	461	491	125	2,241
.Fees	0	0	0	0
.Premium Tax	322	248	57	1,482
.Other Expenses	3,799	3,168	1,380	23,030
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Total Expenses	4,582	3,907	1,562	26,753
Result	-27,344	-14,452	-48,230	-269,094

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EXPERIENCE REPORT

RUN DATE 04/03/2019

OKALOOSA CO BOARD OF COUNT  
Contract 649032

Accidental Death and Dismemberment

From To	01/01/2017 12/31/2017	01/01/2018 12/31/2018	01/01/2019 03/31/2019	10/01/2014 03/31/2019
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Earned Premium	13,166	10,443	4,399	57,723
Incurring Claims				
.Paid Claims	0	25,000	0	50,000
.Change in IBNR Reserves	11	-185	0	866
.Change in Reported Reserves	-15,000	0	0	0
.Conversion Charges	0	0	0	0
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Incurring Claims	-14,989	24,815	0	50,866
Expenses				
.Commissions	308	356	85	1,475
.Fees	0	0	0	0
.Premium Tax	231	183	77	1,011
.Other Expenses	2,281	2,692	822	14,027
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Total Expenses	2,820	3,231	984	16,513
Result	25,335	-17,603	3,415	-9,656

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Standard Insurance Company

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EXPERIENCE REPORT

RUN DATE 04/03/2019

OKALOOSA CO BOARD OF COUNT  
Contract 649032

Long Term Disability

From To	01/01/2017 12/31/2017	01/01/2018 12/31/2018	01/01/2019 03/31/2019	10/01/2014 03/31/2019
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Earned Premium	53,041	54,936	15,101	236,825
Incurring Claims				
.Paid Claims	61,998	-20,407	10,854	97,274
.Change in IBNR Reserves	6,054	-3,543	0	27,567
.Change in Reported Reserves	-58,580	34,215	7,909	137,527
.Employer Paid FICA	1	0	0	1
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Incurring Claims	9,473	10,264	18,763	262,368
Expenses				
.Commissions	4,493	5,282	1,731	21,150
.Fees	0	0	0	0
.Premium Tax	927	962	265	4,146
.Other Expenses	20,235	13,737	5,369	93,977
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Total Expenses	25,655	19,981	7,365	119,273
Result	17,913	24,691	-11,026	-144,816

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## Balanced Care Vision II Plan H Summary

	EyeMed Access Network	Out of Network
<b>Deductibles</b>		
	\$10 Exam	No deductible
	\$25 Eye Glass Lenses	
	Covered in full	Up to \$35
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
<b>Contacts</b>		
Elective/Medically Necessary	Up to \$115	Up to \$100
<b>Frames</b>	Up to \$110	Up to \$45
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

## Lens Options (participant cost)

	EyeMed Network	Out of Network
<b>Progressive Lenses</b>		No benefit
Standard	Standard: \$65 + lens deductible	
Premium	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	
<b>Std. Polycarbonate</b>	\$40	No benefit
<b>Tint (solid and gradient)</b>	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit
<b>Anti-Reflective Coating</b>	\$45	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

## Rates based on 24 pay periods

Employee (EE)	<b>\$3.74</b>
EE + Spouse	<b>\$8.06</b>
EE + Children	<b>\$6.50</b>
Family	<b>\$10.82</b>

## Additional Balanced Care Vision II H Features

<b>EyeMed In-Network Discounts</b>	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>EyeMed In-Network Secondary Purchase Plan</b>	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://EyeMedvisioncare.com">EyeMedvisioncare.com</a> for details.

## Eye Care Plan Participant Service

Balanced Care Vision II eye care from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

### EyeMed Customer Care Center: 1-866-939-3633

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: [standard.com](http://standard.com)

View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)

This form is a benefit highlight, not a certificate of insurance.



**Additional Life and Accidental Death and Dismemberment (AD&D) Insurance**

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children's education, and more in the event of your passing. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Okaloosa County Board of County Commissioners.

**Eligibility Requirements**

- Policy**
  - A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective
- Employee**
  - You must be insured for Basic Life through The Standard
  - You must be an active employee of Okaloosa County Board of County Commissioners working at least 30 hours each week
  - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
  - **You cannot be insured as both an employee and a dependent**
- Dependent**
  - You must elect Additional Life with AD&D insurance for yourself in order to elect Dependents Life insurance for your spouse and eligible child(ren)
  - Spouse means a person to whom you are legally married
  - Child means your child from live birth through age 20 (through age 24 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 children must not be full-time member(s) of the armed forces
- Premium**
  - You pay 100 percent of the premium for this coverage through easy payroll deduction

**Coverage Amount Guidelines**

Within the coverage amount guidelines shown below, you select the amount of Additional Life and Dependents Life insurance for which you are interested in applying.

	Minimum	Incremental Unit	Guarantee Issue Amount	Maximum
Employee	\$25,000	\$25,000	\$300,000	\$500,000
Spouse	\$5,000	\$5,000	\$25,000	\$250,000
Child	\$1,000	\$1,000	\$10,000	\$10,000

Note:

- Amounts of coverage elected above the Guarantee Issue amount are subject to medical underwriting approval. To submit a medical history statement online, visit: [http://www.standard.com/mybenefits/mhs\\_ho.html](http://www.standard.com/mybenefits/mhs_ho.html).
- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Additional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: <http://www.standard.com/lifeneeds>.



**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical 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, including Dependents Life 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 for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life and AD&D Age Reductions**

Under this plan, your coverage amount reduces by your age as follows: to 65 percent at age 65, to 40 percent at age 70, to 25 percent at age 75 and to 15 percent at age 80.

Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65, to 40 percent at age 70, to 25 percent at age 75 and to 15 percent at age 80.

If you, or your spouse, are age 65 or over, ask your human resources representative for the amount of coverage available.

**Life Insurance Exclusions**

This plan contains an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

**Life Insurance Features and Benefits**

Please see your human resources representative for additional information about the features and benefits below.

- Waiver of Premium**      If you become totally disabled while insured under this plan and under age 60, and complete a waiting period of 180 days, your Basic and Additional Life insurance may continue without premium payment until age 60 provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance.
- Accelerated Benefit**      If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.
- Portability**                If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.
- Conversion**                If your insurance ends or reduces, you may be eligible to convert your life insurance to an individual life insurance policy without submitting proof of good health.

**Additional AD&D Insurance Benefit Schedule**

The amount of the Additional AD&D benefit for loss of your life is equal to the amount payable for your Additional Life benefit on the date of the accident. The amount of the Additional AD&D benefit for other covered losses is a percentage of the amount payable for the Additional AD&D benefit on the date of the accident as shown below.

<b>Loss:</b>	<b>Percentage Payable:</b>
Loss of Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

**Additional AD&D Insurance Exclusions**

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- 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

**When Insurance Ends**

Coverage ends automatically on the earliest of the following:

- The last 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 (coverage 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
- For Additional AD&D insurance for you, the date your Additional life insurance ends

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

**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. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Employee Life with AD&D Semi-Monthly Premiums**

Coverage Amount	Employee's Age as of last October 1											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75-79*	80+*
\$25,000	1.00	1.13	1.50	2.13	3.50	5.38	7.25	11.88	11.94	11.80	14.63	8.78
\$50,000	2.00	2.25	3.00	4.25	7.00	10.75	14.50	23.75	23.89	23.60	29.25	17.55
\$75,000	3.00	3.38	4.50	6.38	10.50	16.13	21.75	35.63	35.83	35.40	43.88	26.33
\$100,000	4.00	4.50	6.00	8.50	14.00	21.50	29.00	47.50	47.78	47.20	58.50	35.10
\$125,000	5.00	5.63	7.50	10.63	17.50	26.88	36.25	59.38	59.72	59.00	73.13	43.88
\$150,000	6.00	6.75	9.00	12.75	21.00	32.25	43.50	71.25	71.66	70.80	87.75	52.65
\$175,000	7.00	7.88	10.50	14.88	24.50	37.63	50.75	83.13	83.61	82.60	102.38	61.43
\$200,000	8.00	9.00	12.00	17.00	28.00	43.00	58.00	95.00	95.55	94.40	117.00	70.20
\$225,000	9.00	10.13	13.50	19.13	31.50	48.38	65.25	106.88	107.49	106.20	131.63	78.98
\$250,000	10.00	11.25	15.00	21.25	35.00	53.75	72.50	118.75	119.44	118.00	146.25	87.75
\$275,000	11.00	12.38	16.50	23.38	38.50	59.13	79.75	130.63	131.38	129.80	160.88	96.53
\$300,000	12.00	13.50	18.00	25.50	42.00	64.50	87.00	142.50	143.33	141.60	175.50	105.30
\$325,000	13.00	14.63	19.50	27.63	45.50	69.88	94.25	154.38	155.27	153.40	190.13	114.08
\$350,000	14.00	15.75	21.00	29.75	49.00	75.25	101.50	166.25	167.21	165.20	204.75	122.85
\$375,000	15.00	16.88	22.50	31.88	52.50	80.63	108.75	178.13	179.16	177.00	219.38	131.63
\$400,000	16.00	18.00	24.00	34.00	56.00	86.00	116.00	190.00	191.10	188.80	234.00	140.40
\$425,000	17.00	19.13	25.50	36.13	59.50	91.38	123.25	201.88	203.04	200.60	248.63	149.18
\$450,000	18.00	20.25	27.00	38.25	63.00	96.75	130.50	213.75	214.99	212.40	263.25	157.95
\$475,000	19.00	21.38	28.50	40.38	66.50	102.13	137.75	225.63	226.93	224.20	277.88	166.73
\$500,000	20.00	22.50	30.00	42.50	70.00	107.50	145.00	237.50	238.88	236.00	292.50	175.50

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

**Child Life Semi-Monthly Premiums\***

Coverage Amount	Premium
\$1,000	0.05
\$2,000	0.10
\$3,000	0.15
\$4,000	0.20
\$5,000	0.25
\$6,000	0.30
\$7,000	0.35
\$8,000	0.40
\$9,000	0.45
\$10,000	0.50

\* Regardless of the number of eligible children covered.

**Spouse Life Semi-Monthly Premiums**

Coverage Amount	Employee's Age as of October 1, 2014												
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75-79*	80+*	
\$5,000	0.15	0.18	0.25	0.38	0.65	1.03	1.40	2.33	2.36	2.34	2.91	1.75	
\$10,000	0.30	0.35	0.50	0.75	1.30	2.05	2.80	4.65	4.71	4.68	5.83	3.50	
\$15,000	0.45	0.53	0.75	1.13	1.95	3.08	4.20	6.98	7.07	7.02	8.74	5.24	
\$20,000	0.60	0.70	1.00	1.50	2.60	4.10	5.60	9.30	9.43	9.36	11.65	6.99	
\$25,000	0.75	0.88	1.25	1.88	3.25	5.13	7.00	11.63	11.78	11.70	14.56	8.74	
\$30,000	0.90	1.05	1.50	2.25	3.90	6.15	8.40	13.95	14.14	14.04	17.48	10.49	
\$35,000	1.05	1.23	1.75	2.63	4.55	7.18	9.80	16.28	16.49	16.38	20.39	12.23	
\$40,000	1.20	1.40	2.00	3.00	5.20	8.20	11.20	18.60	18.85	18.72	23.30	13.98	
\$45,000	1.35	1.58	2.25	3.38	5.85	9.23	12.60	20.93	21.21	21.06	26.21	15.73	
\$50,000	1.50	1.75	2.50	3.75	6.50	10.25	14.00	23.25	23.56	23.40	29.13	17.48	
\$55,000	1.65	1.93	2.75	4.13	7.15	11.28	15.40	25.58	25.92	25.74	32.04	19.22	
\$60,000	1.80	2.10	3.00	4.50	7.80	12.30	16.80	27.90	28.28	28.08	34.95	20.97	
\$65,000	1.95	2.28	3.25	4.88	8.45	13.33	18.20	30.23	30.63	30.42	37.86	22.72	
\$70,000	2.10	2.45	3.50	5.25	9.10	14.35	19.60	32.55	32.99	32.76	40.78	24.47	
\$75,000	2.25	2.63	3.75	5.63	9.75	15.38	21.00	34.88	35.34	35.10	43.69	26.21	
\$80,000	2.40	2.80	4.00	6.00	10.40	16.40	22.40	37.20	37.70	37.44	46.60	27.96	
\$85,000	2.55	2.98	4.25	6.38	11.05	17.43	23.80	39.53	40.06	39.78	49.51	29.71	
\$90,000	2.70	3.15	4.50	6.75	11.70	18.45	25.20	41.85	42.41	42.12	52.43	31.46	
\$95,000	2.85	3.33	4.75	7.13	12.35	19.48	26.60	44.18	44.77	44.46	55.34	33.20	
\$100,000	3.00	3.50	5.00	7.50	13.00	20.50	28.00	46.50	47.13	46.80	58.25	34.95	
\$105,000	3.15	3.68	5.25	7.88	13.65	21.53	29.40	48.83	49.48	49.14	61.16	36.70	
\$110,000	3.30	3.85	5.50	8.25	14.30	22.55	30.80	51.15	51.84	51.48	64.08	38.45	
\$115,000	3.45	4.03	5.75	8.63	14.95	23.58	32.20	53.48	54.19	53.82	66.99	40.19	
\$120,000	3.60	4.20	6.00	9.00	15.60	24.60	33.60	55.80	56.55	56.16	69.90	41.94	
\$125,000	3.75	4.38	6.25	9.38	16.25	25.63	35.00	58.13	58.91	58.50	72.81	43.69	
\$130,000	3.90	4.55	6.50	9.75	16.90	26.65	36.40	60.45	61.26	60.84	75.73	45.44	
\$135,000	4.05	4.73	6.75	10.13	17.55	27.68	37.80	62.78	63.62	63.18	78.64	47.18	
\$140,000	4.20	4.90	7.00	10.50	18.20	28.70	39.20	65.10	65.98	65.52	81.55	48.93	
\$145,000	4.35	5.08	7.25	10.88	18.85	29.73	40.60	67.43	68.33	67.86	84.46	50.68	
\$150,000	4.50	5.25	7.50	11.25	19.50	30.75	42.00	69.75	70.69	70.20	87.38	52.43	
\$155,000	4.65	5.43	7.75	11.63	20.15	31.78	43.40	72.08	73.04	72.54	90.29	54.17	
\$160,000	4.80	5.60	8.00	12.00	20.80	32.80	44.80	74.40	75.40	74.88	93.20	55.92	
\$165,000	4.95	5.78	8.25	12.38	21.45	33.83	46.20	76.73	77.76	77.22	96.11	57.67	
\$170,000	5.10	5.95	8.50	12.75	22.10	34.85	47.60	79.05	80.11	79.56	99.03	59.42	
\$175,000	5.25	6.13	8.75	13.13	22.75	35.88	49.00	81.38	82.47	81.90	101.94	61.16	
\$180,000	5.40	6.30	9.00	13.50	23.40	36.90	50.40	83.70	84.83	84.24	104.85	62.91	
\$185,000	5.55	6.48	9.25	13.88	24.05	37.93	51.80	86.03	87.18	86.58	107.76	64.66	
\$190,000	5.70	6.65	9.50	14.25	24.70	38.95	53.20	88.35	89.54	88.92	110.68	66.41	
\$195,000	5.85	6.83	9.75	14.63	25.35	39.98	54.60	90.68	91.89	91.26	113.59	68.15	
\$200,000	6.00	7.00	10.00	15.00	26.00	41.00	56.00	93.00	94.25	93.60	116.50	69.90	
\$205,000	6.15	7.18	10.25	15.38	26.65	42.03	57.40	95.33	96.61	95.94	119.41	71.65	
\$210,000	6.30	7.35	10.50	15.75	27.30	43.05	58.80	97.65	98.96	98.28	122.33	73.40	
\$215,000	6.45	7.53	10.75	16.13	27.95	44.08	60.20	99.98	101.32	100.62	125.24	75.14	
\$220,000	6.60	7.70	11.00	16.50	28.60	45.10	61.60	102.30	103.68	102.96	128.15	76.89	
\$225,000	6.75	7.88	11.25	16.88	29.25	46.13	63.00	104.63	106.03	105.30	131.06	78.64	
\$230,000	6.90	8.05	11.50	17.25	29.90	47.15	64.40	106.95	108.39	107.64	133.98	80.39	
\$235,000	7.05	8.23	11.75	17.63	30.55	48.18	65.80	109.28	110.74	109.98	136.89	82.13	
\$240,000	7.20	8.40	12.00	18.00	31.20	49.20	67.20	111.60	113.10	112.32	139.80	83.88	
\$245,000	7.35	8.58	12.25	18.38	31.85	50.23	68.60	113.93	115.46	114.66	142.71	85.63	
\$250,000	7.50	8.75	12.50	18.75	32.50	51.25	70.00	116.25	117.81	117.00	145.63	87.38	

\* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).



### **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. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

GP190-LIFE/S399, GP399-LIFE/TRUST,  
GP899-LIFE, GP190-LIFE/A997/S399



**Standard Insurance Company  
Buy-up Long Term Disability Coverage Highlights  
Okaloosa County Board of County Commissioners**

**Voluntary Long Term Disability (LTD) Insurance**

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Buy-up LTD insurance offers you the opportunity to choose one of two levels of LTD coverage.

The base LTD plan is fully paid by Okaloosa County Board of County Commissioners and provides a basic level of LTD coverage. The buy-up option is paid for by you and provides a higher level of LTD coverage. If the policy becomes effective and you do not elect the buy-up option, you will automatically be enrolled in the base LTD plan. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Okaloosa County Board of County Commissioners.

**Eligibility Requirements**

- |                 |   |
|-----------------|---|
| <b>Policy</b>   | <ul style="list-style-type: none"> <li>• A minimum number of eligible employees must apply and qualify for the buy-up plan before LTD coverage can become effective. If this requirement is not met, neither the buy-up LTD plan nor the base LTD plan will become effective.</li> </ul>  |
| <b>Employee</b> | <ul style="list-style-type: none"> <li>• A regular employee of Okaloosa County Board of County Commissioners</li> <li>• Actively working at least 30 hours each week</li> <li>• A citizen or resident of the United States or Canada</li> <li>• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible</li> </ul> |
| <b>Premium</b>  | <ul style="list-style-type: none"> <li>• You 100 percent of the premium for the buy-up portion of this coverage through easy payroll deduction</li> </ul>   |

**Benefit Amount**

Your monthly LTD benefit is a percentage of your insured monthly predisability earnings reduced by deductible income.

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
<b>Percentage of monthly predisability earnings</b>	50%	60%
<b>Plan Maximum Monthly Benefit</b>	\$3,500	\$5,000
<b>Plan Minimum Monthly Benefit</b>	\$100	\$100

Note:

- All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior LTD insurance plan are also subject to medical underwriting approval.

To compare the amount of your LTD benefit under both plans, fill in the blanks below:

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
1. Enter your monthly predisability earnings	\$ _____ (If your monthly predisability earnings exceed \$7,000, enter \$7,000 above.)	\$ _____ (If your monthly predisability earnings exceed \$8,333, enter \$8,333 above.)
2. Percentage of predisability earnings	50%	60%
3. Multiply amount on line 1 by percentage on line 2 and enter total here. This is your monthly LTD benefit amount before reduction for deductible income.	\$ _____	\$ _____

**Disability Needs Calculator**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), 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 for more information regarding the requirements that must be satisfied for your insurance to become effective.

**Understanding Your Plan Design**

**Benefit Waiting Period** If your claim for LTD benefits is approved by The Standard, benefits become payable after the benefit waiting period. This is a specified number of days during which you must remain continuously disabled. Benefits are not payable during the benefit waiting period. The benefit waiting period for each plan is indicated below.

	<u>Base LTD Plan</u>	<u>Buy-up LTD Plan</u>
Benefit Waiting Period	180 days	180 days

**Own Occupation Definition of Disability** For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you 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** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

**Any Occupation Definition of Disability** After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

**Maximum Benefit Period**

The maximum benefit period for each plan is indicated below:

**Base LTD Plan**

If you become disabled before age 62, LTD benefits may continue during disability for five years. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
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

**Buy-up LTD Plan**

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

**Deductible Income**

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid.
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above



**Benefit Calculation**

**Example**

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by deductible income. In the example below, the LTD benefit amount is 60 percent of insured predisability earnings. If your monthly earnings before becoming disabled were \$4,500, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900, your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
LTD benefit percentage	X 60%
	\$2,700
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
<b>Amount of LTD benefit</b>	<b>\$600</b>

**Additional Features**

Please see your human resources representative for additional information about the features and benefits below.

**24 Hour Coverage**

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

**Reasonable Accommodation Expense Benefit**

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

**Exclusions**

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An 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)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the exclusion period. This periods is the same under both the base LTD plan and buy-up LTD plan, however the periods may not run concurrently, depending upon the effective date of your coverage under the buy-up LTD plan

**Limitations**

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

**When Benefits End**

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

**When Insurance Ends**

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to be a member (insurance may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

**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. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Rates**

**If you elect the Buy-up LTD plan, your monthly premium is \$2.99.**

Premiums for the Buy-up LTD plan will be deducted directly from your paycheck. If you do not enroll in the Buy-up LTD plan, subject to eligibility requirements, you will automatically be insured under the base LTD plan with no premium cost to you. If you have questions regarding how to determine your earnings, please contact your human resources representative.



### **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. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at [www.standard.com](http://www.standard.com).

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

GP190-LTD/S399, GP399-LTD/TRUST,  
GP899-LTD, Contract 2000

# STANDARD INSURANCE COMPANY

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

## CERTIFICATE GROUP LIFE INSURANCE

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Policyholder:	Okaloosa County Board of County Commissioners
Policy Number:	649032-A
Effective Date:	October 1, 2014

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A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

**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.**

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.

*This certificate provides life insurance for employees and dependents, if applicable, of Okaloosa County Board of County Commissioners, 601 A N Pearl St, Crestview FL, 32536, under 649032-A. The employee shall be given a copy of the group enrollment application. The benefits are payable to the beneficiaries of record designated by the employee.*



Chairman, President and CEO

GC190-LIFE/S214

Elected Officials including Supervisor of Elections

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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.

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### GENERAL POLICY INFORMATION

Group Policy Number:	649032-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:	Okaloosa County Board of County Commissioners
Employer(s):	Okaloosa County Board of County Commissioners Clerk of Courts Property Appraiser Tax Collector
Group Policy Effective Date:	October 1, 2014
Policy Issued in:	Florida

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### 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 Active Work requirement does not apply to Members who are retired on the Group Policy Effective Date. 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 one of the following: <ol style="list-style-type: none"><li>1. An active elected official employee of the Employer;</li><li>2. An active employee of the Employer who is regularly working at least 30 hours each week; or</li><li>3. An employee of the Employer who retired under the Employer's retirement program.</li></ol> You are not a Member if you are: <ol style="list-style-type: none"><li>1. A temporary or seasonal employee.</li><li>2. A leased employee.</li><li>3. An independent contractor.</li><li>4. A full time member of the armed forces of any country.</li></ol>
-----------------------	--

Class Definition:	Elected Officials including Supervisor of Elections
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**This Summary Plan Description applies to the class listed above. Other classes are also covered under the Plan. Contact your Plan Administrator for further information.**

Eligibility Waiting Period:

You are eligible on one of the following dates:

If you are a Member on the Group Policy Effective Date, you are eligible on that date.

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 the date you become a Member.

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.
- d. For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$300,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of additional life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- e. For any Dependents Life Insurance Benefit for your Spouse in excess of the Guarantee Issue Amount of \$25,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of dependents life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- f. For any increase resulting from a plan or option change you elect.



**Certain Evidence Of Insurability Requirements Will Be Waived.** Your insurance is subject to all other terms of the Group Policy.

**For A Family Status Change**

In the event of a Family Status Change certain Evidence Of Insurability requirements will be waived with respect to Plan 2 Life Insurance.

1. If you are eligible but not insured for Plan 2 Life Insurance and AD&D Insurance, requirement(s) a. and c. above will be waived if you apply for Plan 2 Life Insurance and AD&D Insurance within 31 days of a Family Status Change.
2. If you are insured for an amount less than \$300,000, requirement(s) d. above will be waived if you apply for an increase in your Plan 2 Life Insurance and AD&D Insurance up to \$300,000 within 31 days of a Family Status Change.

Family Status Change means any of the following events:

1. Your marriage, divorce or legal separation or dissolution of your Domestic Partner relationship.
2. The birth of your Child.
3. The adoption of a Child by you.
4. The death of your Spouse and/or Child.
5. The commencement or termination of your Spouse's employment.
6. A change in employment from full-time to part-time by you or your Spouse.

You may increase your Life Insurance due to any of the event(s) above.

LI.EV.01

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**PREMIUM CONTRIBUTIONS**

Life Insurance:

Plan 1: Noncontributory

Plan 2: Contributory

AD&D Insurance:

Member:

Plan 1: Noncontributory

Plan 2: Contributory

Dependents Life Insurance:

Spouse: Contributory

Child: Contributory

The cost of insurance may be funded by contributions to an IRC Section 125 Cafeteria Plan.

---

## SCHEDULE OF INSURANCE

### SCHEDULE OF LIFE INSURANCE

For you:

**Life Insurance Benefit:**

You will become insured under Plan 1 if you meet the requirements to become insured under the Group Policy.

If you are insured under Plan 1, you may also become insured under Plan 2 if you meet the requirements to become insured under Plan 2 Life Insurance under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

Plan 1 (basic): \$25,000

A Member may not be insured as both an active Member and a retired Member.

Plan 2 (additional): You may apply for Life Insurance in multiples of \$25,000, from \$25,000 to \$500,000.

**The 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.

**Dependents Life Insurance Benefit:**

If you are insured under Plan 2 Life Insurance, you may apply for Dependents Life Insurance for your Dependents. You may elect to insure your Spouse, your Child(ren), or both.

**For your Spouse:** You may apply for Dependents Life Insurance in multiples of \$5,000 from \$5,000 to \$250,000.

The amount of Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your Plan 2 Life Insurance.

**For your Child:** You may apply for Dependents Life Insurance in multiples of \$1,000 from \$1,000 to \$10,000.

The amount of Dependents Life Insurance for your Child may not exceed 100% of the amount of your Plan 2 Life Insurance.

### SCHEDULE OF AD&D INSURANCE

For you:

**AD&D Insurance Benefit:** The amount of your Plan 1 AD&D Insurance Benefit is equal to the amount of your Plan 1 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.

If you are insured for Plan 2 Life Insurance, you are insured for Plan 2 AD&D Insurance. The amount of your Plan 2 AD&D Insurance Benefit is equal to the amount of your Plan 2 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.
Line of Duty Benefit:	The Lesser of (1) \$50,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.

**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 reach 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	40%
75 through 79	25%
80 or over	15%

Dependents Life Insurance for Your Spouse:

Age Of Member	Percentage
65 through 69	65%
70 through 74	40%
75 through 79	25%
80 or over	15%

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:	\$10,000

Suicide Exclusion:	Applies to:
	a. Plan 2 Life Insurance
	b. Dependents Life Insurance on your Spouse
	c. AD&D Insurance

Leave Of Absence Period:	60 days
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Continuity Of Coverage:	Yes
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Insurance Eligible For Portability:

For you:

Life Insurance	Yes
Minimum amount:	\$10,000
Maximum amount:	\$300,000
AD&D Insurance	Yes
Minimum amount:	\$10,000
Maximum amount:	\$300,000

For your Spouse:

Dependents Life Insurance	Yes
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Minimum amount: \$5,000

Maximum amount: \$100,000

For your Child:

Dependents Life Insurance Yes

Minimum amount: \$1,000

Maximum amount: \$5,000

Annual Earnings based on: Earnings in effect on your last full day of Active Work.

## 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:

(i) 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.

(ii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

#### 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. Suicide Exclusion: Life Insurance

If your death results from suicide or other intentionally self-inflicted Injury, while sane or insane, 1 and 2 below apply.

1. The amount payable will exclude the amount of your Life Insurance which is subject to this

suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.

2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

F. 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.
- (iii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

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.

G. 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. However, if you are Totally Disabled on that date, we will continue your Life Insurance for 12 months, unless you are eligible for Waiver Of Premium. The Life Insurance Benefit payable during this 12 month extension period will be reduced by any amount payable under a replacement group life insurance plan;
3. The date your employment terminates, unless you are eligible for benefits as a retired Member; 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.

If you are Totally Disabled and you are not eligible for Waiver Of Premium (see **Waiver Of Premium**), your Life Insurance will continue, while you remain Totally Disabled, for a period of six months, but not beyond the date the Group Policy terminates. This applies even if your employment terminates.

- 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**.

#### H. 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.

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## 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. Suicide Exclusion: Dependents Life Insurance

If a Dependent's death results from suicide or other intentionally self-inflicted Injury, while sane or insane, 1 and 2 below will apply.

1. The amount payable will exclude the amount of Dependents Life Insurance which has not been continuously in effect for at least 2 years on the date of death. In computing the 2-year period, we will include time insured under the Prior Plan.
2. We will refund all premiums paid for Dependents Life Insurance which is excluded from payment under this suicide exclusion which we determine are attributable to that Dependent.

E. 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.

F. 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.

G. 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.

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## 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, sight which meets all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.
4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, 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.

#### Line Of Duty Benefit

The amount of the Line Of Duty Benefit is shown in the **Coverage Features**.

We will pay a Line Of Duty Benefit if all of the following requirements are met:

1. You are a Public Safety Officer.
2. You suffer a Loss for which an AD&D Insurance Benefit is payable.
3. The Loss is the result of a Line Of Duty Accident.

Public Safety Officer means a Member whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes police officers, firefighters, corrections officers, judicial officers, and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer.

Line of Duty Accident means an accident, including accidental exposure to adverse weather conditions, that occurs while you are taking any action which by rule, regulation, law, or condition of employment you are obligated or authorized to perform as a Public Safety Officer in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while off duty.

If you are a Public Safety Officer, whose primary job duties are controlling or reducing crime, criminal law enforcement, or fire suppression, Line of Duty Accident includes a Line Of Duty Accident that occurs while you are on duty at social, ceremonial, or athletic functions to which you are assigned or for which you are paid as a Public Safety Officer by your Employer.

#### 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.

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### **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.

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### **CONTINUITY OF COVERAGE**

A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement. See **Active Work Provisions**.

B. Payment Of Benefit

The benefits payable before you meet the Active Work requirement will be:

1. The benefits which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

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## 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.

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## 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.

However, continuation of insurance without payment of premium is limited to 12 months if you become Totally Disabled on or after age 60.

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 and Dependents AD&D Insurance.
2. 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 receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.
3. 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. Twelve months after the date you become Totally Disabled if you become Totally Disabled on or after age 60;
3. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given;
4. The date you fail to attend an examination or cooperate with the examiner;
5. 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
6. The date you reach age 65. However, if on the date the Group Policy terminates you are age 64 and you are eligible for Waiver Of Premium, Insurance will continue for an additional 12 months, subject to all other terms of the Group Policy.

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### **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 times B times C divided by 365 = 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. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.

#### 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. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

(2ND REV PUB WRDG\_NEW WOP WRDG) LI.CL.OT.5

## **ASSIGNMENT**

You may make an absolute or collateral assignment of all your Life and AD&D Insurance, subject to 1 through 7 below.

1. All insurance under the Group Policy, including AD&D Insurance, is assignable. Dependents Life Insurance is not assignable.
2. An absolute assignment must be irrevocable. It must transfer all rights, including:
  - a. The right to change the Beneficiary;
  - b. The right to buy an individual life insurance policy on your life under **Right To Convert**; and
  - c. The right to receive accidental dismemberment benefits.
  - d. The right to apply for and receive an Accelerated Benefit.
3. The assignment will apply to all of your Life and AD&D Insurance in effect on the date of the assignment or becoming effective after that date.
4. The assignment may be to any person permitted by law.
5. The assignment will have no effect unless it is: made in writing, signed by you, and delivered to the Policyholder or Employer in your lifetime. Neither we, the Policyholder, nor the Employer are responsible for the validity, sufficiency or effect of the assignment.
6. All accidental dismemberment benefits will be paid to the assignee. All death benefits will be paid according to the beneficiary designation on file with the Policyholder or Employer, and the **Benefit Payment And Beneficiary Provisions**.
7. The assignment will not change the Beneficiary, unless the assignee later changes the Beneficiary. Any payment we make according to the beneficiary designation on file with the Policyholder or Employer or the Employer, and the **Benefit Payment And Beneficiary Provisions** will fully discharge us to the extent of the payment.

You may not make an assignment which is contrary to the rules in 1 through 7 above.

(ALLOWED) LI.AS.FL.2

## **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.

We will provide a form on which you can designate your Beneficiary(ies). This form will typically be provided in a hardcopy format. However, at the Policyholder's request, and subject to our approval, the form may instead be provided electronically or telephonically.

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 may name or change Beneficiaries in writing. Writing includes a form signed by you; or a verification from us, or our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent; 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 or, if a telephonic or electronic designation, verified by us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent.

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 at a rate equal to the 13-week Treasury Bill (T-Bill) auction rate, but not to exceed 5%;
- 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\_WITH REV SSA\_SPOUSE DEF TERM\_THIRD PARTY DESIG) LI.BB.FL.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 five 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.FL.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**). 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. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Stock options or stock bonuses.
6. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
7. Any other extra compensation.

Child means:

1. Your 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 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.

Totally Disabled means you are unable to perform with reasonable continuity the Material Duties of Any Occupation as a result of Sickness, accidental Injury, or Pregnancy. Any Occupation means any gainful occupation for which you are reasonably fitted by education, training and experience.

**(BASE\_NO STOCK\_WITH STAT TOT DIS) LI.DF.FL.5**

ALIC99X

**STANDARD INSURANCE COMPANY**

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

**CERTIFICATE  
GROUP EYE CARE INSURANCE**

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**The Policyholder**            **OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS**

**Policy Number**            **160-649032**                            **Insured Person**

**Plan Effective Date**       **October 1, 2011**                    **Certificate Effective Date**  
**Refer to Exceptions on 9070.**

**Class Number 1**

Standard Insurance Company certifies that you will be insured for the benefits described on the following pages, according to all the terms of the group policy numbered above which has been issued to the Policyholder.

Possession of this certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this certificate.

The group policy may be amended or cancelled without the consent of the insured person.

The group policy and this certificate are governed by the laws of the state in which the group policy was delivered.

If you should have any questions regarding your coverage or claim payments, you may contact us toll-free at 866-289-0614.

**STANDARD INSURANCE COMPANY**



J. Greg Ness  
President



## FLORIDA - IMPORTANT INFORMATION TO INSUREDS

### **We are here to serve you . . .**

You have the right to receive medically appropriate care in a timely and convenient manner and to be an active participant in any decision making regarding treatment, care and services provided to you or one of your family members who are covered under this plan.

In order to provide you the best possible service, it is important that you provide any necessary information to your provider that will facilitate effective medical care and that you cooperate with your provider(s) by keeping appointments and following recommended treatment.

Please review your certificate of coverage carefully so that you fully understand the benefits provided. If you have a question about your policy or if you need assistance with a problem, feel free to contact us at the number shown below.

If you have a grievance or complaint regarding an adverse decision, you may call us below or document your concerns in writing. Written documentation can be sent to the following:

Name:	Dental Quality Assurance
Address:	P.O. Box 82629 Lincoln, NE 68501-2629
Phone:	888-418-6811
Fax:	402-309-2580

The complaint will be carefully reviewed. If the initial claim was denied based on dental necessity or paid as an alternate benefit, then a licensed dentist will be involved in the review of the appeal. A written decision will be sent to the claimant within 15 business days following the receipt of the appeal.

### **If you are not satisfied . . .**

Should you feel you are not being treated fairly, we want you to know you may contact the Florida Office of Insurance Regulation with your complaint and seek assistance from the governmental agency that regulates insurance.

To contact them, write or call:

**Division of Consumer Services  
Florida Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, FL 32399-0300  
(850) 413-3030**





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**SCHEDULE OF BENEFITS  
OUTLINE OF COVERAGE**

The Insurance for each Insured and each Insured Dependent will be based on the Insured's class shown in this Schedule of Benefits.

Benefit Class

Class Description

Class 1

All Eligible Employees

**EYE CARE EXPENSE BENEFITS**

When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

When a Participating Provider is used:

Deductible Amount:

Exams - Each Benefit Period	\$10
Frames	\$0
Lenses - Each Benefit Period	\$25

When a Non-Participating Provider is used:

Deductible Amount	\$0
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*Please refer to the EYE CARE EXPENSE BENEFITS page for details regarding frequency, limitations, and exclusions.*



## DEFINITIONS

**COMPANY** refers to Standard Insurance Company. The words "we", "us" and "our" refer to Company. Our Home Office address is 900 SW Fifth Avenue, Portland, Oregon 97204-1282.

**POLICYHOLDER** refers to the Policyholder stated on the face page of the policy.

**INSURED** refers to a person:

- a. who is a Member of the eligible class; and
- b. who has qualified for insurance by completing the eligibility period, if any; and
- c. for whom the insurance has become effective.

**CHILD.** Child refers to the child of the Insured or a child of the Insured's spouse, if they otherwise meet the definition of Dependent.

**DEPENDENT** refers to:

- a. an Insured's spouse.
- b. each child through the end of the year in which they turn age 25, for whom the Insured or the Insured's spouse, is legally responsible, including:
  - i. natural born children;
  - ii. any child placed with the Insured for adoption, a foster child or other child in court-ordered custody, placed pursuant to Chapter 63 of Florida Code.
  - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

The child must be dependent upon the certificateholder for support and either living in the household of the certificateholder or is a full or part-time student.

- c. each child age 25 or older who:
  - i. is Totally Disabled due to mental or physical reasons; and
  - ii. becomes Totally Disabled while insured as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

**TOTAL DISABILITY** describes the Insured's Dependent as:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon the Insured for support and maintenance.

**DEPENDENT UNIT** refers to all of the people who are insured as the dependents of any one Insured.

**PROVIDER** refers to any person who is licensed by the law of the state in which treatment is provided within the scope of the license.

**PLAN EFFECTIVE DATE** refers to the date coverage under the policy becomes effective. The Plan Effective Date for the Policyholder is shown on the policy cover. The effective date of coverage for an Insured is shown in the Policyholder's records.

All insurance will begin at 12:01 A.M. on the Effective Date. It will end after 11:59 P.M. on the Termination Date. All times are stated as Standard Time of the residence of the Insured.

**PLAN CHANGE EFFECTIVE DATE** refers to the date that the policy provisions originally issued to the Policyholder change as requested by the Policyholder. The Plan Change Effective date for the Policyholder will be shown on the policy cover, if the Policyholder has requested a change. The plan change effective date for an Insured is shown in the Policyholder's records or on the cover of the certificate.

## **CONDITIONS FOR INSURANCE COVERAGE**

### *ELIGIBILITY*

**ELIGIBLE CLASS FOR MEMBERS.** The members of the eligible class(es) are shown on the Schedule of Benefits. Each member of the eligible class (referred to as "Member") will qualify for such insurance on the day he or she completes the required eligibility period, if any. Members choosing to elect coverage will hereinafter be referred to as "Insured."

If employment is the basis for membership, a member of the Eligible Class for Insurance is any full time active employee working at least 32 hours per week. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

If a husband and wife are both Members and if either of them insures their dependent children, then the husband or wife, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for insurance as a dependent.

**ELIGIBLE CLASS FOR DEPENDENT INSURANCE.** Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Insurance under the policy and will qualify for this Dependent Insurance on the first of the month falling on or first following the latest of:

1. the day he or she qualifies for coverage as a Member;
2. the day he or she first becomes a Member; or
3. the day he or she first has a dependent.

**COVERAGE FOR NEWBORN AND ADOPTED CHILDREN.** A newborn child will be covered from the date of birth. Coverage for a newborn child of a covered dependent other than a spouse will stop on the date the child attains eighteen months of age.

An adopted child, foster child and other child in court-ordered custody placed pursuant to Chapter 63 will be covered from the date of placement in the Insured's residence. A newborn adopted child will be covered from the date of birth if the Insured has agreed in writing to adopt the child prior to its birth and the child is ultimately placed in the Insured's residence.

Coverage for a newborn child shall consist of coverage for all covered Eye Care expenses, subject to applicable deductibles, coinsurance percentages, maximums and limitations, including the necessary care or treatment of congenital defects, birth abnormalities, including premature birth.

The Insured may give us written notice within 31 days of the date of birth or placement of a dependent child to start coverage. If timely notice is given, we will not charge an additional premium for the 31-day notice period. If timely notice is not given, we will charge the applicable additional premium from the date of birth or placement for an adopted child. We will not deny coverage for a child due to the failure of the Insured to notify us within 60 days of the child's birth or placement.

A Member must be an Insured to also insure his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Insurance is any full time active employee working at least 32 hours per week and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

Any husband or wife who elects to be a dependent rather than a member of the Eligible Class for Personal Insurance, as explained above, is not a member of the Eligible Class for Dependent Insurance.



When a member of the Eligible Class for Dependent Insurance dies and, if at the date of death, has dependents insured, the Policyholder has the option of offering the dependents of the deceased employee continued coverage. If elected by the Policyholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Insurance.

**CONTRIBUTION REQUIREMENTS.** Member Insurance: An Insured is required to contribute to the payment of his or her insurance premiums.

Dependent Insurance: An Insured is required to contribute to the payment of insurance premiums for his or her dependents.

**SECTION 125.** This policy is provided as part of the Policyholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this policy.

If a Member does not elect to participate when initially eligible, the Member may elect to participate at a subsequent Election Period. This Election Period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

Members may change their election option only during an Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.

**ELIGIBILITY PERIOD.** For Members on the Plan Effective Date of the policy, coverage is effective immediately.

For persons who become Members after the Plan Effective Date of the policy, qualification will occur on the first of the month falling on or first following the eligibility period of 90 calendar day(s) of continuous active employment. The Eligibility Period will be reduced by any continuous period during which you were an employee of the Employer immediately preceding the date you became a Member.

If employment is the basis for membership in the Eligible Class for Members, an Insured whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for insurance.

**EFFECTIVE DATE.** Each Member has the option of being insured and insuring his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the insurance premiums. The Effective Date for each Member and his or her Dependents, will be the first of the month falling on or first following:

1. the date on which the Member qualifies for insurance, if the Member agrees to contribute on or before that date.
2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance.

**EXCEPTIONS.** If employment is the basis for membership, a Member must be in active service on the date the insurance, or any increase in insurance, is to take effect. If not, the insurance will not take effect until the day he or she returns to active service. Active service refers to the performance in the customary manner by an employee of all the regular duties of his or her employment with his or her employer on a full time basis at one of the employer's business establishments or at some location to which the employer's business requires the employee to travel.

A Member will be in active service on any regular non-working day if he or she is not totally disabled on that day and if he or she was in active service on the regular working day before that day.

If membership is by reason other than employment, a Member must not be totally disabled on the date the insurance, or any increase in insurance, is to take effect. The insurance will not take effect until the day after he or she ceases to be totally disabled.

But any person who is not in active service or is totally disabled will be insured on the Effective Date if:

- i. the person was insured under a policy of group insurance providing like benefits which ended on the day immediately before the Effective Date of the policy providing this coverage; and
- ii. the person is considered a Member or an eligible Dependent under the policy providing this coverage; and had the prior policy contained the same definition of eligibility, would have been a Member or Dependent under the prior policy.

### ***TERMINATION DATES***

**INSUREDS.** The insurance for any Insured, will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date the Insured ceases to be a Member;
2. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
3. the date the policy is terminated.

**DEPENDENTS.** The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date on which the Insured's coverage terminates;
2. the date on which the Insured ceases to be a Member;
3. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
4. the date all Dependent Insurance under the policy is terminated.

The insurance for any Dependent will automatically terminate on the end of the month falling on or next following the day before the date on which the dependent no longer meets the definition of a dependent. See "Definitions."

**CONTINUATION OF COVERAGE.** If coverage ceases according to TERMINATION DATE, some or all of the insurance coverages may be continued. Contact your plan administrator for details.



## **EYE CARE EXPENSE BENEFITS**

If an Insured has Covered Expenses under this section, we pay benefits as described. The Insured may use a Participating Provider or a Non-Participating Provider. The Insured has the freedom to choose any provider.

### **AMOUNT PAYABLE**

The Amount Payable for Covered Expenses is the lesser of:

- A. the provider's charge, or
- B. the Maximum Covered Expense for such services or supplies. This is shown in the Schedule of Eye Care Services for Participating and Non-Participating Providers.

### **DEDUCTIBLE AMOUNT**

The Deductible Amount is on the Schedule of Benefits. It is an amount of Covered Expenses for which no benefits are payable. It applies separately to each Insured. Benefits are paid only for those Covered Expenses that are over the Deductible Amount.

### **PARTICIPATING AND NON-PARTICIPATING PROVIDERS**

A Participating Provider agrees to provide services and supplies to the Insured at a discounted fee. A Non-Participating Provider is any other provider.

### **COVERED EXPENSES**

Covered expenses are the eye care expenses incurred by an Insured for services or supplies. We pay up to the Maximum Covered Expense shown in the Schedule of Eye Care Services.

### **EYE CARE SUPPLIES**

Eye care supplies are all services listed on the Schedule of Eye Care Services. They exclude services related to Eye Care Exams.

### **REQUEST FOR SERVICES**

When requesting services, the Insured must advise the Participating Provider's office that he or she has coverage under this network plan. If the Insured receives services from a Participating Provider without this notification, the benefits are limited to those for a Non-Participating Provider.

### **ASSIGNMENT OF BENEFITS**

We pay benefits to the Participating Provider for services and supplies performed or furnished by them. When a Non-Participating Provider performs services, we pay benefits to the Insured.

### **EXTENSION OF BENEFITS**

We will extend benefits for eye care supplies if this policy terminates. To be eligible for an extension, the supply must be prescribed prior to the termination of the policy and must be received within six months after the policy terminates.

**EXPENSES INCURRED.** An expense is incurred at the time a service is rendered or a supply item furnished.

## LIMITATIONS

This plan has the following limitations.

- 1) This plan does not cover more than one Eye Exam in any 12-month period.
- 2) This plan does not cover more than one pair of ophthalmic Lenses in any 12-month period.
- 3) This plan does not cover more than one set of Frames in any 24-month period.
- 4) This plan does not cover Elective Contact Lenses more than once in any 12-month period. Contact Lenses and associated expenses are in lieu of any other Lenses benefit.
- 5) This plan does not cover Medically Necessary Contact Lenses more than once in any 12-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
  - a. For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - b. Patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best standard spectacle lens correction.
  - c. Anisometropia of 3D or more.
  - d. High Ametropia exceeding -10D or +10D in spherical equivalent.
- 6) This plan does not cover Orthoptics or vision training and any associated testing.
- 7) This plan does not cover Plano Lenses.
- 8) This plan does not cover non-prescribed Lenses or sunglasses.
- 9) This plan does not cover two pairs of glasses in lieu of Bifocals.
- 10) This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- 11) This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- 12) This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- 13) This plan does not cover any procedure not listed on the Schedule of Eye Care Services

## SCHEDULE OF EYE CARE SERVICES

This page lists the benefits payable for eye care services. No benefits are payable for a service not listed.

<i><b>SERVICE</b></i>	<i><b>PLAN MAXIMUM COVERED EXPENSE</b></i>	
	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Eye Exam	Covered in Full	Up to \$ 35.00
<i>(All lenses are per pair)</i>		
Single Vision Lenses	Covered in Full	Up to \$ 25.00
Lined Bifocal Lenses	Covered in Full	Up to \$ 40.00
Lined Trifocal Lenses	Covered in Full	Up to \$ 55.00
Frame	Up to \$110.00	Up to \$ 45.00
Contact Lenses*		
Elective	Up to \$115.00	Up to \$100.00
Medically Necessary	Covered in Full	Up to \$200.00

\*The contact lenses allowance applies to the contact lens exam and lenses.



## GENERAL PROVISIONS

**NOTICE OF CLAIM.** Written notice of a claim must be given to us within 30 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

**CLAIM FORMS.** When we receive the notice of a claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

**PROOF OF LOSS.** Written proof of loss must be given to us within 90 days after the incurred date of the services provided for which benefits are payable. If it is impossible to give written proof within the 90-day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible. For Eye Care benefits that use either the EyeMed or VSP network, please refer to the limitations section on the Eye Care Expense Benefits page.

**TIME OF PAYMENT.** We will pay all benefits within 45 days of when we receive due proof.

If benefits are contested or denied, we will notify the Insured, in writing, which benefits are contested or denied within 45 days of when we received due proof. We will pay or deny any balance remaining on benefits for a claim within 60 days upon receipt of any additional information requested from the Insured. In no event will we hold a claim without paying or denying benefits any later than 120 days.

Payment is considered to be made on the date a draft or other valid instrument is placed in the United States mail in a properly addressed post paid envelope or, if not so posted, on the date of delivery.

We will pay interest at the rate of 10 percent per year on overdue payments on benefits for valid claims.

We will investigate any claim of improper billing of a claim by a Provider upon written notification by an Insured. We will determine if the Insured was properly billed for only those procedures that the Insured actually received. If we determine that the Insured was improperly billed, we will notify the Insured and the provider of our findings and will reduce the amount of payment by the amount determined to be improperly billed. If a reduction is made due to such notification by the Insured, we will pay the Insured 20 percent of the reduction up to \$500.

**PAYMENT OF BENEFITS.** All benefits will be paid to the Insured unless otherwise agreed upon through your authorization or provider contracts.

**FACILITY OF PAYMENT.** If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

**PROVIDER-PATIENT RELATIONSHIP.** The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.



**LEGAL PROCEEDINGS.** No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than the applicable statute of limitations after proof of loss is required.

**INCONTESTABILITY.** Any statement made by the Policyholder to obtain the Policy is a representation and not a warranty. No misrepresentation by the Policyholder will be used to deny a claim or to deny the validity of the Policy unless:

1. The Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder a copy of a written instrument signed by the Policyholder that contains the misrepresentation.

The validity of the Policy will not be contested after it has been in force for one year, except for nonpayment of premiums or fraudulent misrepresentations.

**WORKER'S COMPENSATION.** The coverage provided under the Policy is not a substitute for coverage under a workmen's compensation or state disability income benefit law and does not relieve the Policyholder of any obligation to provide such coverage.

## *HIPAA Notice of Privacy Practices*

**To:** All Insureds covered under a Eye Care Insurance policy ("Health Plan") with The Standard

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Standard Insurance Company ("The Standard") is committed to protecting the health information that we maintain about you. As required by rules effective April 14, 2003, under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this notice provides you with information about your rights and our legal duties and practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures that The Standard will make of your protected health information.

"Protected health information" includes any identifiable information that we obtain from you or others that relates to your past, present or future health care and treatment or the payment for your health care and treatment. Your health care professional may have different policies or notices regarding his or her use and disclosure of your health information created in the health care professional's office or clinic.

The Standard reserves the right to change the terms of this notice and to make the revised notice effective for all protected health information we maintain. You may request a paper copy of the most current privacy notice from our office or access it on our Web site at [www.standard.com/services/index.html](http://www.standard.com/services/index.html).

### *Permitted Uses and Disclosures of Your Health Information*

The following describes the purposes for which The Standard is permitted or required by law to use or disclose your Health Plan coverage information without your authorization:

**Treatment.** This means the provision, coordination or management of your health care, including any referrals for health care from one health professional to another. For example, we may use or disclose health information about you to facilitate treatment or services by health care providers. We may disclose health information about you to other health care professionals who are involved in taking care of you.

**Payment.** This means activities to facilitate payment for the treatment and services you receive from health care professionals, including to determine eligibility, coverage or benefit responsibilities under your insurance coverage, or to coordinate your insurance coverage. For example, the information on claim forms sent to us may include information that identifies you, as well as your diagnosis, and the procedures and supplies used. We may share this information with outside health care consultants performing a business service for The Standard. Likewise, we may share health information with other insurance carriers to coordinate benefit payments. We mail Explanation of Benefits forms and other information to the address we have on record for the primary insured. In addition, claim information may be accessible through our website and 1-800 number requiring an access code.

**Health Care Operations.** This means the support functions related to treatment and payment, such as quality assurance activities, case management, underwriting, premium rating, business management and other general administrative activities. For example, we may use health information in connection with conducting quality assessment and improvement activities, underwriting, premium rating and other activities relating to your coverage. We may also disclose health information to business associates if they need to receive health information to provide a service to us and by contract agree to abide by the same high standards of safeguarding your health information.

**As Required by Law or for Public Health Activities.** We will disclose health information about you when required to do so by federal, state or local law. For example, we may disclose health information when required by a court order, subpoena, warrant, summons or similar process. We may disclose health information to public

health or legal authorities charged with preventing or controlling communicable disease or to a governmental agency or regulator with health care oversight responsibilities.

**Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military command authorities.

**Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Coroners and Medical Examiners.** We may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement and National Security and Intelligence Activities.** We may disclose health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**To Avert a Serious Threat to Health or Safety.** We may disclose health information to avert a serious threat to someone's health or safety. We may disclose health information to federal, state or local agencies engaged in disaster relief to allow such entities to carry out their responsibilities in specific disaster situations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

**Disclosure to your Plan Sponsor.** Information may be disclosed to your plan sponsor for purposes of plan administration if the plan sponsor has certified that plan documents have been amended as required by HIPAA.

**Other Uses and Disclosures of Your Health Information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization.

### ***Your Rights Regarding Your Health Information***

The following describes your rights regarding the health information we maintain about you. To exercise your rights, you must submit your request in writing to Standard Insurance Company, Attn: Quality Assurance Specialist, PO Box 82629, Lincoln, NE 68501-2629.

**Right to Inspect and Copy.** You have the right to inspect and copy health information that we maintain about you. To inspect or copy your health information, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Please contact our Privacy Contact at the address or telephone number listed on the last page of this document if you have questions about access to your health information.

**Right to Amend.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us in writing to amend the information. You have the right to request an amendment for as long as we maintain the information.

In addition, you must provide a reason that supports your request. Any agreed-upon correction to your health information will be included as an addition to, and not a replacement of, already existing records.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) is not part of the health information kept by us, (2) was not created by us, unless the person or entity that created the information is no longer available to make the amendment, (3) is not part of the information which you would be permitted to inspect and copy or (4) is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your health information made by us in the six years prior to the date that the accounting is requested (or shorter period as requested). This does not include disclosures (1) to carry out treatment, payment, or health care operations; (2) made to you or pursuant to your authorization; (3) for national security or intelligence purposes; (4) to corrections institutions or law enforcement officials or (5) made prior to April 14, 2003.

Your first request for an accounting in any 12-month period shall be provided without charge. A reasonable fee shall be imposed for each subsequent request for an accounting within the same 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation of the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request.

To request restrictions, you must make your request in writing to our Privacy Contact indicated below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate reasonable requests. We will not ask you the reason for your request. Please make this request in writing to our Privacy Contact indicated below.

**Your Right to File a Complaint.** If you believe your privacy rights have been violated, please submit your complaint in writing to:

Standard Insurance Company  
Attn: Quality Assurance Specialist  
PO Box 82629  
Lincoln, NE 68501-2629

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

### ***Privacy Contact***

If you have any questions or would like further information about this notice or your rights regarding your health information, please contact the Quality Assurance Specialist at 800.547.9515 or the above address.

This notice is revised effective April 14, 2006.



# STANDARD INSURANCE COMPANY

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

## CERTIFICATE

### GROUP LONG TERM DISABILITY INSURANCE

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Policyholder:	Okaloosa County Board of County Commissioners
Policy Number:	649032-B
Effective Date:	October 1, 2014

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The Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. If the terms of this Certificate differ from the terms of your Employer's coverage under the Group Policy, the latter will govern. If your coverage is changed by an amendment to the Group Policy, we will provide the Employer with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

"You" and "your" mean the Member. "We", "us" and "our" mean Standard Insurance Company. Other defined terms appear with the initial letters capitalized. Section headings, and references to them, appear in boldface type.



Chairman, President and CEO

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## COVERAGE FEATURES

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, 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.

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### GENERAL POLICY INFORMATION

Group Policy Number: 649032-B  
Policyholder: Okaloosa County Board of County Commissioners  
Employer(s): Okaloosa County Board of County Commissioners  
Clerk of Courts  
Property Appraiser  
Tax Collector  
Group Policy Effective Date: October 1, 2014  
Policy Issued in: Florida

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#### Member means:

1. A regular employee of the Employer;
2. Actively At Work at least 30 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days); and
3. A citizen or resident of the United States or Canada.

Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Class Definition: None

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### SCHEDULE OF INSURANCE

Eligibility Waiting Period: You are eligible on one of the following dates:  
If you are a Member on the Group Policy Effective Date, you are eligible on that date.  
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 30 consecutive days as a Member.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

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Own Occupation Period: The first 24 months for which LTD Benefits are paid.  
Any Occupation Period: From the end of the Own Occupation Period to the end of the Maximum Benefit Period.

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LTD Benefit: Plan 1: 50% of the first \$7,000 of your Predisability Earnings, reduced by Deductible Income.  
Plan 2: 60% of the first \$8,333 of your Predisability Earnings, reduced by Deductible Income.

Maximum: Plan 1: \$3,500 before reduction by Deductible Income.  
Plan 2: \$5,000 before reduction by Deductible Income.

Minimum: \$100

**You may be insured under either Plan 1 or Plan 2. You will be insured under Plan 1 unless you are insured under Plan 2. If you cease paying premiums for Plan 2, you automatically will be insured under Plan 1.**

Benefit Waiting Period: 180 days. However, you will be credited for time served under the Prior Plan's benefit waiting period when your Disability is a recurrent disability under the Prior Plan's recurrent disability provisions.

Maximum Benefit Period:

Plan 1:

Determined by your age when Disability begins, as follows:

Age	Maximum Benefit Period
61 or younger .....	To age 65, or for 5 years, whichever is shorter.
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 or older .....	1 year

Plan 2:

Determined by your age when Disability begins, as follows:

Age	Maximum Benefit Period
61 or younger .....	To age 65, or to SSNRA, or 3 years 6 months, whichever is longest.
62 .....	To SSNRA, or 3 years 6 months, whichever is longer.
63 .....	To SSNRA, or 3 years, whichever is longer.
64 .....	To SSNRA, or 2 years 6 months, whichever is longer.
65 .....	2 years
66 .....	1 year 9 months
67 .....	1 year 6 months
68 .....	1 year 3 months
69 or older .....	1 year

Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the Federal Social Security Act, as amended.

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## PREMIUM CONTRIBUTIONS

Plan 1 insurance is:	Noncontributory
Plan 2 insurance is:	Contributory

The cost of insurance may be funded by contributions to an IRC Section 125 Cafeteria Plan.

## **INSURING CLAUSE**

If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

LT.IC.OT.1

## **BECOMING INSURED**

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

You are a Member if you are:

1. A regular employee of the Employer;
2. Actively At Work at least 30 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of Active Work on those days); and
3. 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 of any country, a leased employee, or an independent contractor.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the **Coverage Features**.

(VAR MBR DEF) LT.BI.OT.1

## **WHEN YOUR INSURANCE BECOMES EFFECTIVE**

### A. When Insurance Becomes Effective

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

#### 1. Insurance Subject To Evidence Of Insurability

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

#### 2. Insurance Not Subject To Evidence of Insurability

The **Coverage Features** states whether insurance is Contributory or Noncontributory.

##### a. Noncontributory Insurance

Noncontributory insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible, unless you become insured for Contributory insurance.

##### b. Contributory Insurance

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

- i. The date you become eligible if you apply on or before that date; or
- 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.

B. Takeover Provisions

1. 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.
2. You must submit satisfactory Evidence Of Insurability to become insured if you were eligible for Contributory insurance under the Prior Plan for more than 31 days but were not insured.

C. Evidence Of Insurability Requirement

Evidence Of Insurability satisfactory to us is required:

- a. For late application for Contributory insurance.
- b. For Members eligible but not insured for Contributory insurance under the Prior Plan.
- c. For reinstatements if required.

Providing Evidence Of Insurability means you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about your insurability that we may reasonably require.

(VAR EOI) LT.EF.OT.1X

## ACTIVE WORK PROVISIONS

A. Active Work Requirement

You must be capable of Active Work on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance 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 with reasonable continuity the Material Duties of your Own Occupation at your Employer's usual place of business.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance.

LT.AW.OT.1

## CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement. See **Active Work Provisions**.

The LTD Benefit payable for a period of continuous Disability beginning before you meet the Active Work requirement will be:

1. The monthly benefit which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

There is no Minimum LTD Benefit if there is a reduction by benefits payable under the Prior Plan.

#### B. Effect Of Preexisting Conditions

If your Disability is subject to the Preexisting Condition Exclusion, LTD Benefits will be payable if:

1. You were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy;
2. You became insured under the Group Policy when your insurance under the Prior Plan ceased;
3. You were continuously insured under the Group Policy from the effective date of your insurance under the Group Policy through the date you became Disabled from the Preexisting Condition; and
4. Benefits would have been payable under the terms of the Prior Plan if it had remained in force, taking into account the preexisting condition exclusion, if any, of the Prior Plan.

For such a Disability, the amount of your LTD Benefit will be the lesser of:

- a. The monthly benefit that would have been payable under the terms of the Prior Plan if it had remained in force; or
- b. The LTD Benefit payable under the terms of the Group Policy, but without application of the Preexisting Condition Exclusion.

Your LTD Benefits for such a Disability will end on the earlier of the following dates:

- a. The date benefits would have ended under the terms of the Prior Plan if it had remained in force; or
- b. The date LTD Benefits end under the terms of the Group Policy.

(PX AND AW) LT.CC.OT.1

### **WHEN YOUR INSURANCE ENDS**

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date you cease to be a Member. However, your insurance will be continued during the following periods when you are absent from Active Work, unless it ends under any of the above.
  - a. During the first 90 days of a temporary or indefinite administrative or involuntary leave of absence or sick leave, provided your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member. A period when you are absent from Active Work as part of a severance or other employment termination agreement is not a leave of absence, even if you are receiving the same Predisability Earnings.
  - b. 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.
  - c. During any other temporary leave of absence approved by your Employer in advance and in writing and scheduled to last 30 days or less. A period of Disability is not a leave of absence.
  - d. During the Benefit Waiting Period.

LT.EN.OT.1

## **WAIVER OF PREMIUM**

We will waive payment of premium for your insurance while LTD Benefits are payable.

**LT.WP.OT.1**

## **REINSTATEMENT OF INSURANCE**

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a covered Disability following the Benefit Waiting Period, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your 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.
5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
  - a. If you become insured again within 90 days.
  - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
6. In no event will insurance be retroactive.

**LT.RE.OT.2**

## **DEFINITION OF DISABILITY**

You are Disabled if you meet the following definitions during the periods they apply:

- A. Own Occupation Definition Of Disability.
  - B. Any Occupation Definition Of Disability.
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

**B. Any Occupation Definition Of Disability**

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the **Coverage Features**.

(OWNOCC\_ANY\_WITH 40) LT.DD.OT.1

## **RETURN TO WORK PROVISIONS**

**A. Return To Work Responsibility**

During the Own Occupation Period no LTD Benefits will be paid for any period when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period no LTD Benefits will be paid for any period when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

**B. Return To Work Incentive**

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.



You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 12 months after that date, as follows:

1. During the first 12 months, your Work Earnings will be Deductible Income as determined in a., b. and c:
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. After those first 12 months, 50% of your Work Earnings will be Deductible Income.

#### C. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available:

- a. In your Own Occupation during the Own Occupation Period; and
- b. In Any Occupation during the Any Occupation Period.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

LT.RW.OT.1

### **REASONABLE ACCOMMODATION EXPENSE BENEFIT**

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

LT.RA.OT.1

## REHABILITATION PLAN PROVISION

While you are Disabled you may qualify to participate in a Rehabilitation Plan. Rehabilitation Plan means a written plan, program or course of vocational training or education that is intended to prepare you to return to work.

To participate in a Rehabilitation Plan you must apply on our forms or in a letter to us. The terms, conditions and objectives of the plan must be accepted by you and approved by us in advance. We have the sole discretion to approve your Rehabilitation Plan.

While you are participating in an approved Rehabilitation Plan, your LTD Benefit will be increased by 10% of your Predisability Earnings. Your LTD Benefit may not exceed the Maximum LTD Benefit shown in the **Coverage Features** as a result of this increase.

An approved Rehabilitation Plan may include our payment of some or all of the expenses you incur in connection with the plan, including:

- a. Training and education expenses.
- b. Family care expenses.
- c. Job-related expenses.
- d. Job search expenses.

(WITH REHAB INC BFT) LT.RH.OT.1

## TEMPORARY RECOVERY

You may temporarily recover from your Disability and then become Disabled again from the same cause or causes without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable Allowable Period. See **Definition Of Disability**.

### A. Allowable Periods

1. During the Benefit Waiting Period: a total of 90 days of recovery.
2. During the Maximum Benefit Period: 180 days for each period of recovery.

### B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Periods, the following will apply.

1. The Predisability Earnings used to determine your LTD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Benefit Waiting Period, your Maximum Benefit Period or your Own Occupation Period.
3. No LTD Benefits will be payable for the period of Temporary Recovery.
4. No LTD Benefits will be payable after benefits become payable to you under any other disability insurance plan under which you become insured during your period of Temporary Recovery.
5. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

(NEW TR PERIOD) LT.TR.OT.1

## **WHEN LTD BENEFITS END**

Your LTD Benefits end automatically on the earliest of:

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date benefits become payable under any other LTD plan under which you become insured through employment during a period of Temporary Recovery.
5. The date you fail to provide proof of continued Disability and entitlement to LTD Benefits.

**LT.BE.OT.1**

## **PREDISABILITY EARNINGS**

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings after that last full day of Active Work will not affect your Predisability Earnings.

Predisability Earnings means your monthly rate of earnings from your Employer, including:

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), 408(p), 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.

Predisability Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Stock options or stock bonuses.
6. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
7. Any other extra compensation.

If you are paid on an annual contract basis, your monthly rate of earnings is one-twelfth (1/12th) of your annual contract salary.

If you are paid hourly, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

**(BASE\_NO STOCK) LT.PD.OT.1**

## **DEDUCTIBLE INCOME**

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, annual or personal leave pay, severance pay, or other salary continuation, including donated amounts, (but not vacation pay) paid to you by your Employer, if it exceeds the amount found in a., b., and c.
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your sick pay or other salary continuation to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
  - a. A workers' compensation law;
  - b. The Jones Act;
  - c. Maritime Doctrine of Maintenance, Wages, or Cure;
  - d. Longshoremen's and Harbor Worker's Act; or
  - e. Any similar act or law.
4. Any amount you, your spouse, or your child under age 18 receive or are eligible to receive because of your disability or retirement under:
  - a. The Federal Social Security Act;
  - b. The Canada Pension Plan;
  - c. The Quebec Pension Plan;
  - d. The Railroad Retirement Act; or
  - e. Any similar plan or act.

Full offset: Both the primary benefit (the benefit awarded to you) and dependents benefit are Deductible Income.

Benefits your spouse or a child receives or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence. The term "child" has the meaning given in the applicable plan or act.
5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
6. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.
7. Any disability or retirement benefits you receive or are eligible to receive under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members. You and your Employer's contributions will be considered as distributed simultaneously throughout your lifetime, regardless of how funds are distributed from the retirement plan.

If any of these plans has two or more payment options, the option which comes closest to providing you a monthly income for life with no survivors benefit will be Deductible Income, even if you choose a different option.

8. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.
9. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.
10. Any amount you receive or are eligible to receive from or on behalf of a third party because of your disability, whether by judgment, settlement or other method. If you notify us before filing suit or settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees.
11. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

(NO OTHR OFFST\_PUB\_WITH 3RD) LT.DI.OT.1

### **EXCEPTIONS TO DEDUCTIBLE INCOME**

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Early retirement benefits under the Federal Social Security Act which are not actually received.
6. Group credit or mortgage disability insurance benefits.
7. Accelerated death benefits paid under a life insurance policy.
8. Benefits from the following:
  - a. Profit sharing plan.
  - b. Thrift or savings plan.
  - c. Deferred compensation plan.
  - d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
  - e. Individual Retirement Account (IRA).
  - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
  - g. Stock ownership plan.
  - h. Keogh (HR-10) plan.

(PUB\_NO OTHR OFFST) LT.ED.OT.1

### **RULES FOR DEDUCTIBLE INCOME**

#### **A. Monthly Equivalents**

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

**B. Your Duty To Pursue Deductible Income**

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

**C. Pending Deductible Income**

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

**D. Overpayment Of Claim**

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

**LT.RU.OT.1**

## **SUBROGATION**

If LTD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of LTD Benefits, and such notice shall constitute a lien on any judgment recovered.

If you or your legal representative fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgment recovered the amount of LTD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or as the court may direct.

**LT.SG.OT.1**

## **SURVIVORS DEATH BENEFIT**

If you die while LTD Benefits are payable, and on the date you die you have been continuously Disabled for at least 180 days, we will pay a Survivors Death Benefit according to 1 through 4 below.

1. The Survivors Death Benefit is a lump sum equal to 3 times your LTD Benefit without reduction by Deductible Income.
2. The Survivors Death Benefit will first be applied to reduce any overpayment of your claim.
3. The Survivors Death Benefit will be paid at our option to any one or more of the following:
  - a. Your surviving spouse;

- b. Your surviving unmarried children, including adopted children, under age 25;
  - c. Your surviving spouse's unmarried children, including adopted children, under age 25; or
  - d. Any person providing the care and support of any person listed in a., b., or c. above.
4. No Survivors Death Benefit will be paid if you are not survived by any person listed in a., b., or c. above.

(MULTPL) LT.SB.FL.1

### **BENEFITS AFTER INSURANCE ENDS OR IS CHANGED**

During each period of continuous Disability, we will pay LTD Benefits according to the terms of the Group Policy in effect on the date you become Disabled. Your right to receive LTD Benefits will not be affected by:

- 1. Any amendment to the Group Policy that is effective after you become Disabled.
- 2. Termination of the Group Policy after you become Disabled.

LT.BA.OT.1

### **EFFECT OF NEW DISABILITY**

If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled. However, 1 and 2 apply.

- 1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
- 2. The **Disabilities Excluded From Coverage**, **Disabilities Subject To Limited Pay Periods**, and **Limitations** sections will apply to the new cause of Disability.

LT.ND.OT.1

### **DISABILITIES EXCLUDED FROM COVERAGE**

#### A. War

You are not covered for a Disability caused or contributed to by War or any 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.

#### B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.

#### C. Preexisting Condition

A separate Preexisting Condition exclusion applies to Plan 1 or Plan 2. However, if you change your Plan selection from Plan 1 to Plan 2 and benefits are not payable under Plan 2 because of the Preexisting Condition exclusion, your claim will be administered as if you had not changed your Plan selection.

##### 1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

- a. For which you have done or for which a reasonably prudent person would have done any of the following:
  - i. Consulted a physician or other licensed medical professional;

- ii. Received medical treatment, services or advice;
- iii. Undergone diagnostic procedures, including self-administered procedures;
- iv. Taken prescribed drugs or medications;
- b. Which, as a result of any medical examination, including routine examination, was discovered or suspected;

with respect to Plan 1, at any time during the 90-day period just before your insurance becomes effective under the Group Policy;

with respect to Plan 2, at any time during the 90-day period just before your insurance becomes effective under Plan 2.

## 2. Exclusion

With respect to Plan 1, you are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you (a) have been continuously insured under the Group Policy for 12 months, and (b) have been Actively At Work for at least one full day after the end of that 12 months.

With respect to Plan 2, you are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you (a) have been continuously insured under Plan 2 for 12 months, and (b) have been Actively At Work for at least one full day after the end of that 12 months.

## D. Loss Of License Or Certification

You are not covered for a Disability caused or contributed to by the loss of your professional license, occupational license or certification.

## E. Violent Or Criminal Conduct

You are not covered for a Disability caused or contributed to by your 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.

(WITH PRUDNT) LT.XD.OT.IX

## **DISABILITIES SUBJECT TO LIMITED PAY PERIODS**

### A. Mental Disorders, Substance Abuse and Other Limited Conditions

Payment of LTD Benefits is limited to 24 months during your entire lifetime for a Disability caused or contributed to by any one or more of the following, or medical or surgical treatment of one or more of the following:

- 1. Mental Disorders;
- 2. Substance Abuse; or
- 3. Other Limited Conditions.

However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 24 months, this limitation will not apply while you are continuously confined.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence



of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Substance Abuse means use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction.

Other Limited Conditions means chronic fatigue conditions (such as chronic fatigue syndrome, chronic fatigue immunodeficiency syndrome, post viral syndrome, limbic encephalopathy, Epstein-Barr virus infection, herpes virus type 6 infection, or myalgic encephalomyelitis), any allergy or sensitivity to chemicals or the environment (such as environmental allergies, sick building syndrome, multiple chemical sensitivity syndrome or chronic toxic encephalopathy), chronic pain conditions (such as fibromyalgia, reflex sympathetic dystrophy or myofascial pain), carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder, or craniomandibular joint disorder.

However, Other Limited Conditions does not include neoplastic diseases, neurologic diseases, endocrine diseases, hematologic diseases, asthma, allergy-induced reactive lung disease, tumors, malignancies, or vascular malformations, demyelinating diseases, or lupus.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals. Hospital does not include any rehabilitative care facility unless the rehabilitative care is for treatment of physical disability and is provided in a licensed hospital which is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities.

#### B. Rules For Disabilities Subject To Limited Pay Periods

1. If you are Disabled as a result of a Mental Disorder or any Physical Disease or Injury for which payment of LTD Benefits is subject to a limited pay period, and at the same time are Disabled as a result of a Physical Disease, Injury, or Pregnancy that is not subject to such limitation, LTD Benefits will be payable first for conditions that are subject to the limitation.
2. No LTD Benefits will be payable after the end of the limited pay period, unless on that date you continue to be Disabled as a result of a Physical Disease, Injury, or Pregnancy for which payment of LTD Benefits is not limited.

**LT.LP.FL.1**

## **LIMITATIONS**

#### A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

#### B. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but elect not to work.

#### C. Rehabilitation Program

No LTD Benefits will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by us unless your Disability prevents you from participating.

D. Foreign Residency

Payment of LTD Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

E. Imprisonment

No LTD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

**LT.LM.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, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay LTD Benefits within 60 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Death Benefit. If no Survivors Death Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your 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, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support your claim.
- d. Information concerning your right to a review of our decision.

#### H. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

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 judgment, 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 judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

If we extend the review period, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim on review; and (c) any additional information we need to decide your claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.

- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

I. Assignment

The rights and benefits under the Group Policy are not assignable.

(REV PUB WRDG) LT.CL.FL.2

### **ALLOCATION OF AUTHORITY**

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, 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. The amount of benefits payable; and
  - d. The 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.

LT.AL.OT.1

### **TIME LIMITS ON LEGAL ACTIONS**

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought after expiration of the applicable statute of limitations from 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.

LT.TL.FL.1

### **INCONTESTABILITY PROVISIONS**

A. Incontestability Of Insurance

Any statement made to obtain insurance or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance 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.

After insurance has been in effect for two years during the lifetime of the insured, we will not use a misrepresentation to reduce or deny the claim, unless it was a fraudulent misrepresentation.

#### B. Incontestability Of The 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 your 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 or fraudulent misrepresentations.

LT.IN.OT.1

### **CLERICAL ERROR, AGENCY, 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.
3. Continue insurance under the Group Policy otherwise validly terminated.

#### B. Agency

The Policyholder and your Employer act on their own behalf as your agent, and not as our agent. The Policyholder and your Employer 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.

#### 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.

LT.CE.OT.1

### **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 of Members.

LT.TA.OT.1

## DEFINITIONS

Benefit Waiting Period means the period you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable for the Benefit Waiting Period. See **Coverage Features**.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

CPI-W means the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, we may use a comparable index. Where required, we will obtain prior state approval of the new index.

Employer means an employer (including approved affiliates and subsidiaries) for which coverage under the Group Policy is approved in writing by us.

Group Policy means the group LTD insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the rate of increase in the CPI-W. During your first year of Disability, your Indexed Predisability Earnings are the same as your Predisability Earnings. Thereafter, your Indexed Predisability Earnings are determined on each anniversary of your Disability by increasing the previous year's Indexed Predisability Earnings by the rate of increase in the CPI-W for the prior calendar year. The maximum adjustment in any year is 10%. Your Indexed Predisability Earnings will not decrease, even if the CPI-W decreases.

Injury means an injury to the body.

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.

LTD Benefit means the monthly benefit payable to you under the terms of the Group Policy.

Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Features**.

Noncontributory means (a) insurance is nonelective and the Policyholder or Employer pay the entire premium for insurance; or (b) the Policyholder or Employer require all eligible Members to have insurance and to pay all or part of the premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physical Disease means a physical disease entity or process that produces structural or functional changes in the body as diagnosed by a Physician.

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 caused by pregnancy.

Prior Plan means your Employer's group long term disability insurance plan in effect on the day before the effective date of your Employer's participation under the Group Policy and which is replaced by coverage under the Group Policy.

**LT.DF.FL.1**

**FL/LTDC2000X**





STANDARD INSURANCE COMPANY

AS OF DATE 03/31/2019

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GCE0300-4\* GROUP CLAIM EXPERIENCE

RUN DATE 04/03/2019

POLICY 649032 OKALOOSA CO BOARD OF COUNT

FROM 10/2014 THRU 03/2019

CLAIM NUMBER	CLAIMANT NAME	S X COV	PD	O C	*-----DATES-----*			CAUSE CODE	P N	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD
		M TPD2		9		07/2018		P		25,000.00		9,375.00		
		M TPD2		3		05/2018		P		25,000.00		9,375.00		
		M TPD2		0		09/2018		P		25,000.00		9,375.00		
SUBTOTAL PENDING - TPD2												28,125.00		
SUBTOTAL OTHER - TPD2												65,000.00		
COVERAGE - TPD2												93,125.00		
		F DEP				12/2014 01/2015 01/2015				50,000.00	50,000.00			
		F DEP				12/2014 05/2015 05/2015				100,000.00	100,000.00			
		F DEP				05/2016 07/2016 07/2016				10,000.00	10,000.00			
		F DEP				11/2016 12/2016 12/2016				50,000.00	50,000.00			
		F DEP				01/2017 02/2017 02/2017				16,250.00	16,250.00			
		M DEP				07/2017 08/2017 08/2017				25,000.00	25,000.00			
		M DEP				07/2018 07/2018 07/2018				25,000.00	25,000.00			
		M DEP				12/2018 02/2019 02/2019				25,000.00	25,000.00			
		M DEP				02/2019 03/2019 03/2019				25,000.00	25,000.00			
COVERAGE - DEP										326,250.00	326,250.00			
		M AD&D				10/2016 11/2016 02/2017				25,000.00	25,000.00			
		M AD&D				10/2016 01/2017								
		M AD&D				07/2018 11/2018 11/2018				25,000.00	25,000.00			
COVERAGE - AD&D										50,000.00	50,000.00			
		M M LTD		3		10/2015 08/2016		NS		2,103.19	7,601.65	7,601.65	19,434.16	
		E F LTD		9		03/2016 01/2017		OS		1,677.99	4,391.84	4,391.84	1,103.24	
		A M LTD		6		04/2016 01/2017 04/2018		OS		1,202.18	1,800.00	1,800.00		
		F M LTD		5		08/2016 11/2016 02/2019		NS		1,590.74	2,509.68	2,509.68		
		G M LTD		8		07/2016 12/2016 03/2017		NS		1,578.63	3,513.71	3,513.71		
		M M LTD		6		12/2016 03/2017		NS		1,719.47				
		C F LTD		0		08/2015 05/2017 04/2017		NS			6,313.65	6,313.65		
		T F LTD		2		01/2017 08/2017 04/2018		OS		2,212.75	3,819.18	3,819.18		
		K F LTD		8		08/2016 11/2017		NS		1,521.19	2,500.00	2,500.00	2,742.00	
		M F LTD		2		09/2017 11/2018		OS		1,843.49	15,033.04	15,033.04	69,951.51	
		T M LTD		6		05/2018 01/2019 12/2018		NS		1,662.53	1,108.41	1,108.41		

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STANDARD INSURANCE COMPANY

AS OF DATE 03/31/2019

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GCE0300-4\* GROUP CLAIM EXPERIENCE

RUN DATE 04/03/2019

POLICY 649032 OKALOOSA CO BOARD OF COUNT

FROM 10/2014 THRU 03/2019

CLAIM NUMBER	CLAIMANT NAME	S X COV PD	O C	*-----DATES-----*			CAUSE CODE	P N	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD	
				BIRTH	INCUR	APPROV	TERM							
		M LTD	6	07/2018	03/2019			NS		1,654.75	300.00	4,084.00		
		M LTD	8	05/2018	03/2019			OS		1,217.57	2,202.37	6,348.00		
		M LTD	2	09/2018	03/2019			NS		1,953.52		13,231.56		
		M LTD	6	04/2018				OS	P	1,179.00		20,632.50		
		M LTD	8	12/2015	03/2019	03/2019		NS		6,424.23	6,424.23			
		M LTD	8	10/2014	01/2016	04/2017		OA		31,120.21	31,120.21			
		F LTD	3	06/2015		03/2016		QA		1,606.54				
		M LTD	8	12/2015	05/2016	03/2019		NS		2,141.41	6,424.23			
		F LTD	0	08/2015	07/2016	04/2017		NS		2,104.55	2,211.52			
				SUBTOTAL PENDING - LTD									20,632.50	
				SUBTOTAL OTHER - LTD						97,273.72	97,273.72		116,894.47	
				COVERAGE - LTD						97,273.72	97,273.72		137,526.97	
				POLICY - 649032						1,233,523.72	1,233,523.72		230,651.97	

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Kevin Huston Locht  
Corporate Benefits of the Emerald Coast Inc.

850.244.0849 office  
850.244.0852 Fax

			Voluntary Life			LTD Buy Up \$4.75 (Yes) or \$0.00 (No)?
Gender	AGE	Active or Retiree	Employee Amount	Spouse Amount	Child Amount	
MALE	56	Active	\$75,000.00	\$0.00	\$5,000.00	\$0.00
FEMALE	40	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	67	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	23	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	51	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	44	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
FEMALE	37	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
MALE	50	Active	\$75,000.00	\$0.00	\$10,000.00	\$4.75
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	60	Active	\$100,000.00	\$50,000.00	\$0.00	\$4.75
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	50	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	36	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	30	Active	\$50,000.00	\$25,000.00	\$0.00	\$0.00
MALE	35	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
FEMALE	36	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	43	Active	\$150,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	48	Active	\$150,000.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	59	Active	\$50,000.00	\$25,000.00	\$0.00	\$0.00
MALE	32	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	71	Active	\$10,000.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	26	Active	\$175,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$50,000.00	\$25,000.00	\$0.00	\$4.75
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	43	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	42	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$300,000.00	\$0.00	\$10,000.00	\$4.75
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	22	Active	\$0.00	\$0.00	\$0.00	\$0.00

FEMALE	44	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	32	Active	\$150,000.00	\$0.00	\$10,000.00	\$0.00
MALE	31	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
FEMALE	36	Active	\$200,000.00	\$0.00	\$10,000.00	\$4.75
MALE	66	Active	\$113,750.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	53	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	37	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$150,000.00	\$0.00	\$10,000.00	\$4.75
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	53	Active	\$125,000.00	\$25,000.00	\$0.00	\$0.00
MALE	59	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	62	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	55	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	45	Active	\$150,000.00	\$0.00	\$0.00	\$0.00
FEMALE	47	Active	\$200,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	26	Active	\$150,000.00	\$0.00	\$0.00	\$4.75
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
FEMALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	39	Active	\$25,000.00	\$0.00	\$10,000.00	\$0.00
MALE	32	Active	\$300,000.00	\$0.00	\$0.00	\$0.00
MALE	37	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	20	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	56	Active	\$200,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	26	Active	\$250,000.00	\$25,000.00	\$10,000.00	\$0.00
FEMALE	28	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
FEMALE	33	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00

MALE	53	Active	\$150,000.00	\$0.00	\$0.00	\$4.75
FEMALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	38	Active	\$25,000.00	\$25,000.00	\$0.00	\$0.00
MALE	38	Active	\$200,000.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$300,000.00	\$25,000.00	\$0.00	\$4.75
MALE	60	Active	\$25,000.00	\$50,000.00	\$0.00	\$0.00
MALE	53	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$125,000.00	\$0.00	\$10,000.00	\$4.75
MALE	48	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	61	Active	\$50,000.00	\$25,000.00	\$0.00	\$4.75
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	45	Active	\$175,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	26	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	67	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	60	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	41	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
MALE	46	Active	\$200,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	27	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$150,000.00	\$0.00	\$0.00	\$0.00
MALE	36	Active	\$150,000.00	\$100,000.00	\$10,000.00	\$0.00
MALE	39	Active	\$250,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	43	Active	\$0.00	\$25,000.00	\$10,000.00	\$4.75
MALE	58	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$50,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	21	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	37	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00
MALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	27	Active	\$125,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	30	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	42	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
MALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
FEMALE	20	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	34	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	46	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
FEMALE	50	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75

FEMALE	32	Active	\$200,000.00	\$0.00	\$10,000.00	\$0.00
MALE	59	Active	\$150,000.00	\$0.00	\$0.00	\$0.00
MALE	45	Active	\$50,000.00	\$50,000.00	\$10,000.00	\$4.75
MALE	35	Active	\$50,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	32	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	20	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
FEMALE	24	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	42	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
FEMALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	59	Active	\$50,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	21	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	48	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$50,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$300,000.00	\$25,000.00	\$0.00	\$4.75
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	24	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	65	Active	\$32,500.00	\$0.00	\$0.00	\$4.75
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	28	Active	\$250,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	19	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$225,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	45	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	36	Active	\$125,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	49	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	40	Active	\$300,000.00	\$0.00	\$0.00	\$0.00
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$200,000.00	\$0.00	\$0.00	\$0.00
FEMALE	60	Active	\$25,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$200,000.00	\$0.00	\$10,000.00	\$4.75
MALE	45	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$75,000.00	\$0.00	\$10,000.00	\$4.75
MALE	28	Active	\$0.00	\$0.00	\$0.00	\$4.75

FEMALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	29	Active	\$300,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	54	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	32	Active	\$200,000.00	\$25,000.00	\$0.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	57	Active	\$150,000.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$50,000.00	\$0.00	\$5,000.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	27	Active	\$150,000.00	\$0.00	\$0.00	\$0.00
FEMALE	47	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	47	Active	\$175,000.00	\$0.00	\$10,000.00	\$4.75
MALE	26	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	67	Active	\$48,750.00	\$16,250.00	\$0.00	\$4.75
MALE	21	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	46	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	58	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	71	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	40	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	58	Active	\$100,000.00	\$50,000.00	\$0.00	\$4.75
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
FEMALE	56	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	60	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	36	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
FEMALE	55	Active	\$125,000.00	\$0.00	\$0.00	\$0.00
MALE	33	Active	\$125,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	24	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	36	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$0.00	\$25,000.00	\$0.00	\$0.00
FEMALE	50	Active	\$150,000.00	\$0.00	\$10,000.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	44	Active	\$150,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	42	Active	\$200,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	52	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	62	Active	\$50,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00



MALE	56	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
FEMALE	36	Active	\$75,000.00	\$0.00	\$0.00	\$4.75
MALE	27	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	45	Active	\$25,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	45	Active	\$250,000.00	\$0.00	\$10,000.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	42	Active	\$300,000.00	\$0.00	\$10,000.00	\$4.75
MALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	39	Active	\$500,000.00	\$0.00	\$10,000.00	\$4.75
MALE	30	Active	\$300,000.00	\$25,000.00	\$0.00	\$0.00
MALE	43	Active	\$25,000.00	\$0.00	\$2,500.00	\$0.00
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	46	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
FEMALE	27	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$300,000.00	\$200,000.00	\$10,000.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	23	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	41	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$200,000.00	\$0.00	\$10,000.00	\$0.00
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	58	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	60	Active	\$50,000.00	\$25,000.00	\$0.00	\$4.75
MALE	19	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	68	Active	\$32,500.00	\$0.00	\$0.00	\$4.75
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	59	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	33	Active	\$125,000.00	\$62,500.00	\$10,000.00	\$4.75
MALE	60	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	31	Active	\$225,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	49	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	20	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	48	Active	\$50,000.00	\$0.00	\$5,000.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
MALE	40	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$200,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	33	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	26	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	47	Active	\$100,000.00	\$25,000.00	\$0.00	\$0.00
MALE	45	Active	\$300,000.00	\$25,000.00	\$0.00	\$0.00

MALE	55	Active	\$125,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	48	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	40	Active	\$200,000.00	\$0.00	\$10,000.00	\$4.75
MALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	21	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	22	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
MALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$25,000.00	\$50,000.00	\$0.00	\$4.75
MALE	55	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	40	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
MALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	54	Active	\$50,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	49	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	42	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
FEMALE	46	Active	\$75,000.00	\$25,000.00	\$0.00	\$4.75
MALE	47	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
FEMALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$200,000.00	\$0.00	\$0.00	\$0.00
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$0.00	\$0.00	\$10,000.00	\$4.75
FEMALE	66	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	54	Active	\$0.00	\$25,000.00	\$0.00	\$0.00
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	50	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
MALE	54	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	38	Active	\$0.00	\$0.00	\$10,000.00	\$0.00

MALE	49	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00
MALE	54	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$125,000.00	\$0.00	\$0.00	\$0.00
MALE	41	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	26	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	67	Active	\$146,250.00	\$0.00	\$0.00	\$4.75
MALE	41	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	24	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	42	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
FEMALE	65	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	51	Active	\$100,000.00	\$50,000.00	\$10,000.00	\$0.00
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	43	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	22	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	41	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	65	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	53	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	41	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	58	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$0.00
FEMALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	24	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
MALE	57	Active	\$75,000.00	\$0.00	\$0.00	\$4.75
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	41	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	29	Active	\$175,000.00	\$0.00	\$0.00	\$0.00
FEMALE	39	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$25,000.00	\$10,000.00	\$4.75
MALE	38	Active	\$150,000.00	\$50,000.00	\$0.00	\$0.00
MALE	59	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	59	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	42	Active	\$75,000.00	\$0.00	\$7,500.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	36	Active	\$300,000.00	\$0.00	\$0.00	\$4.75

MALE	42	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
MALE	44	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	26	Active	\$250,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	36	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	66	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	29	Active	\$275,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	40	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
MALE	55	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	47	Active	\$0.00	\$25,000.00	\$10,000.00	\$0.00
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	65	Active	\$65,000.00	\$32,500.00	\$0.00	\$0.00
MALE	21	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	23	Active	\$0.00	\$0.00	\$10,000.00	\$4.75
MALE	64	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
MALE	35	Active	\$250,000.00	\$0.00	\$0.00	\$0.00
MALE	47	Active	\$300,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	23	Active	\$125,000.00	\$0.00	\$0.00	\$4.75
FEMALE	49	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
FEMALE	56	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
MALE	31	Active	\$100,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	66	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$125,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	31	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$0.00
FEMALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	40	Active	\$50,000.00	\$12,500.00	\$0.00	\$4.75
MALE	31	Active	\$250,000.00	\$0.00	\$10,000.00	\$0.00
MALE	56	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	24	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	40	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
MALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	46	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	36	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	40	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	41	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
FEMALE	40	Active	\$225,000.00	\$0.00	\$10,000.00	\$4.75
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00

MALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	25	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	61	Active	\$25,000.00	\$12,500.00	\$0.00	\$0.00
FEMALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	70	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$25,000.00	\$0.00	\$5,000.00	\$0.00
MALE	26	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	54	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$200,000.00	\$50,000.00	\$0.00	\$0.00
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$175,000.00	\$0.00	\$0.00	\$4.75
MALE	45	Active	\$300,000.00	\$0.00	\$0.00	\$0.00
FEMALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	37	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	28	Active	\$0.00	\$5,000.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	65	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	33	Active	\$75,000.00	\$0.00	\$10,000.00	\$4.75
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	49	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
MALE	58	Active	\$100,000.00	\$25,000.00	\$0.00	\$4.75
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	36	Active	\$175,000.00	\$25,000.00	\$0.00	\$4.75
MALE	28	Active	\$250,000.00	\$0.00	\$0.00	\$4.75
MALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	40	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$75,000.00	\$0.00	\$10,000.00	\$4.75
MALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75
MALE	68	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	29	Active	\$75,000.00	\$0.00	\$0.00	\$4.75
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$150,000.00	\$0.00	\$0.00	\$4.75
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	55	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$0.00

MALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	51	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
FEMALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	25	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	19	Active	\$300,000.00	\$0.00	\$10,000.00	\$4.75
MALE	25	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
FEMALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	37	Active	\$275,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	26	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	55	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
FEMALE	52	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
MALE	64	Active	\$100,000.00	\$50,000.00	\$0.00	\$4.75
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	47	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	41	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	48	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$175,000.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	58	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
FEMALE	32	Active	\$0.00	\$25,000.00	\$10,000.00	\$4.75
MALE	26	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	41	Active	\$150,000.00	\$0.00	\$10,000.00	\$4.75
MALE	49	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	47	Active	\$50,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	56	Active	\$125,000.00	\$25,000.00	\$0.00	\$4.75
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	21	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
MALE	51	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	63	Active	\$0.00	\$25,000.00	\$0.00	\$4.75
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	41	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	46	Active	\$150,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	39	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	32	Active	\$75,000.00	\$0.00	\$0.00	\$4.75
MALE	47	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	33	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$4.75

FEMALE	20	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$75,000.00	\$0.00	\$0.00	\$4.75
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$50,000.00	\$25,000.00	\$0.00	\$4.75
MALE	42	Active	\$50,000.00	\$0.00	\$5,000.00	\$0.00
MALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$50,000.00	\$12,500.00	\$2,500.00	\$0.00
MALE	31	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	53	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	66	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	35	Active	\$250,000.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	35	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
MALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	28	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	26	Active	\$250,000.00	\$0.00	\$0.00	\$0.00
FEMALE	48	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$200,000.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	32	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	65	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	33	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	65	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	40	Active	\$50,000.00	\$0.00	\$5,000.00	\$4.75
MALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	39	Active	\$100,000.00	\$25,000.00	\$0.00	\$0.00
MALE	24	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	37	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	57	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	62	Active	\$50,000.00	\$25,000.00	\$0.00	\$0.00

FEMALE	54	Active	\$100,000.00	\$25,000.00	\$0.00	\$4.75
MALE	46	Active	\$300,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	66	Active	\$65,000.00	\$0.00	\$0.00	\$0.00
MALE	27	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	53	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	46	Active	\$200,000.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	46	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
MALE	60	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	28	Active	\$0.00	\$25,000.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	37	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	56	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	58	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$150,000.00	\$0.00	\$0.00	\$4.75
MALE	39	Active	\$250,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	41	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	53	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$4.75
MALE	60	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	28	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	72	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	39	Active	\$50,000.00	\$50,000.00	\$5,000.00	\$4.75
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	42	Active	\$25,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	49	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	56	Active	\$100,000.00	\$100,000.00	\$0.00	\$4.75
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$300,000.00	\$150,000.00	\$10,000.00	\$0.00
FEMALE	34	Active	\$0.00	\$0.00	\$10,000.00	\$0.00
FEMALE	56	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	23	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	24	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	26	Active	\$225,000.00	\$25,000.00	\$0.00	\$0.00
MALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	33	Active	\$0.00	\$0.00	\$0.00	\$0.00



FEMALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	35	Active	\$200,000.00	\$100,000.00	\$10,000.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	39	Active	\$300,000.00	\$0.00	\$0.00	\$4.75
FEMALE	41	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	42	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	43	Active	\$200,000.00	\$0.00	\$10,000.00	\$4.75
MALE	44	Active	\$200,000.00	\$200,000.00	\$10,000.00	\$0.00
FEMALE	48	Active	\$125,000.00	\$25,000.00	\$0.00	\$0.00
MALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
FEMALE	52	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$25,000.00	\$25,000.00	\$0.00	\$0.00
MALE	55	Active	\$300,000.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	60	Active	\$225,000.00	\$100,000.00	\$0.00	\$4.75
MALE	60	Active	\$50,000.00	\$0.00	\$0.00	\$0.00
FEMALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	61	Active	\$75,000.00	\$0.00	\$0.00	\$0.00
FEMALE	62	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	64	Active	\$125,000.00	\$25,000.00	\$0.00	\$4.75
MALE	64	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	69	Active	\$16,250.00	\$0.00	\$0.00	\$0.00
MALE	70	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	71	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
MALE	47	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	63	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	48	Active	\$100,000.00	\$25,000.00	\$10,000.00	\$0.00
FEMALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	48	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
FEMALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	25	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	64	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	44	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	49	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	55	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	47	Active	\$225,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	31	Active	\$25,000.00	\$0.00	\$1,000.00	\$0.00
FEMALE	49	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	53	Active	\$200,000.00	\$25,000.00	\$10,000.00	\$0.00
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	58	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	37	Active	\$75,000.00	\$75,000.00	\$10,000.00	\$0.00
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00

FEMALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	51	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	44	Active	\$200,000.00	\$0.00	\$0.00	\$4.75
FEMALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$300,000.00	\$0.00	\$0.00	\$0.00
FEMALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	43	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	55	Active	\$125,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	62	Active	\$75,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	34	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	41	Active	\$100,000.00	\$0.00	\$0.00	\$0.00
MALE	61	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	54	Active	\$175,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	60	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	25	Active	\$150,000.00	\$175,000.00	\$10,000.00	\$0.00
FEMALE	53	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	44	Active	\$225,000.00	\$0.00	\$0.00	\$0.00
FEMALE	29	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	50	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	57	Active	\$25,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	59	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	39	Active	\$225,000.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	41	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$200,000.00	\$0.00	\$10,000.00	\$0.00
MALE	53	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
FEMALE	60	Active	\$25,000.00	\$0.00	\$0.00	\$0.00
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	53	Active	\$250,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	36	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	54	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	57	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	46	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	50	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	48	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00
MALE	74	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	59	Active	\$75,000.00	\$25,000.00	\$0.00	\$0.00
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	37	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	28	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	36	Active	\$0.00	\$0.00	\$0.00	\$0.00
MALE	30	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	35	Active	\$275,000.00	\$0.00	\$10,000.00	\$0.00
FEMALE	42	Active	\$100,000.00	\$0.00	\$10,000.00	\$0.00

FEMALE	65	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	64	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	47	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	26	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	55	Active	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
MALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE		Retiree	\$0.00	\$0.00	\$0.00	\$0.00
FEMALE	29	Active	\$100,000.00	\$50,000.00	\$0.00	\$4.75
MALE	38	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	61	Active	\$50,000.00	\$0.00	\$0.00	\$4.75
MALE	67	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	39	Active	\$150,000.00	\$0.00	\$0.00	\$4.75
FEMALE	33	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	51	Active	\$300,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	48	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	37	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	51	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	34	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	40	Active	\$25,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	48	Active	\$75,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	37	Active	\$50,000.00	\$50,000.00	\$10,000.00	\$4.75
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	36	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	43	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	54	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
FEMALE	28	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	41	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	46	Active	\$25,000.00	\$0.00	\$0.00	\$4.75
FEMALE	32	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	48	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	56	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	55	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	34	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	52	Active	\$300,000.00	\$150,000.00	\$10,000.00	\$4.75
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	34	Active	\$100,000.00	\$100,000.00	\$10,000.00	\$4.75
FEMALE	39	Active	\$25,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	45	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	44	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	43	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	43	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	40	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	22	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	41	Active	\$150,000.00	\$0.00	\$0.00	\$4.75
FEMALE	55	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	46	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	31	Active	\$25,000.00	\$50,000.00	\$0.00	\$4.75
FEMALE	41	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	31	Active	\$25,000.00	\$25,000.00	\$10,000.00	\$4.75
FEMALE	42	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75

MALE	27	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	46	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE	50	Active	\$200,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	29	Active	\$100,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	53	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	63	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	38	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	28	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	38	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	46	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	27	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	42	Active	\$25,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	57	Active	\$100,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	34	Active	\$75,000.00	\$50,000.00	\$0.00	\$4.75
FEMALE	28	Active	\$250,000.00	\$100,000.00	\$10,000.00	\$4.75
FEMALE	56	Active	\$25,000.00	\$25,000.00	\$0.00	\$4.75
FEMALE	31	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	28	Active	\$100,000.00	\$0.00	\$0.00	\$4.75
FEMALE	28	Active	\$100,000.00	\$100,000.00	\$10,000.00	\$4.75
FEMALE	30	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	33	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	29	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	37	Active	\$50,000.00	\$0.00	\$10,000.00	\$4.75
FEMALE	35	Active	\$0.00	\$0.00	\$0.00	\$4.75
FEMALE	34	Active	\$0.00	\$0.00	\$0.00	\$4.75
MALE		Retiree				
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FEMALE	Retiree

		Vision					
	Employee		EE +	EE +	EE +		Family
Employee Only	Count	EE + Spouse	Spouse	Children	Children	Family	Count
\$7.48	342	\$16.12	106	\$13.00	52	\$21.64	122