



# Collin County Purchasing

**2023-309**

## **AD&D\_Life Insurance**

Issue Date: 7/11/2023

Questions Deadline: 7/28/2023 05:00 PM (CT)

Response Deadline: 8/10/2023 02:00 PM (CT)

Collin County Purchasing

## **Contact Information**

Contact: Michelle Michaelis, CTPM, Senior Buyer

Address: Purchasing

Admin. Building

Ste. 3160

2300 Bloomdale Rd.

Ste. 3160

McKinney, TX 75071

Phone: (972) 548-4113

Email: [mmichaelis@co.collin.tx.us](mailto:mmichaelis@co.collin.tx.us)

## Event Information

Number: 2023-309  
Title: AD&D\_Life Insurance  
Type: Request for Proposal - Other  
Issue Date: 7/11/2023  
Question Deadline: 7/28/2023 05:00 PM (CT)  
Response Deadline: 8/10/2023 02:00 PM (CT)  
Notes:

Collin County is conducting a vendor search to provide group benefits administration/insurance for Collin County's employer provided Basic Life and Accidental Death & Dismemberment (AD&D), as well as Supplemental Employee, Spouse and Dependent Life.

## Ship To Information

Address: See Purchase Order  
McKinney, TX 75071

## Billing Information

Address: Auditor  
Admin. Building  
Ste. 3100  
2300 Bloomdale Rd.  
Ste. 3100  
McKinney, TX 75071

## Bid Activities

### Deadline to Submit Questions

7/24/2023 2:00:00 PM (CT)

Hello,

Just a reminder the Collin County RFP 2023-309 (AD&D\_Life Insurance) deadline for questions is 7/28/2023 by 5 p.m. CST.

### Intent to Submit Proposal

8/7/2023 2:00:00 PM (CT)

Hello,

Just a reminder that the deadline to submit a proposal for RFP 2023-309 (AD&D\_Life Insurance) ends 8/10/23 at 2 pm CST.

## Bid Attachments

### LEGAL NOTICE TEMPLATE-RFP (2).docx

Legal Notice

[Download](#)

### General\_Instructions\_Proposals\_07.18.2022.docx

1.0 General Instructions RFP

[View Online](#)

### Terms\_of\_Contract\_Proposals\_-\_2.10.21.docx

Terms of Contract - Proposals

[View Online](#)

### Insurance updated 1-26-2015.doc

Minimum Insurance Requirements

[View Online](#)

### 4.0 to 8.0.pdf

Specifications

[View Online](#)

**Attachment A\_Life AD&D Insurance Questionnaire.pdf**

Attachment A Life AD&D Insurance Questionnaire

[View Online](#)

**Attachment B\_Life AD&D\_RFP Questionnaire.pdf**

Attachment B Life AD&D\_RFP Questionnaire

[View Online](#)

**Attachment C\_Pricing Information.pdf**

Attachment C Pricing Information

[View Online](#)

**Exhibit 1 - 2023 Supplemental Life Rates.pdf**

Exhibit 1 - 2023 Supplemental Life Rates

[View Online](#)

**Exhibit 2 - 2022 Supplemental Life Rates.pdf**

Exhibit 2 - 2022 Supplemental Life Rates

[View Online](#)

**Exhibit 3 - 2021 Supplemental Life Rates.pdf**

Exhibit 3 - 2021 Supplemental Life Rate

[View Online](#)

**Exhibit 4 - 2020 Supplemental Life Rates.pdf**

Exhibit 4 - 2020 Supplemental Life Rates

[View Online](#)

**Exhibit 5 - 2019 Supplemental Life Rates.pdf**

Exhibit 5 - 2019 Supplemental Life Rates

[View Online](#)

**Exhibit 6 - 2022 Life Insurance Claims.pdf**

Exhibit 6 - 2022 Life Insurance Claims

[View Online](#)

**Exhibit 7 - 2021 Life Insurance Claims.pdf**

Exhibit 7 - 2021 Life Insurance Claims

[View Online](#)

**Exhibit 8 - 2020 Life Insurance Claims.pdf**

Exhibit 8 - 2020 Life Insurance Claims

[View Online](#)

**Exhibit 9 - 2019 Life Insurance Claims.pdf**

Exhibit 9 - 2019 Life Insurance Claims

[View Online](#)

**Exhibit 10 - Life Plan Document\_Redacted.pdf**

Exhibit 10 - Life Plan Document

[View Online](#)

**Exhibit 11 - Supplemental Life Plan Document.pdf**

Exhibit 11 - Supplemental Life Plan

[View Online](#)

**Exhibit 12 - Basic Life and AD&D Census as of 06012023.pdf**

Exhibit 12 - Basic Life and AD&D Census as of 6/1/2023

[View Online](#)

**Exhibit 13 - Employee Supplemental Life Census as of 06012023.pdf**

Exhibit 13 - Employee Supplemental Life Census as of 6/1/23

[View Online](#)

**Exhibit 14 - Dependent Life Census as of 06012023.pdf**

Exhibit 14 - Dependent Life Census as of 6/1/23

[View Online](#)

**Exhibit 15 - Spouse Life Census as of 06012023.pdf**

Exhibit 15 - Spouse Life Census as of 6/1/23

[View Online](#)

**Exhibit 16 - Dependent and Spouse Life Census as of 06012023.pdf**

Exhibit 16 - Dependent and Spouse Life Census as of 6/1/23

[View Online](#)

**Exhibit 17 - Life Experience Report.pdf**

Exhibit 17 - Life Experience Report

[View Online](#)

**Exhibit 18 - Waiver Status Report\_Redacted.pdf**

Exhibit 18 - Waiver Status Report

[View Online](#)

**HB23\_CIQ.docx**

[View Online](#)

Information Regarding Conflict of Interest Questionnaire

**CIQ\_113015.pdf**

[View Online](#)

Conflict of Interest Questionnaire

**W-9 rev 2018.pdf**

[View Online](#)

W-9 Form

## Requested Attachments

### W9

*(Attachment required)*

Please submit a current W9

### Conflict of Interest Questionnaire

### Response to RFP

*(Attachment required)*

Please submit a response to section 6 and Attachments A-C

## Bid Attributes

### 1 eBid Notice

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

*(Required: Maximum 1000 characters allowed)*

### 2 Contact Information

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

*(Required: Maximum 4000 characters allowed)*

### 3 Exceptions (for RFP/RFQ)

Do you take exception to the specifications? If so, by separate attachment, please state your exceptions.

Yes  No

*(Required: Check only one)*

**4 Insurance Acknowledgement**

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**5 Subcontractors**

State the business name of all subcontractors and the type of work they will be performing under this contract. If you are fully qualified to self-perform the entire contract, please respond with "Not Applicable-Self Perform".

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*(Required: Maximum 4000 characters allowed)*

**6 Reference No. 1**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**7 Reference No. 2**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**8 Reference No. 3**

List a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.

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*(Required: Maximum 4000 characters allowed)*

**9 Debarment Certification**

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**10 Immigration and Reform Act**

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**11 Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

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*(Required: Maximum 1000 characters allowed)*

**1** **Anti-Collusion Statement**

**2** Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**1** **Disclosure of Interested Parties**

**3** Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

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\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**1** **Notification Survey**

**4** In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

- Plano Star Courier     Plan Room     Collin County eBid Notification     Collin County Website
- Other

*(Required: Check only one)*

**1** **Critical Infrastructure Affirmation**

**5** Pursuant to section 2274.0102 of the Texas Government Code, Respondent certifies that neither it nor its parent company, nor any affiliate of Respondent or its parent company, is: (1) majority owned or controlled by citizens or governmental entities of China, Iran, North Korea, Russia, or any other country designated by the Governor under Government Code Section 2274.0103, or (2) headquartered in any of those countries. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**1** **Energy Company Boycotts**

**6** Pursuant to Section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent represents and warrants that: (1) it does not, and will not for the duration of the contract, boycott energy companies, and (2) will not boycott energy companies during the term of the contract. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**17 Firearm Entities and Trade Associations Discrimination**

Pursuant to section 2274.002 of the Texas Government Code, should the contract have a value of \$100,000 or more and the company employs 10 or more full-time employees, Respondent verifies that: (1) it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association and (2) will not discriminate during the term of the contract against a firearm entity or firearm trade association. If circumstances relevant to this provision change during the course of the contract, Respondent shall promptly notify Agency. Please initial.

*(Required: Maximum 1000 characters allowed)*

**18 Preferential Treatment**

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A).

1. Is your principal place of business in the State of Texas?
2. If your principal place of business is not in Texas, in which State is your principal place of business?
3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage?
4. If your state favors resident bidders, state by what dollar amount or percentage.

*(Required: Maximum 4000 characters allowed)*

**19 Proposer Acknowledgement**

Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Request for Proposal. Please initial.

*(Required: Maximum 1000 characters allowed)*



**20 Cooperative Contracts**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

Yes  No

*(Required: Check only one)*

**Bid Lines**

**1 Upload Attachment C - Pricing Information**

*(Line excluded from response total)*

Supplier Notes: \_\_\_\_\_

\_\_\_\_\_

Additional notes  
*(Attach separate sheet)*

**Supplier Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Supplier Notes**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby certifies the foregoing proposal submitted by the company listed below hereinafter called "offeror" is the duly authorized agent of said company and the person signing said proposal has been duly authorized to execute same. Offeror affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this proposal in collusion with any other offeror or other person or persons engaged in the same line of business; and that the contents of this proposal as to prices, terms and conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

## **1.0 GENERAL INSTRUCTIONS**

### 1.0.1 Definitions

1.0.1.1 Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Vendor/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by an Offeror.

1.0.1.4 RFP: refers to Request for Proposal.

1.0.1.5 CSP: refers to Competitive Sealed Proposal

1.1 If Offeror does not wish to submit an offer at this time, please submit a No Bid.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of Submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your Submittal.

1.4 Collin County exclusively uses ionWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addenda which could ultimately render your Submittal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A Submittal may not be withdrawn or canceled by the Offeror prior to the ninety-first (91<sup>st</sup>) day following public opening of Submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Proposals/Submittals for any or all products and/or services covered in a Request For Proposal (RFP) and Competitive Sealed Proposal (CSP), and to waive informalities or defects in Submittals or to accept such Submittals as it shall deem to be in the best interest of Collin County.

1.7 All RFPs and CSPs submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the RFP/CSP number and name. A hard copy paper form Submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 Submittals via email, oral, telegraphic or telephonic will not be accepted. RFPs and CSPs may be submitted in electronic format via Collin County eBid.

1.9 All RFPs and CSPs submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the RFP and/or CSP.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all RFPs and CSPs submitted in hard copy paper form only, no flash drives, CD-ROMs or any other form of “plug and play” portable storage device will be accepted as a Submittal. RFPs, and CSPs received in the Collin County Purchasing Department after submission deadline shall be considered void and

unacceptable. Absolutely no late Submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic Submittals.

1.11 For hard copy paper form Submittals, any alterations made prior to opening date and time must be initialed by the signer of the RFP/CSP, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to a RFP or CSP and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than the date specified in the solicitation. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners Court. Addenda may be transmitted electronically via Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the RFP/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **Collin County eBid** <https://collincountytx.ionwave.net/>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Offeror's receipt of any addenda issued. Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Offeror shall state these exceptions in the section provided in the RFP/CSP or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.18 Minimum Standards for Responsible Prospective Offerors: A prospective Offeror must meet the following minimum requirements:

1.18.1 have adequate financial resources, or the ability to obtain such resources as required;

1.18.2 be able to comply with the required or proposed delivery/completion schedule;

1.18.3 have a satisfactory record of performance;

1.18.4 have a satisfactory record of integrity and ethics;

1.18.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with its preparation of a RFP/CSP Submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective Offerors during the solicitation process is subject to release under the Act.

1.22 The Offeror shall comply with Commissioners Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful Offeror agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County. Delivery to governmental entities located within Collin County will be at no additional charge or as otherwise provided for in the award document. Delivery charges, if any, for governmental entities located outside of Collin County shall be negotiated between the Vendor and each governmental entity.

1.24 Bid Openings: All bids submitted will be read at the County's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the County accepts such bid as responsive.

The County will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The County will notify the successful Offeror upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

1.25 Offeror shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

## 2.0 TERMS OF CONTRACT

2.1 A proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County RFP/CSP is for the execution of a public work, the following shall apply:

2.11.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of

\$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.13 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.15 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the proposal price. All components required to render the item complete, installed and operational shall be included in the total proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.16 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.17 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.18 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.18.1 Collin County Purchase Order Number;

2.18.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.18.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

- 2.20 All warranties shall be stated as required in the Uniform Commercial Code.
- 2.21 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.
- 2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.23 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
- 2.24 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
- 2.25 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.
- 2.26 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
- 2.27 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
- 2.28 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
- 2.29 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by Collin County prior to access being granted to Collin County facilities. Upon request, Vendor/Contractor/Provider shall provide list of individuals to the Collin County Purchasing Department within five (5) working days.
- 2.30 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.



2.31 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.32 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of proposal submission and time of award, the Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.34 Delays and Extensions of Time when applicable:

2.34.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect/Enginner may determine.

2.34.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

2.35 Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

2.36 Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

2.37 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.

2.38 Force Majeure: No party shall be liable or responsible to the other party, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement, when and to the extent such failure or delay is caused by or results from acts beyond the affected party's reasonable control, including, without limitation: acts of God; flood, fire or explosion; war, invasion, riot or other civil unrest; actions, embargoes or blockades in effect on or after the date of this Agreement; or national or regional emergency (each of the foregoing, a "Force Majeure Event"). A party whose performance is affected by a Force Majeure Event shall give notice to the other party, stating the period of time the occurrence is expected to continue and shall use diligent efforts to end the failure or delay and minimize the effects of such Force Majeure Event.

**NOTE:** All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual RFP/CSP Solicitation documents as Special Terms, Conditions and Specifications.

**3.0 INSURANCE REQUIREMENTS**

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.1.4 **Professional/Errors & Omissions Liability** insurance with a two (2) year extended reporting period. If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

- Each Occurrence/Aggregate: \$1,000,000

3.1.5 **Umbrella/Excess Liability** insurance.

- Each Occurrence/Aggregate: \$1,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

3.2.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.2.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

3.2.4 All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.

3.2.5 All copies of Certificates of Insurance shall reference the project/contract number.

3.3 All insurance shall be purchased from an insurance company that meets the following requirements:

3.3.1 A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.

3.4 Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:

3.4.1 Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

3.4.2 Sets forth the notice of cancellation or termination to Collin County.

## 4.0 EVALUATION CRITERIA AND FACTORS

- 4.1 The award of the contract shall be made to the responsible proposer, whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the Request for Proposals in accordance with Vernon's Texas Code Annotated, Local Government 262.030.

The Evaluation Committee will review all proposals received by the closing date and time as part of a documented evaluation process. For each decision point in the process, the County will evaluate contractors according to specific criteria and will elevate a certain number of contractors to compete against each other. The proposals will be evaluated on the following criteria.

The County will use a competitive process based upon "selection levels." The County recognizes that if a contractor fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining contractors or to elevate a contractor that was not elevated before. The selection levels are described in the following sections.

### LEVEL 1 – CONFORMANCE WITH MANDATORY REQUIREMENTS

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and submittal requirements are met. At the County's discretion, proposers may be contacted to submit clarifications or additional information within two (2) business days. Criteria assessed during Level 1:

- Conformance with RFP guidelines and submittal requirements (Section 6.0).
  - Including all attachments
- References provided will be contacted for verification and that information will be passed onto the evaluation committee and scored in level two (2).

### LEVEL 2 – DETAILED PROPOSAL ASSESSMENT

The Evaluation Committee will conduct a detailed assessment of all proposals elevated to this level. Proposers elevated to Level 2 may be asked to respond in writing to issues and questions raised by the County, as well as any other cost and implementation planning considerations in the proposal. Criteria evaluated in Level 2:

| Criteria  | Points     |
|---|------------|
| Capability/willingness to provide benefit plan as described in proposal (Attachments A and B)   | 40         |
| Financial stability and life insurance coverage experience (Section 7.1.6 Required Documents)   | 20         |
| References/Demonstrated effectiveness of services provided to other companies similar in size to Collin County, including but not limited to quickness of responses, timeliness of check issue, determination of evidence of insurability, ability to assign benefits and references (Section 7.1.6 References) | 30         |
| Extent of electronic capability, such as electronic billing, enrollment, websites (Attachments A and B)   | 10         |
| <b>Total</b>  | <b>100</b> |

It is anticipated that the Evaluation Committee will elevate proposals scoring at least **75** points to Level 3.

**LEVEL 3 – COST (35 Points)**

| Points | Evaluation Criteria  |
|--------|--|
| 25     | Competitiveness of pricing and length of rate for services proposed (Attachment C) |
| 10     | Willingness to provide a multi-year rate guarantee (Attachment C)                  |

Proposals may also be re-evaluated based upon Criteria in level 2.

**LEVEL 4 – BEST AND FINAL OFFER**

Proposers who are susceptible of receiving award may be elevated to Level 4 for Best and Final Offer. Proposers will be asked to respond in writing to issues and questions raised by the County, as well as any other cost and implementation planning considerations in the proposal, and may be invited to present their responses on-site. Proposals may be reevaluated based upon criteria in Level 2 and Level 3.

Based on the result of the Best and Final Offer evaluation, a single proposer will be identified as the finalist for contract negotiations. If a contract cannot be reached after a period of time deemed reasonable by the County, it reserves the right to contact any of the other proposers who have submitted bids and enter into negotiations with them.

**5.0 SCOPE OF SERVICES AND SPECIAL CONDITIONS**

5.1 **Intent of Request for Proposal:** By order of the Commissioners Court of Collin County, Texas sealed proposals will be received for **2023-309 AD&D\_Life Insurance**. Collin County’s intent of this Request For Proposal (RFP) and resulting contract is to provide proposers with sufficient information to prepare a proposal for preparation of group benefits administration/insurance for Collin County’s employer provided Basic Life and Accidental Death & Dismemberment (AD&D), as well as Supplemental Employee, Spouse and Dependent Life insurance coverage. Collin County is requesting vendors propose on both basic and supplemental life insurance coverage. Collin County desires to partner with a vendor who demonstrates a commitment to helping Collin County meet our objectives. This RFP provides for a contract(s) commencing on **January 1, 2024**.

5.2 **Current Carrier/Coverage:** Mutual of Omaha is the current carrier for the Basic Life insurance, Accidental Death & Dismemberment, and Supplemental Employee, Spouse and Dependent Life insurance plans. Active full-time employees, including elected officials, of Collin County are eligible to participate in the Collin County Basic Life; Accidental Death & Dismemberment; and Supplemental Employee, Spouse, and Dependent Life insurance programs. State, part-time, temporary, intern, contract employees, and volunteers are not eligible to participate.

5.2.1 Currently, 150% of annual salary in Basic Life Insurance **plus** \$50,000 of AD&D coverage is provided at no cost to the employee. Supplemental Employee, Spouse, and Dependent life insurance is

available to employees, but they are responsible for paying the entire cost of coverage.

5.2.2 Basic Life and Accidental Death & Dismemberment coverage becomes effective on the first day of the month following ninety (90) days of service.

5.2.3 Supplemental Employee, Spouse, and Dependent Life insurance, if elected by the employee, becomes effective on the first day of the month following ninety (90) days of service. Currently, when an employee is hired, there is a guaranteed issue on the following:

- County-provided basic life insurance,
- Dependent life insurance, and
- Supplemental employee life insurance for 100% or 200% of the employee's annual salary up to \$300,000. Employee supplemental life insurance in excess of \$300,000 up to the plan maximum of \$400,000 may require evidence of insurability. See section 7.1.3 for requested coverage amounts.

5.2.4 As of June 1, 2023, there are 1,599 employees enrolled in the Basic Life and Accidental Death & Dismemberment coverage. There are 759 employees enrolled in Supplemental Employee Life insurance, 192 employees enrolled in Supplemental Spouse Life insurance, 169 employees enrolled in Supplemental Dependent Life insurance and 461 employees enrolled in Supplemental Dependent and Spouse Life insurance.

5.2.5 To better assist the offerors in their attempts to obtain quotes, the following additional information has been provided:

- Exhibit 1 – 2023 Supplemental Life Rates
- Exhibit 2 – 2022 Supplemental Life Rates
- Exhibit 3 – 2021 Supplemental Life Rates
- Exhibit 4 – 2020 Supplemental Life Rates
- Exhibit 5 – 2019 Supplemental Life Rates
- Exhibit 6 – 2022 Life Insurance Claims
- Exhibit 7 – 2021 Life Insurance Claims
- Exhibit 8 – 2020 Life Insurance Claims
- Exhibit 9 – 2019 Life Insurance Claims
- Exhibit 10 – Life Plan Document
- Exhibit 11 – Supplemental Life Plan Document
- Exhibit 12 – Basic Life and AD&D Census as of 06/01/2023
- Exhibit 13 – Employee Supplemental Life Census as of 06/01/2023
- Exhibit 14 – Dependent Life Census as of 06/01/2023
- Exhibit 15 – Spouse Life Census as of 06/01/2023
- Exhibit 16 – Dependent and Spouse Life Census as of 06/01/2023
- Exhibit 17 – Life Experience Report
- Exhibit 18 – Waiver Status Report

5.3 **Term:** The County wishes to enter into contract(s) for three (3) years with the option of two (2) one (1) year renewals. Collin County shall be notified a minimum of one hundred and twenty (120) days prior to any changes to the contract. The County requests a minimum rate guarantee for three (3) years, any proposer providing definable limits on future renewals may receive preference. This RFP provides for a contract(s) commencing on January 1, 2024.

As a governmental entity, Collin County adheres to a Request for Proposal (RFP) process and approval of Commissioners Court. Therefore, changes and terminations to contracts require advance notice. If the proposer does not intend to continue the contract beyond the contract term, the proposer shall provide at least a one hundred and twenty (120) day notice of non-renewal.

5.3.1 **Transitional Period:** Upon normal completion of this contract, not to include termination for default, and in the event that no new contract has been awarded by the original expiration date of the existing contract including any extension thereof, it shall be incumbent upon the Vendor to continue the contract under the same terms and conditions until a new contract can be completely operational. At no time shall this transition period extend more than ninety (90) days beyond the original expiration date of the existing contract and any extension thereof.

5.3.2 At the end of this contract should another vendor be awarded the contract all participants with over thirty (30) days left of monitoring will be changed out to the new vendor. If a participant has less than thirty (30) days left on the monitor the existing vendor will continue to monitor until completion date for that participant.

5.4 **Funding:** Funds for payment have been provided through the Collin County budget, approved by the Commissioners Court, for this fiscal year only. The State of Texas statutes prohibit the County from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

5.4.1 **Price Reduction:** If, during the life of the contract, Vendor's net prices to its customers for the same product(s) and/or services shall be reduced below the contracted price, it is understood and agreed that Collin County shall receive such price reduction.

5.4.2 **Negotiations:** Discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award. All offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers.

5.4.2.1 Offerors may be required to submit additional data during the process of any negotiations.

5.4.2.2 Collin County reserves the right to negotiate the price and any other term with the offerors.

5.4.2.3 Any oral negotiations must be confirmed in writing prior to award

5.5 **County Assertion of Estimates:** Any information herein is provided as an estimate of volume based on past history. This data is provided for the general information of vendors and is not guaranteed to be relied upon for future volumes.

5.6 **Confidential or Proprietary Information:** Collin County is subject to the Texas "Public Information Act", Texas Government Code Chapter 552. Contractors shall identify those portions of their proposals that they deem to be confidential, proprietary information or trade secrets. Contractors shall clearly indicate each and every section to which this applies. It is not sufficient to preface the entire proposal with a proprietary statement. State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.



5.7 **Binding Effect:** This resulting agreement shall be interpreted and enforced under the laws and jurisdiction of the State of Texas. Collin County’s RFP, the Offeror’s proposal in response to the RFP and any additional negotiated conditions reduced to writing will become part of the final contract between the successful Offeror and Collin County. This agreement then constitutes the entire understanding between the parties and is not subject to amendment unless agreed upon in writing by both parties hereto. By mutual agreement, the parties may, from time to time, promulgate scope of service documents to define the scope of services. Such scope of service documents will be incorporated into the contract agreement. Offeror acknowledges and agrees that it will perform its obligations hereunder in compliance with all applicable state, local or federal law, rules, regulations, and orders.

5.8 **Subcontractors:** No bidder whose proposal is accepted shall (a) substitute any subcontractor, or (b) permit a subcontract to be voluntarily assigned or transferred or allow it to be performed by anyone other than the original subcontractor listed in the original proposal without approval in writing from the Collin County Purchasing Department.

5.9 **Method of Award:**

5.9.1 The award of the contract shall be made to the responsible offeror(s) whose proposal is determined to be the best-evaluated offer resulting from negotiation taking into consideration the relative importance of price and other evaluation factors in section 4.0 above. Collin County reserves the right to award on an “all or none” or by “service or coverage” basis.

5.9.2 In consideration of the proposals, Collin County reserves the right to select one or more acceptable offerors who offer contractual terms and conditions most favorable to Collin County.

5.9.3 Collin County reserves the right to award all or a portion of the RFP.

5.9.4 No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible offerors. All invoices shall be sent to:

|                              |               |  |
|------------------------------|---------------|--|
| Collin County Auditor        | with copy to: | Collin County Senior Benefits Representative |
| 2300 Bloomdale Rd Suite 3100 |               | 2300 Bloomdale Rd Suite 4117                 |
| McKinney, TX 75071           |               | McKinney, TX 7507                            |

5.10 **Pricing:** The information included in this RFP may contain questions or information requests that require detailed responses or attachments. Read each section thoroughly, and include your responses in numerical order.

5.10.1 **Incurred Expenses:** There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors.

5.10.2 All pricing information should be disclosed on Attachment C – Pricing Information. Within the offeror’s response, any and all fees and commissions, set-up costs, and termination fees should be disclosed. The County does not want any bundled charges to be listed. The offeror’s response should break down all charges by line item including commissions or fees.

5.10.3 The County desires that the offeror disclose on Attachment C any discount(s) associated with the

cost for the proposed fees in the event the County pays all costs up front and/or any penalty associated should the County pay the cost over the period of a year.

5.10.4 Changes in the annual fee can only be instituted on a policy anniversary date, and it is requested that the selected offeror provide notice of changes in the annual fee at least 120 days before renewal as discussed in section 5.4.2.

5.10.5 Do not include commissions or overrides in your quoted rates and fees. No commissions will be paid by Collin County to any individual or organization. Disclose the amount of any fees you are receiving or paying to a third party.

5.10.6 The proposer shall state any and all costs outside of the monthly administration fees such as one-time startup costs. Services which are add-on and which have an additional fee must be clearly notated.

**6.0 PLAN DESIGN INFORMATION**

6.1. Current Plan Design:

Listed below is information on the County’s current plan design. Collin County requests the proposal(s) be made on the specifications outlined under 6.1.3 and 6.1.4 Requested Coverage Amounts. If there are any discrepancies from the requested plan design, you must outline them in the Executive Summary as described above.

6.1.1. Current Life Coverage Amounts

| <b>Benefit</b>   | <b>Current Coverage</b>   |
|--|---|
| Basic Life – Employees   | 150% of gross annual salary, rounded to the next higher multiple of \$1,000 up to a maximum benefit of \$300,000          |
| AD&D   | \$50,000  |
| Guaranteed Issue Amount  | \$300,000   |
| Supplemental Life – Employees  | 100% or 200% of gross annual salary, rounded to the next higher multiple of \$1,000 up to a maximum benefit of \$400,000. |
| Guaranteed Issue Amount  | \$300,000   |
| Spouse Life  | \$5,000   |
| Dependent Life<br>Children age 14 days up to 26 years unless incapacitated | \$2,000   |

6.1.2. Current Accidental Death & Dismemberment Coverage Amounts

| <b>Benefit</b>                          | <b>Current Coverage</b> |
|---|-------------------------|
| AD&D- Employees                         | \$50,000                |
| Loss of:                                | Amount :                |
| Life                                    | \$50,000                |
| Both Hands                              | \$50,000                |
| Both Feet                               | \$50,000                |
| Entire Sight of Both Eyes               | \$50,000                |
| One Hand and One Foot                   | \$50,000                |
| One Hand and Entire Sight of One Eye    | \$50,000                |
| One Foot and Entire Sight of One Eye    | \$50,000                |
| Speech and Hearing (both ears)          | \$50,000                |
| Entire Sight of One Eye                 | \$25,000                |
| Speech                                  | \$25,000                |
| Hearing (both ears)                     | \$25,000                |
| One Hand or One Foot                    | \$25,000                |
| Thumb and Index Finger of the Same Hand | \$12,500                |

6.1.3. Requested Coverage Amounts

| <b>Benefit</b>                                  | <b>Requested Coverage</b>   |
|---|---|
| Basic Life and AD&D – Employees                 | 150% of gross annual salary, rounded to the next higher multiple of \$1,000 up to a maximum benefit of \$400,000.         |
| AD&D  | \$50,000  |
| Guaranteed issue amount                         | \$400,000   |
| Supplemental Life – Employees                   | 100% or 200% of gross annual salary, rounded to the next higher multiple of \$1,000 up to a maximum benefit of \$500,000. |
| Guaranteed issue amount                         | \$500,000   |
| Spouse Life                                     | \$10,000  |
| Dependent Life<br>Children age 0 up to 26 years | \$5,000   |

6.1.4. Requested Coverage Amounts: Same as Expiring

| <b>Benefit</b>  | <b>Requested Coverage</b> |
|-----------------|---------------------------|
| AD&D- Employees | \$50,000                  |
| Loss of:        | Amount :                  |

|   |          |
|---|----------|
| Life                                    | \$50,000 |
| Both Hands                              | \$50,000 |
| Both Feet                               | \$50,000 |
| Entire Sight of Both Eyes               | \$50,000 |
| One Hand and One Foot                   | \$50,000 |
| One Hand and Entire Sight of One Eye    | \$50,000 |
| One Foot and Entire Sight of One Eye    | \$50,000 |
| Speech and Hearing (both ears)          | \$50,000 |
| Entire Sight of One Eye                 | \$25,000 |
| Speech                                  | \$25,000 |
| Hearing (both ears)                     | \$25,000 |
| One Hand or One Foot                    | \$25,000 |
| Thumb and Index Finger of the Same Hand | \$12,500 |

6.1.5. Policy Provisions – Outline any discrepancies in coverage in Section 8.0

- Effective Date of Insurance – First of the month following ninety (90) days of active service
- Termination Date – Last day of the month in which the insured is no longer eligible for insurance under the policy (termination, retirement, etc.).
- Employees pay premiums based upon their age as of January 1<sup>st</sup> of each year on supplemental coverage.
- Basic life reductions: There is a reduction in coverage to 65% at age 65 and a reduction to 50% at age 70. Supplemental life age reductions: There is a reduction in coverage to 65% at age 70, 45% at age 75, 30% at age 80, 20% at age 85, and to 15% at age 90. Current employees that reach these limiting ages have their reduction occur in the calendar year in which they become the reducing age.
  - New employees already in the limiting age categories have the reduced coverage upon enrollment.
- Employees are able to enroll in spouse or dependent supplemental life coverage without electing the employee supplement life coverage.
- Dependent children are covered through the end of the month in which they turn twenty six (26) unless disabled.
- The County pays the entire cost of the Basic Life and AD&D based on total volume of coverage. Currently, Collin County pays \$0.075 per \$1,000 of coverage.
- Evidence of Insurability Requirements – Listed below are the evidence of insurability requirements. Any changes to these requirements, as with any change, must be clearly notated in the Exceptions section 8.0.
  - Basic Life and AD&D – Basic Life and AD&D does not have any evidence of insurability requirements for new hires.

- Employee Supplemental Life – New employees who elect employee supplemental life during their initial thirty (30) day new hire period are not required to complete evidence of insurability unless their election amount is greater than the guaranteed issue amount. Insurance coverage does not begin until the first of the month following 90 days of service, and therefore, the employee and County shall not be billed for the coverage until the effective date even if a decision is made prior to that date.
  - During Collin County’s annual enrollment period, employees who are already enrolled in supplemental life coverage can elect to decrease or increase their coverage without providing evidence of insurability, unless the new insurance amount exceeds the guaranteed issue amount. In that case, an employee is required to submit an evidence of insurability form for approval for the amount above the guaranteed issue amount.
  - If an employee is not enrolled in supplemental life immediately prior to Collin County’s annual enrollment period, the employee is required to submit an evidence of insurability form for approval.
- Spouse Supplemental Life – New employees who elect spouse supplemental life during their initial thirty (30) day new hire period are not required to have their spouse complete evidence of insurability.
  - During Collin County’s annual enrollment period, employees who elect spouse supplemental life coverage are not required to have their spouse complete evidence of insurability.
- Dependent Supplemental Life – New employees who elect dependent supplemental life coverage during their initial thirty (30) day new hire period are not required to have their dependent complete evidence of insurability.
  - During Collin County’s annual enrollment period, employees who elect dependent supplemental life coverage are not required to have their dependent complete evidence of insurability.

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| <b>7.0 PROPOSAL FORMAT</b> |
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In accordance with the directions below, contractor shall provide a response for each item in Section 6.1 – 6.9 in order and include item numbers in response. Answer all questions fully, clearly, and concisely, giving complete information. Do not skip items. Do not refer to other parts of your proposal for the answers. You may not modify either the order or language of the question. **Responses shall include a statement of “agree”, “confirmed”, “will provide”, “not applicable”, or “exception taken” along with any additional information.** If an item is “not applicable” or “exception taken”, contractor shall state that and refer to Section 7.0 Exceptions, with explanation.

Contractor shall adhere to the instructions in this request for proposals on preparing and submitting the proposal. If contractor does not follow instructions regarding proposal format, points will be deducted during the evaluation process.

**7.1 PROPOSAL DOCUMENTS:** To achieve a uniform review process and to obtain a maximum degree of comparability, the proposal shall, at a minimum include a Table of Contents detailing sections and corresponding page numbers.

- 7.1.1 Proposals may be submitted online via <http://collincountytx.ionwave.net> or submitted via CD-ROM or Flash Drive. Electronic submissions are preferred.
- 7.1.2 If submitting manually, one (1) original and three (3) copies of the proposal shall be submitted in a sealed envelope or box with RFP name, number, and name of firm printed on the outside of the envelope or box. Manual submittals shall be sent/delivered to the following address and shall be received prior to the date/time for opening:

Collin County Purchasing  
2300 Bloomdale, Suite 3160  
McKinney, TX 75071

Paper copies shall be printed on letter size (8 ½ x 11) paper and assembled using spiral type bindings, staples, or binder clips. Do not use metal-ring hard cover binders. Manual submittals shall include an electronic copy in a searchable format.

- 7.1.3 **Point of Contact:** Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Michelle Michaelis, Senior Buyer.

It shall be the responsibility of the offeror to insure that their proposal reaches Collin County Purchasing prior to the date/time for the opening no matter which submission method is used. Proposal shall include but not be limited to information on each of the following:

- 7.1.4 **Title Page:** Title page shall show the RFP subject, the offeror's name, the name, address, and telephone number of a contact person, and the date of the proposal.
- 7.1.5 **Transmittal Letter:** Offer shall include a signed letter briefly addressing the offeror's understanding of the insurance program being requested, the commitment to provide the coverage and services required, and a statement explaining why the offeror believes itself to be best qualified to provide the coverage and service detailed within this RFP.
- 7.1.6 **Detailed Proposal:** The detailed proposal must address the ability to provide services for each requirement as set forth in the RFP. Answer all questions fully, clearly, and concisely giving complete information. You may not modify the order or language of the questions. **You must submit your response in the order that is provided in the RFP.**

Complete the attached documents:

- Attachment A – Life and AD&D Insurance Questionnaire
- Attachment B – RFP Questionnaire
- Attachment C – Pricing Information
  - Within the offeror's response, all fees and commissions must be disclosed. All set-up costs or termination fees should also be included. The County does not want any bundled charges to be listed. The offeror's response

should break down all charges by line item including commissions or fees.

- **Required Documents:** The following documentation must be submitted with the proposal. Please note that this section may not list all of the documentation that is required by the RFP. The proposer is cautioned to read the entire RFP to determine all requirements. **COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.**
  - Sample Policy:
    - The proposer is required to submit with their proposal a sample policy that would be issued to Collin County if their proposal were selected for all insurance being proposed.
    - Please clearly notate any changes that will need to be made on the sample policy. If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses and will control over any policy language.
    - Please include a specimen policy that describes all of the exclusions and limitations that would apply to this group.
    - Please provide specific information on what is covered under your AD&D policy.
  - Financial Information:
    - Copies of your last two (2) audited financials including balance sheets and income statements.
    - Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.
    - A copy of the proposer's errors and omissions coverage.
  - Staff Information:
    - The proposer must provide a resume and other related data for each of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect how long the staff member has been employed by the proposer, the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector, the location of the account manager and how many years of experience they have managing public sector accounts.
  - Reporting Information:
    - Please provide a copy of the specific reports you provide regarding statistical reporting information in the standard reporting package.
    - Please provide any other reports that are available but not included in the standard package.
  - Additional Information:
    - Please provide samples of your current life and AD&D claim forms, evidence of insurability applications, and any other pertinent forms.
    - Please provide a copy of your business agreement and any documentation or agreements relating to HIPAA that would pertain to Collin County.

- Please submit a copy of your cyber insurance coverage.
- Proposers should submit information describing in detail their qualifications, experience, and capabilities. Brochures, fact sheets, etc. may be submitted as appropriate to describe capabilities, experience, or any other pertinent information. References and experience with contracts for similar scope of work will be seriously considered during the selection process.
- Executive Summary: Please include with your proposal a management summary that outlines the competitive advantages of your proposal. Summarize the key points of the proposal for non-technical, executive review. Please detail any differences between Collin County's requested coverage and the program you are offering. If no differences are noted in the executive summary, your program will be deemed consistent with Collin County's requested coverage.
- References: Proposer is requested to provide at least three (3) references. Please include a company or governmental agency, other than Collin County, where these same/like products/services, as stated herein, have been provided. Texas references are preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail. It is the responsibility of the Bidder/Proposer to ensure submitted references will be responsive to the County's requests. The County reserves the right to contact references other than those listed, and to consider any information acquired from all references during the evaluation process.
  - Prefer one reference with: at least 1,000 lives covered, who have added coverage with your organization between January and May of this year. If there have been less than three (3) new clients in this time frame, please provide information on the last three (3) new clients of at least 1,000 lives who added coverage.
- Additional Information: Please include any additional information, which may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what the best overall package is for Collin County.

**7.2 PROPOSAL GUIDELINES:** Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted regarding the RFP between the initial receipt of the RFP and the awarding of the contract. Failure to follow this requirement may result in an automatic disqualification of proposal. Current carriers, in conducting current business, may not reference the RFP to any County employee or official other than those indicated in this RFP.

- Do not include commissions or overrides in your quoted rates and fees. No commissions will be paid by Collin County to any individual or organization. Disclose the amount of any fees you are receiving or paying to a third party.
- Each proposer may only submit one (1) proposal. Collin County will not accept multiple proposals from an proposer (i.e. ABC Company and DEF Company cannot both submit an Aflac proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.
- The proposer shall state any and all costs outside of the monthly administration fees such as one-



time startup costs. Services which are add-on and which have an additional fee must be clearly notated.

## 8.0 EXCEPTIONS

### 8.1. Instructions for completing section:

The exception table shall be completed for any exception from requirements identified in this RFP. Please complete the following worksheet listing any and all exceptions from the information outlined in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed in Section 8.0, it is understood that the proposer has agreed to all RFP requirements. The response will be considered as confirmed even if it is listed elsewhere as an exception.

| Section Number/<br>Question Number | Required Service You are<br>Unable to Perform | Steps Taken to Meet Requirement |
|------------------------------------|---|---------------------------------|
|                                    |   |                                 |
|                                    |   |                                 |
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**NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED AND FAILURE TO PROVIDE THE INFORMATION IN THE ORDER REQUESTED MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.**

# ATTACHMENT A – LIFE AND AD&D INSURANCE QUESTIONNAIRE

## COLLIN COUNTY, TEXAS

### INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### 1. GENERAL QUESTIONS

1.1

|                |  |
|----------------|--|
| S&P Rating     |  |
| AM Best Rating |  |

1.2 Do you have any current or pending litigation against your organization or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County? If yes, identify by court and case number.

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1.3 Describe the process that is to be followed when implementing coverage including a detailed timeline for each step that includes the action, the party responsible, the member of your account team responsible for each action, and the proposed due date for completion of each action.

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1.4 Describe the information you will need from Collin County in order to properly administer our account.

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1.5 What is the average length of time it takes to approve an application for coverage?

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1.6 Describe the process when a claim needs to be made. What documents are needed to process a death claim? Provide copies of all forms. Describe any additional information or materials you may require in order to process claims for payment.

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1.7 What documents are needed to process a claim under the Accidental Death and Dismemberment policy? Provide copies of all forms.

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1.8 Describe the process for assigning death benefits to a third party. Provide copies of all forms necessary.

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1.9 Describe how you manage claims in which the participant and their primary beneficiary become deceased simultaneously and contingent beneficiaries: a) may not have the necessary information to complete the claim, and/or b) the beneficiaries are under age 18 and a custodian has not been designated.

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1.10 Describe the procedures that are followed when a contract terminates.

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**2. REPORTING QUESTIONS**

2.1 Please describe the type of information that can be accessed/updated through the offeror's computer software/internet and the system security measures in place.

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2.2 Please describe the type of reports that can be accessed through the offeror's computer software/internet.

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2.3 In regards to reports that are not included in the standard package, how are they requested? Can all of these reports be provided electronically?

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2.4 In regards to the specific reports you provide (as outlined in the reporting information category of section 6.3.4 of the RFP), indicate how frequently each of these reports are processed and if it is possible for the County to log onto a secure website and run these reports without assistance from the offeror.

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**3. PLAN DESIGN/ADMINISTRATION**

3.1 Describe your process if a new hire requests coverage in excess of the guaranteed issue amount. Is the employee automatically covered up to the guaranteed issue amount? When does the amount greater than the guaranteed issue amount become effective? When does billing begin for an individual requesting an amount greater than the guaranteed issue amount? (I.e. first of the month following approval – so if approved on April 29th, premium payments would begin on May 1st.) How is the County notified of the approval?

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3.2 If basic life, AD&D, and supplemental life coverages are not payable at death for all causes while insured, list the specific causes of death that are not payable. Describe any other limitations/exclusions that would result in non-payment of benefits. Please indicate if exclusions would include time under prior plan or not.

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3.3 Describe the appeal procedures in place for plan participants/beneficiaries.

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3.4 Provide details of the average claim processing time as well as your claims processing and accuracy standards versus actual results for 2022 and 2021.

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3.5 Provide specific information on how your waiver of premium and/or continuation of life insurance work for an employee on leave.

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## Attachment B - RFP Questionnaire

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section 8.0 of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

| General Requirements |  | Yes | No | N/A |
|----------------------|--|-----|----|-----|
| 1                    | Do you agree the contract shall reflect the intent of this RFP and if there is a variance between the two, the RFP will prevail? If the contract does not address an issue covered by the RFP, terms and commitments agreed to in the RFP will be applicable.  |     |    |     |
| 2                    | Do you agree to list and clearly detail any coverage or service that will not be provided as requested in writing in section 8.0 Exception and the Executive Summary? It is imperative that any exclusions, limitations, or any other exceptions be clearly outlined and detailed.   |     |    |     |
| 3                    | Do you agree if no exceptions or alternate responses are listed in the Exceptions section 8.0 and in the Executive Summary, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other parts of your response? The offeror will be held strictly responsible for all information contained in the Request for Proposal.   |     |    |     |
| 4                    | Do you agree that at any time during normal business hours, and as often as the County may deem necessary, to make available to representatives of the County for examination all of your records with respect to all matters covered by the resulting contract, and will permit such representatives of the County to audit, examine, copy, and make excerpts or transcripts from such records, and to make audits of all claims and other data related to all matters covered by the resulting contract all for a period of three (3) years from the date of final settlement of contract or longer period, if any, as may be required by applicable statute or other lawful requirements? |     |    |     |

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| 5  | Proposals submitted will be presumed to be in compliance with all applicable laws. Do you agree to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed?   |  |  |  |
| 6  | Do you agree to adjust the plan to comply with current and future legislation?   |  |  |  |
| 7  | Do you agree to indemnify, hold, and save the County, their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by Collin County or person as a result of the negligent, reckless, or willful acts of omissions by your organization, its officers, agents or employees? |  |  |  |
| 8  | Do you agree not to give away or sell employee data, even "de-identified" data, with or without employee consent?  |  |  |  |
| 9  | The offeror acknowledges that it complies with HIPAA standards and has security measures and cyber insurance to protect Collin County and the data maintained in the offeror's electronic systems.   |  |  |  |
| 10 | If during the life of the contract, the offeror's net prices to other customers under the same terms and conditions for items/services awarded herein are reduced below the contracted price, the offeror agrees that the benefits of such reduction shall be extended to Collin County.   |  |  |  |
| 11 | Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, the offeror agrees that this change will not negatively affect the prices of any of the remaining services provided.   |  |  |  |
| 12 | The offeror agrees to provide Collin County a minimum of one hundred and twenty (120) day notice prior to any changes to the contract, policy, or condition that effects services.   |  |  |  |
| 13 | The offeror agrees that changes in premium may only be instituted on a policy anniversary date.  |  |  |  |
| 14 | The offeror agrees that if a change in premium is to occur, notification will be provided to Collin County a minimum of one hundred and twenty (120) days prior to renewal.  |  |  |  |
| 15 | The offeror agrees that any written communication regarding the administration sent by the offeror to Collin County will be mailed within two (2) days from the date listed on the letter.   |  |  |  |
| 16 | The offeror agrees that Collin County has the right to approve all communications and correspondence prior to being sent to our employees. The offeror may not send any written materials, including SPD Booklets and certificates of coverage, to any employee without the review and approval by Collin County unless a prior written release has been received.   |  |  |  |



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|----|---|--|--|--|
| 17 | The offeror agrees to be responsible for preparing and providing to Collin County for review and approval, a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures. Administrative manual should be submitted to Collin County no later than sixty (60) days after contract becomes effective. |  |  |  |
| 18 | The offeror agrees to provide SPD booklets and certificates of coverage in electronic formats and at no additional cost.  |  |  |  |
| 19 | The offeror agrees to mail SPD booklets and certificates of coverage directly to employees when requested by Collin County.   |  |  |  |
| 20 | The offeror agrees to provide an electronic file format within twenty (20) days of the award to Collin County so that initial enrollment and future changes or annual enrollment information can be transmitted to the offeror electronically.  |  |  |  |
| 21 | The offeror agrees to be fully responsible for preparation and dissemination of any information to be sent to the IRS.  |  |  |  |
| 22 | If penalties are assessed because of incorrect or late filings by the offeror, the offeror will be responsible for any such assessments and will hold the County harmless.  |  |  |  |
| 23 | Collin County allows employees to maintain and update their beneficiary designations in PeopleSoft. The offeror agrees to accept electronic enrollments and beneficiary designations.   |  |  |  |
| 24 | The offeror agrees to provide a minimum of one (1) representative for up to a minimum of five (5) days to assist county benefits staff during any and all annual enrollment meetings to answer questions and assist with the completion of any necessary paperwork.   |  |  |  |
| 25 | The offeror agrees that Collin County may have a new account manager assigned to the account at any time, for any reason.   |  |  |  |
| 26 | The offeror agrees to be responsible for receiving claims and the complete calculation of the benefits payable, including investigation, preparation, and the drawing and mailing of checks.  |  |  |  |
| 27 | Are claim forms, evidence of insurability applications, and any other pertinent forms available in electronic format?   |  |  |  |
| 28 | Does the offeror agree to make changes to their forms as requested by Collin County?  |  |  |  |
| 29 | The offeror agrees to notify employees within fifteen (15) days from receipt of an application of any additional information that the employee may need to provide.   |  |  |  |
| 30 | The offeror agrees to issue a decision within thirty (30) days from the date a completed application is received.   |  |  |  |

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|--|--|--|--|--|
| 31   | Will you agree to review and make a determination regarding complex beneficiary designations within thirty (30) days?  |  |  |  |
| 32   | The selected offeror agrees it will be responsible for all claims incurred on or after the effective date of January 1, 2024, and within the contract period. This includes any claims which occurred during the contract period but are filed after the contract has ended.                     |  |  |  |
| 33   | Will the offeror process an assignment of benefits to a third party?   |  |  |  |
| 34   | Do you agree that individuals who previously elected insurance at a specific coverage amount do not have to meet evidence of insurability requirements if there is no change in their election but their salary increases beyond the guaranteed issue amount yet remains under the plan maximum? |  |  |  |
| 35   | The offeror agrees that all covered employees and their covered dependents shall not lose or gain benefits as a result of a change in insurance carriers. This is commonly referred to as "No loss/No gain".   |  |  |  |
| 36   | The offeror will provide coverage that includes all employees and dependents regardless of "active at work" status.  |  |  |  |
| 37   | The definition of "actively at work" will include the following:   |  |  |  |
|  | A. An Employee at work on a full-time basis, either at Collin County's place of business or any other place Collin County may require them to go; or   |  |  |  |
|  | B. An Employee in a paid status such as paid time off (PTO), catastrophic time off (CTO), jury duty, administrative leave, or compensatory leave; or   |  |  |  |
|  | C. An Employee on an unpaid absence of one (1) year or less in which the individual remains employed; or   |  |  |  |
|  | D. An Employee on family and medical leave; or   |  |  |  |
|  | E. An Employee who has exhausted their Family and Medical Leave entitlement but is still receiving compensation from Collin County; or   |  |  |  |
|  | F. An Employee who is on an approved leave of absence which may be paid or unpaid of six months or less; or  |  |  |  |
|  | G. An Employee who is on leave through Workers' Compensation; or   |  |  |  |
|  | H. An Employee who is utilizing fifteen (15) day required military leave; or   |  |  |  |
|  | I. An Employee who did not continue coverage while on military or FMLA leave but has since returned to work; or  |  |  |  |
| J. An Employee whose coverage is required by State or federal law. |  |  |  |  |
| 38   | The offeror agrees to provide coverage for "late entrants" into Collin County's life plans, such as new hires and those employees or dependents who experience a qualifying life event.  |  |  |  |

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|----|--|--|--|--|
| 39 | Will you review and approve evidence of insurability within thirty (30) days?  |  |  |  |
| 40 | The offeror agrees to cover any employees who are currently disabled but do not meet waiver of premium under the current carrier.  |  |  |  |
| 41 | Do the supplemental life coverages (employee, spouse, and dependents) include waiver of premium?   |  |  |  |
| 42 | Does the basic life coverage include a conversion or portability privilege at termination? If yes, please describe and identify the associated costs in Attachment C- Pricing Information, question 1.2.   |  |  |  |
| 43 | Do the supplemental life coverages (employee, spouse, and dependents) include a conversion or portability privilege at termination? If yes, please describe and identify the associated costs in Attachment C- Pricing Information, question 1.2.                |  |  |  |
| 44 | Will you process all requests for conversion/portability within thirty (30) days?  |  |  |  |
| 45 | Are basic life, AD&D, and supplemental life coverages payable at death for any cause while insured? If no explain in Attachment A question 3.3.  |  |  |  |
| 46 | The offeror agrees to not charge against the plan experience any claim payment erroneously authorized under the life policy (except those specifically authorized in writing by the County).   |  |  |  |
| 47 | If the offeror makes a claim payment not authorized under the life policy, the offeror agrees to be responsible for all collections, plan reimbursement expenses, and any legal expenses resulting from claim payments not authorized under the County's policy. |  |  |  |
| 48 | The offeror agrees that if a denial of benefits is made, it will provide both the County and the employee a written letter within thirty (30) calendar days indicating the exact reason for the denial as well as the appeal process and timeframes.             |  |  |  |
| 49 | If coverage is denied due to an unintentional error or omission on the part of Collin County, the offeror will still provide coverage if coverage would have been provided had the unintentional error or omission not occurred.                                 |  |  |  |
| 50 | The offeror agrees to provide the County with statistical reporting information on life claims.  |  |  |  |
| 51 | The offeror agrees to provide ad hoc reports at no additional cost and/or the ability for the County to run ad hoc reports from the offeror's website.   |  |  |  |
| 52 | If the offeror must generate a requested reports, the offeror will provide the reports, if necessary, on a timely basis, but in no case later than ten (10) working days after the request.  |  |  |  |

|    |   |  |  |  |
|----|---|--|--|--|
| 53 | The offeror agrees that should the nature of the additional reports warrant compensation beyond the bounds of this contract, the report shall be provided at a cost mutually agreeable between the County and the offeror. It is the offeror's responsibility to clearly communicate the cost of providing the requested report prior to producing the report. If the report is produced and the cost was not approved prior, Collin County will not be responsible for the cost of producing the report. |  |  |  |
| 54 | The offeror agrees to provide county employees training that is necessary to operate the offeror's computer software. This also includes any other training such as reporting training that might be requested by the plan administrator. Any costs associated with training must be clearly listed in your response.   |  |  |  |
| 55 | The offeror agrees to provide a monthly report showing claim payments made during the month as well as an annual report showing claim payments made during the calendar year.   |  |  |  |
| 56 | The offeror agrees to, at any time during the contract/agreement, supply necessary current and historical data (as determined by Collin County) for inclusion in the next request for proposal at no cost to Collin County. Provision of such data will be provided according to the specifics requested by Collin County. The offeror agrees to provide data within fifteen (15) business days of the request.   |  |  |  |
| 57 | The offeror agrees Collin County will be responsible for determining member eligibility.  |  |  |  |
| 58 | Collin County self-bills based upon eligible employee count. The offeror agrees to accept Collin County's self-billing each month. Any billing-related documents will be provided to Collin County in electronic format.  |  |  |  |
| 59 | Collin County has a standard process for payment of all vendors which requires a sixty (60) day payment grace period from due date of payment. Offeror agrees to the sixty (60) day grace period.   |  |  |  |
| 60 | Offer agrees that bill payment may be made by either wire or check.   |  |  |  |
| 61 | The offeror agrees that if the offeror believes there is an outstanding balance, the offeror will research any outstanding balances to determine if it is truly owed before sending Collin County a notice of termination or non-payment.   |  |  |  |
| 62 | If the offeror believes there to be any billing/payment issues after Collin County submits payment, the offeror agrees to notify Collin County of any such issues within one hundred twenty (120) days from the date the check was submitted to the offeror. Notice will be made in writing. Any billing/payment issues presented to the County after the one hundred twenty (120) day date will not be reviewed or owed.   |  |  |  |
| 63 | A notice of cancellation due to error, omission, or payment issue will include a detailed explanation and at least twenty (20) days for Collin County to remedy the situation.  |  |  |  |

|    |   |  |  |  |
|----|---|--|--|--|
| 64 | If the offeror does not intend to continue the contract beyond the contract term, the offeror agrees to provide notification to Collin County a minimum of one hundred and twenty (120) days prior to contract termination.   |  |  |  |
| 65 | Are there penalties or charges that would apply as a result of contract termination on the anniversary date? If "Yes", describe and identify the penalties or charges in Attachment C - Pricing Information, question 1.3.  |  |  |  |
| 66 | Are there penalties or charges that would apply as a result of contract termination off anniversary/early termination? If "Yes", describe and identify the penalties or charges in Attachment C - Pricing Information, question 1.3.  |  |  |  |
| 67 | Do you agree that Collin County reserves the right to cancel the contract at any time for any reason? If the contract is cancelled by Collin County, services will terminate after a thirty (30) day termination notice has been provided by Collin County.                     |  |  |  |
| 68 | The offeror agrees to provide a toll free number to Collin County administration and our employees to be used for claims or other service issues.   |  |  |  |
| 69 | Are customer service representatives available to county employees between 8:00 am and 6:00 pm Central Standard Time Monday through Friday. If representatives are not available as specified above, provide information on their availability in the Exceptions section 8.0.   |  |  |  |
| 70 | The offeror agrees to respond to county telephone calls and e-mail communications within one (1) business day.  |  |  |  |
| 71 | Does a dependent include anyone insured under the policy as an employee? For example, can an employee and their spouse that both work at Collin County have a spousal life insurance policy on one another if both are covered as employees on the basic life insurance policy? |  |  |  |
| 72 | Can two employees working for Collin County both cover the same child under dependent life insurance and both receive a policy payout if that child becomes deceased?   |  |  |  |
| 73 | Is a child covered under a dependent life insurance policy from the date of birth? If no, please explain in section 8.0   |  |  |  |
| 74 | Does a child covered under a dependent life insurance policy need to be unmarried?  |  |  |  |
| 75 | Is a child covered under a dependent life insurance policy if they are over the age of 26 but disabled?   |  |  |  |
| 76 | Do you agree that employees who are currently at the maximum issue amount will move up to the new maximum issue amount with no evidence of insurability for both basic and supplemental life coverages?   |  |  |  |
|    |   |  |  |  |
|    |   |  |  |  |
|    |   |  |  |  |

# ATTACHMENT C – PRICING INFORMATION

## COLLIN COUNTY, TEXAS

### INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

### 1. FINANCIAL INFORMATION

1.1 For reports that are not included in the standard package, please indicate the cost to produce them.

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1.2 Explain any portable option for employee supplemental life insurance. How does this portable option affect your quoted rates for supplemental life? What is the duration of group rates after separation from employment? How are separated employees rated (e.g., group rates, at standard term rates, etc.)? Provide details of what the cost would be to the employee and Collin County if an employee chose to covert or port their policy.

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1.3 If you offer accelerated death benefits, please describe (e.g., eligibility, etc.) and indicate the impact this provision would have on the rate quoted.

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1.4 Please list any penalties or charges that would apply as a result of contract termination on the anniversary date and any that may apply as a result of contract termination off the anniversary date/early termination.

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**2. PROPOSED RATES**

2.1 Please note that the rates provided by the offeror must be equal to IRS imputed income guidelines so as not to incur imputed income charges.

2.2 Basic Life and AD&D Insurance Premium Rates

2.2.1 Requested Plan Design – Basic Life and AD&D 150% of annual salary plus \$50,000  
 Monthly Rates Per \$1,000 of coverage  
 Maximum coverage amount \$400,000

|      | 2024 | 2025 | 2026 | 2027 | 2028 |
|------|------|------|------|------|------|
| Life | \$   | \$   | \$   | \$   | \$   |
| AD&D | \$   | \$   | \$   | \$   | \$   |

2.2.1.1 Clearly indicate the method of calculating the increase for each period in your response above.

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2.3 Supplemental Life Insurance Premium Rates

2.3.1 Requested Plan Design 100% or 200% annual salary  
 Monthly Rates Per \$1,000 of coverage  
 Maximum coverage amount of \$500,000

| Age      | 2024 | 2025 | 2026 | 2027 | 2028 |
|----------|------|------|------|------|------|
| Under 25 | \$   | \$   | \$   | \$   | \$   |
| 25-29    | \$   | \$   | \$   | \$   | \$   |
| 30-34    | \$   | \$   | \$   | \$   | \$   |
| 35-39    | \$   | \$   | \$   | \$   | \$   |

|        |    |    |    |    |    |
|--------|----|----|----|----|----|
| 40-44  | \$ | \$ | \$ | \$ | \$ |
| 45-49  | \$ | \$ | \$ | \$ | \$ |
| 50-54  | \$ | \$ | \$ | \$ | \$ |
| 55-59  | \$ | \$ | \$ | \$ | \$ |
| 60-64  | \$ | \$ | \$ | \$ | \$ |
| 65-69  | \$ | \$ | \$ | \$ | \$ |
| 70-74  | \$ | \$ | \$ | \$ | \$ |
| 75-79  | \$ | \$ | \$ | \$ | \$ |
| 80-100 | \$ | \$ | \$ | \$ | \$ |
| 101+   | \$ | \$ | \$ | \$ | \$ |

2.4 Supplemental Spouse and Dependent Life Insurance Premium Rates

2.4.1 Requested Plan Design: Spouse flat \$10,000 and Child(ren) flat \$5,000

|           | 2024 | 2025 | 2026 | 2027 | 2028 |
|-----------|------|------|------|------|------|
| Spouse    | \$   | \$   | \$   | \$   | \$   |
| Dependent | \$   | \$   | \$   | \$   | \$   |

2.4.2 Please indicate if the quoted rates for supplemental spouse and dependent life is per \$1,000 of coverage or a flat monthly premium.

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**3. PERFORMANCE GUARANTEES**

3.1 The following are the performance guarantees Collin County is proposing for the Basic Life, AD&D and Supplemental Life plans. Review carefully, and note in writing in the Exceptions section (8.0) of the RFP any areas with which you do not agree. Alternate standards will be reviewed if submitted with quote. The following standards will become part of the contract unless both parties agree to changes. The following standards are to be measured on an ongoing basis for only Collin County business.

3.2 Life Claims Service - 90% of claim applications processed within ten (10) days from the date of receipt of claim application. The remaining 10% may be processed within thirty (30) days from the date of receipt of claim application.

3.3 Life Claims Service - 90% of all calls received from Collin County employees should be returned within a six (6) business hour response period. The remaining 10% may be returned within eight (8) business hours.

3.4 Measurement - The offeror will prepare quarterly service summary reports for the immediately preceding calendar quarter within sixty (60) days after the end of that quarter. These reports will be based on the service results of the performance guarantees listed above.



3.5 Refund - The offeror will refund to Collin County \$2,000 for each of the claims performance guarantees not met on a yearly basis. Should a refund be necessary, it will be made no later than sixty (60) days after the end of the contract year. Calculation of performance measures is based strictly on Collin County data.



# Life Insurance

## BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Collin County provides full-time, eligible employees with basic life and accidental death and dismemberment (AD&D) insurance in the amount of 1.5x your salary + \$50,000 not to exceed \$300,000. You are automatically enrolled in this benefit and it is no cost to you. This insurance provides coverage should you pass away or experience the loss of limbs or body functions due to an accident. This coverage is provided through Mutual of Omaha. You do not need to enroll in basic life and AD&D. Life insurance benefits become effective the first of the month after 90 days of service.

## SUPPLEMENTAL LIFE INSURANCE

You may elect supplemental life insurance coverage for yourself, your spouse and/or your dependent child(ren) in addition to the county-provided basic life insurance.

Evidence of insurability (EOI) is not required when enrolling as a new hire. However, evidence of insurability will be required for employee supplemental life insurance if enrolling at a later date following a qualifying life event or during Open Enrollment. There may be exclusions for dependent supplemental life if your spouse and/or child(ren) are also employees.

As you age, the amount of supplemental life insurance will be reduced starting at age 70. If you have specific questions about age reductions, please contact Benefits for assistance.

## AVAILABLE SUPPLEMENTAL COVERAGE

- ✓ For you: One or two times your annual base salary up to \$400,000
- ✓ For your dependent child(ren) up to age 26: \$2,000\*
- ✓ For your spouse: \$5,000\*

\*Monthly premium rate for Dependent Child(ren), Dependent Spouse, or Both: \$1.50

## SUPPLEMENTAL LIFE RATES

| Age   | Rate  | Age    | Rate   |
|-------|-------|--------|--------|
| 0-24  | \$.05 | 55-59  | \$.55  |
| 25-29 | \$.06 | 60-64  | \$.80  |
| 30-34 | \$.08 | 65-69  | \$1.40 |
| 35-39 | \$.09 | 70-74  | \$2.50 |
| 40-44 | \$.12 | 75-79  | \$3.50 |
| 45-49 | \$.21 | 80-100 | \$7.13 |
| 50-54 | \$.35 |        |        |

Monthly Premium Rate Calculation:  
Your annual salary x amount of coverage (one or two).  
Round to next higher \$1,000 (ex. \$31,112 = \$32,000.)  
Divide by \$1,000 x Rate = Monthly premium.



# Life Insurance

## BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Collin County provides full-time, eligible employees with basic life and accidental death and dismemberment (AD&D) insurance in the amount of 1.5x your salary + \$50,000. You are automatically enrolled in this benefit and it is no cost to you. This insurance provides coverage should you pass away or experience the loss of limbs or body functions due to an accident. This coverage is provided through Mutual of Omaha. You do not need to enroll in basic life and AD&D. Life insurance benefits become effective the first of the month after 90 days of service.

## SUPPLEMENTAL LIFE INSURANCE

You may elect supplemental life insurance coverage for yourself, your spouse and/or your dependent child(ren) in addition to the county-provided basic life insurance.

Evidence of Insurability (EOI) is not required when enrolling as a new hire. However, Evidence of Insurability will be required for employee supplemental life insurance if enrolling at a later date following a qualifying life event or during Open Enrollment.

As you age, the amount of supplemental life insurance will be reduced starting at age 70. If you have specific questions about age reductions, please contact Benefits for assistance.

Please note rates have increased for 2022.

## AVAILABLE SUPPLEMENTAL COVERAGE

- ✓ For you: One or two times your annual base pay up to \$400,000
- ✓ For your dependent child(ren) up to age 26: \$2,000\*
- ✓ For your spouse: \$5,000\*

\*Monthly premium rate for Dependent Child(ren), Dependent Spouse, or Both: \$1.50

## SUPPLEMENTAL LIFE RATES

| Age   | Rate  | Age    | Rate   |
|-------|-------|--------|--------|
| 0-24  | \$.05 | 55-59  | \$.55  |
| 25-29 | \$.06 | 60-64  | \$.80  |
| 30-34 | \$.08 | 65-69  | \$1.40 |
| 35-39 | \$.09 | 70-74  | \$2.50 |
| 40-44 | \$.12 | 75-79  | \$3.50 |
| 45-49 | \$.21 | 80-100 | \$7.13 |
| 50-54 | \$.35 |        |        |

Monthly Premium Rate Calculation:  
Your annual salary x amount of coverage (one or two).  
Round to next higher \$1,000 (ex. \$31,112 = \$32,000.)  
Divide by \$1,000 x Rate = Monthly premium.



## Exhibit 3 - 2021 Supplemental Life Rates

### Collin County

Employee Supplemental Life Insurance Rate Sheet

Effective January 1, 2021

#### Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

| Age           | Employee Rates |
|---------------|----------------|
| Under 25      | \$0.05         |
| 25-29         | \$0.06         |
| 30-34         | \$0.08         |
| 35-39         | \$0.09         |
| <b>40-44*</b> | <b>\$0.10*</b> |
| 45-49         | \$0.15         |
| 50-54         | \$0.25         |
| 55-59         | \$0.50         |
| 60-64         | \$0.75         |
| 65-69         | \$1.27         |
| 70 +          | \$2.06         |

**How to Determine Your Supplemental Term Life Monthly Cost of Insurance**  
*(Age is calculated using your age as of the check date; elect 1x or 2x annual salary)*

#### EXAMPLE

For illustrative purposes only, consider a **42 year old\*** with annual earnings of **\$24,600**:  
**Two times \$24,600, rounded to the next higher \$1,000, equals a coverage amount of \$50,000\***

#### STEPS TO FOLLOW:

|  |  |
|--|--|
| 1. Indicate your amount of coverage.   | <b>\$50,000</b>  |
| 2. Locate your age on the rate chart above and note the corresponding monthly rate.  | <b>42 years old</b><br><b>\$0.10</b> monthly rate per \$1,000                                    |
| 3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost. | $\$50,000 \div \$1,000 = 50$<br>$50 \times \$0.10 = \$5.00$<br><b>Total Monthly Cost: \$5.00</b> |

\* is used to highlight the numbers used in the calculation example above.

| Reduction of Benefit Schedule |     |     |     |     |     |
|-------------------------------|-----|-----|-----|-----|-----|
| At Age                        | 70  | 75  | 80  | 85  | 90  |
| Benefits Reduce To:           | 65% | 45% | 30% | 20% | 15% |

#### Supplemental Term Life Dependent – Spouse and Child(ren)

|                               | Spouse Term Life | Dependent Term Life (up to age 26) |
|-------------------------------|------------------|------------------------------------|
| <b>Policy Amount</b>          | \$5,000          | \$2,000                            |
| <b>Monthly Premium</b>        | \$1.28           |                                    |
| <b>Per Pay Period Premium</b> | \$0.64           |                                    |

**NOTE:** Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.



## Exhibit 4 - 2020 Supplemental Life Rates

### Collin County

Employee Supplemental Life Insurance Rate Sheet  
Effective January 1, 2020

#### Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

| Age           | Employee Rates |
|---------------|----------------|
| Under 25      | \$0.05         |
| 25-29         | \$0.06         |
| 30-34         | \$0.08         |
| 35-39         | \$0.09         |
| <b>40-44*</b> | <b>\$0.10*</b> |
| 45-49         | \$0.15         |
| 50-54         | \$0.25         |
| 55-59         | \$0.50         |
| 60-64         | \$0.75         |
| 65-69         | \$1.27         |
| 70 +          | \$2.06         |

**How to Determine Your Supplemental Term Life Monthly Cost of Insurance**  
(Age is calculated using your age as of the check date; elect 1x or 2x annual salary)

#### EXAMPLE

For illustrative purposes only, consider a **42 year old\*** with annual earnings of **\$24,600**:  
Two times **\$24,600**, rounded to the next higher **\$1,000**, equals a coverage amount of **\$50,000\***

#### STEPS TO FOLLOW:

|  |  |
|--|--|
| 1. Indicate your amount of coverage.   | <b>\$50,000</b>  |
| 2. Locate your age on the rate chart above and note the corresponding monthly rate.  | <b>42 years old</b><br><b>\$0.10</b> monthly rate per \$1,000                                    |
| 3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost. | $\$50,000 \div \$1,000 = 50$<br>$50 \times \$0.10 = \$5.00$<br><b>Total Monthly Cost: \$5.00</b> |

\* is used to highlight the numbers used in the calculation example above.

#### Reduction of Benefit Schedule

| At Age              | 70  | 75  | 80  | 85  | 90  |
|---------------------|-----|-----|-----|-----|-----|
| Benefits Reduce To: | 65% | 45% | 30% | 20% | 15% |

#### Supplemental Term Life Dependent – Spouse and Child(ren)

|                        | Spouse Term Life | Dependent Term Life (up to age 26) |
|------------------------|------------------|------------------------------------|
| Policy Amount          | \$5,000          | \$2,000                            |
| Monthly Premium        | \$1.28           |                                    |
| Per Pay Period Premium | \$0.64           |                                    |

**NOTE:** Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.



## Exhibit 5 - 2019 Supplemental Life Rates

### Collin County

Employee Supplemental Life Insurance Rate Sheet  
Effective January 1, 2019

#### Supplemental Term Life (Employee)

Monthly Cost of Insurance (Rates per \$1,000 of Coverage)

| Age<br>(Age as of December 31, 2015) | Employee Rates |
|--------------------------------------|----------------|
| Under 25                             | \$0.05         |
| 25-29                                | \$0.06         |
| 30-34                                | \$0.08         |
| 35-39                                | \$0.09         |
| <b>40-44*</b>                        | <b>\$0.10*</b> |
| 45-49                                | \$0.15         |
| 50-54                                | \$0.25         |
| 55-59                                | \$0.50         |
| 60-64                                | \$0.75         |
| 65-69                                | \$1.27         |
| 70 +                                 | \$2.06         |

**How to Determine Your Supplemental Term Life Monthly Cost of Insurance**  
(Age is calculated using your age as of January 1, 2019; elect 1x or 2x's annual salary)

| EXAMPLE  |  |
|--|--|
| For illustrative purposes only, consider a <b>42 year old*</b> with annual earnings of <b>\$24,600</b> :<br><b>Two times \$24,600, rounded to the next higher \$1,000, equals a coverage amount of \$50,000*</b> |  |
| STEPS TO FOLLOW:   |  |
| 1. Indicate your amount of coverage.   | <b>\$50,000</b>  |
| 2. Locate your age on the rate chart above and note the corresponding monthly rate.  | <b>42 years old</b><br><b>\$0.10</b> monthly rate per \$1,000                                    |
| 3. Divide your selected amount of coverage by \$1,000 and multiply the result by the monthly rate for your age to determine your monthly cost.   | $\$50,000 \div \$1,000 = 50$<br>$50 \times \$0.10 = \$5.00$<br><b>Total Monthly Cost: \$5.00</b> |

\* is used to highlight the numbers used in the calculation example above.

| Reduction of Benefit Schedule |     |     |     |     |     |
|-------------------------------|-----|-----|-----|-----|-----|
| At Age                        | 70  | 75  | 80  | 85  | 90  |
| Benefits Reduce to:           | 65% | 45% | 30% | 20% | 15% |

#### Supplemental Term Life Dependent – Spouse and Child(ren)

|                               | Spouse Term Life | Dependent Term Life (up to age 26) |
|-------------------------------|------------------|------------------------------------|
| <b>Policy Amount</b>          | \$5,000          | \$2,000                            |
| <b>Monthly Premium</b>        | \$1.28           |                                    |
| <b>Per Pay Period Premium</b> | \$0.64           |                                    |

**NOTE:** Cost of insurance rates for all coverage may increase or decrease in the future based upon the claims experience of participants.

# Exhibit 6 - 2022 Life Insurance Claims

## Life Claim Status

Collin County  
 Period: 01/01/2022 to 12/31/2022  
 Run Date: 03/03/2023

| Claimant Gender | Subgroup | Claimant Relationship | Claimant DOB | Benefit Type      | Claim Notice | Date of Incident | Claim Status | Benefit Amount | Payment Date |
|-----------------|----------|-----------------------|--------------|-------------------|--------------|------------------|--------------|----------------|--------------|
| F               |          | Member                | 08/09/1980   | Life              | 12/29/2022   | 12/09/2022       | Approved     | \$232,000      | 01/04/2023   |
| F               |          | Member                | 08/09/1980   | Supplemental Life | 12/29/2022   | 12/09/2022       | Approved     | \$243,000      | 01/04/2023   |
| M               | 001A     | Spouse                | 01/06/1959   | Life              | 12/02/2022   | 11/09/2022       | Approved     | \$5,000        | 12/07/2022   |
| F               | 001A     | Spouse                | 03/20/1958   | Life              | 07/14/2022   | 07/06/2022       | Approved     | \$5,000        | 07/19/2022   |
| M               | 001A     | Member                | 06/10/1964   | Supplemental Life | 03/15/2022   | 03/10/2022       | Approved     | \$122,000      | 04/08/2022   |
| M               | 001A     | Member                | 06/10/1964   | Life              | 03/15/2022   | 03/10/2022       | Approved     | \$142,000      | 04/08/2022   |
| M               |          | Member                | 08/11/1955   | Life              | 12/30/2021   | 12/05/2021       | Approved     | \$84,000       | 01/05/2022   |
| M               |          | Member                | 08/11/1955   | Supplemental Life | 12/30/2021   | 12/05/2021       | Approved     | \$105,000      | 01/05/2022   |
| F               |          | Spouse                | 06/16/1948   | Life              | 10/18/2021   | 07/29/2021       | Approved     | \$5,000        | 01/05/2022   |

| Header | Description |
|--------|-------------|
|--------|-------------|

|                   |   |
|-------------------|---|
| Member ID         | Last four digits of employee's social security number   |
| Claim Status - Pe | Claim received, additional information or review needed |
| Claim Status - Ck | Decision made on claim; claim no longer active          |

# Exhibit 7 - 2021 Life Insurance Claims

## Life Claim Status

Collin County  
 Period: 01/01/2021 to 12/31/2021  
 Run Date: 03/03/2023

| Claimant Gender | Subgroup | Claimant Relationship | Claimant DOB | Benefit Type      | Claim Notice | Date of Incident | Claim Status | Benefit Amount | Payment Date |
|-----------------|----------|-----------------------|--------------|-------------------|--------------|------------------|--------------|----------------|--------------|
| M               |          | Member                | 08/11/1955   | Life              | 12/30/2021   | 12/05/2021       | Approved     | \$84,000       | 01/05/2022   |
| M               |          | Member                | 08/11/1955   | Supplemental Life | 12/30/2021   | 12/05/2021       | Approved     | \$105,000      | 01/05/2022   |
| M               | 001A     | Spouse                | 03/01/1961   | Life              | 11/22/2021   | 07/05/2021       | Approved     | \$5,000        | 11/29/2021   |
| F               |          | Spouse                | 06/16/1948   | Life              | 10/18/2021   | 07/29/2021       | Approved     | \$5,000        | 01/05/2022   |
| F               |          | Spouse                | 11/15/1975   | Life              | 09/20/2021   | 07/28/2021       | Approved     | \$5,000        | 10/22/2021   |
| F               | 001A     | Spouse                | 12/28/1966   | Life              | 09/14/2021   | 08/25/2021       | Approved     | \$5,000        | 09/17/2021   |
| F               | 001A     | Member                | 05/22/1961   | Life              | 09/07/2021   | 06/19/2021       | Approved     | \$110,000      | 09/15/2021   |
| F               | 001A     | Member                | 03/31/1959   | Life              | 07/22/2021   | 07/06/2021       | Approved     | \$123,000      | 07/27/2021   |
| M               | 001A     | Member                | 08/22/1963   | Life              | 04/28/2021   | 04/21/2021       | Approved     | \$135,000      | 05/07/2021   |
| F               | 001A     | Spouse                | 04/23/1963   | Life              | 01/15/2021   | 12/04/2020       | Approved     | \$5,000        | 01/21/2021   |
| M               | 001A     | Member                | 08/27/1969   | Supplemental Life | 01/08/2021   | 12/01/2020       | Approved     | \$113,000      | 01/26/2021   |
| M               | 001A     | Member                | 08/27/1969   | Life              | 01/08/2021   | 12/01/2020       | Approved     | \$135,000      | 01/26/2021   |
| M               | 001A     | Member                | 11/01/1971   | Life              | 01/06/2021   | 12/13/2020       | Approved     | \$113,000      | 01/11/2021   |

| Header | Description |
|--------|-------------|
|--------|-------------|

Member ID      Last four digits of employee's social security number  
 Claim Status - Pe Claim received, additional information or review needed  
 Claim Status - Ck Decision made on claim; claim no longer active



# Exhibit 8 - 2020 Life Insurance Claims

Life Claim Status

Collin County

Period: 01/01/2020 to 12/31/2020

Run Date: 03/03/2023

| Claimant Gender | Subgroup | Claimant Relationship | Claimant DOB | Benefit Type | Claim Notice | Date of Incident | Claim Status | Benefit Amount | Payment Date |
|-----------------|----------|-----------------------|--------------|--------------|--------------|------------------|--------------|----------------|--------------|
| M               | 001A     | Spouse                | 01/26/1959   | Life         | 11/18/2020   | 10/16/2020       | Approved     | \$5,000        | 11/24/2020   |
| M               |          | Spouse                | 04/15/1947   | Life         | 10/27/2020   | 10/03/2020       | Approved     | \$5,000        | 10/30/2020   |
| M               |          | Spouse                | 01/26/1963   | Life         | 10/26/2020   | 09/01/2020       | Approved     | \$5,000        | 11/04/2020   |
| M               | 001A     | Member                | 09/11/1994   | Life         | 02/26/2020   | 01/17/2020       | Approved     | \$115,000      | 09/24/2020   |

| Header | Description |
|--------|-------------|
|--------|-------------|

Member ID      Last four digits of employee's social security number  
 Claim Status - Pe Claim received, additional information or review needed  
 Claim Status - Ck Decision made on claim; claim no longer active

# Exhibit 9 - 2019 Life Insurance Claims

## Life Claim Status

Collin County  
 Period: 01/01/2019 to 12/31/2019  
 Run Date: 03/03/2023

| Claimant Gender | Subgroup | Claimant Relationship | Claimant DOB | Benefit Type      | Claim Notice | Date of Incident | Claim Status | Benefit Amount | Payment Date |
|-----------------|----------|-----------------------|--------------|-------------------|--------------|------------------|--------------|----------------|--------------|
| F               | 001A     | Member                | 04/23/1955   | Life              | 11/25/2019   | 11/02/2019       | Approved     | \$127,000      | 12/06/2019   |
| F               | 001A     | Member                | 04/23/1955   | Supplemental Life | 11/25/2019   | 11/02/2019       | Approved     | \$102,000      | 12/06/2019   |
| F               | 001A     | Spouse                | 07/12/1980   | Life              | 06/03/2019   | 04/26/2019       | Approved     | \$5,000        | 06/05/2019   |
| M               | 001A     | Dependent Child       | 03/15/2001   | Life              | 05/28/2019   | 05/02/2019       | Approved     | \$2,000        | 05/31/2019   |
| M               | 001A     | Dependent Child       | 12/30/1994   | Life              | 05/15/2019   | 03/15/2019       | Approved     | \$2,000        | 05/20/2019   |
| M               | 001A     | Spouse                | 09/06/1958   | Life              | 05/14/2019   | 04/30/2019       | Approved     | \$5,000        | 05/17/2019   |
| M               | 001A     | Spouse                | 06/26/1954   | Supplemental Life | 03/13/2019   | 02/02/2019       | Approved     | \$5,000        | 03/19/2019   |
| F               | 001A     | Member                | 06/05/1947   | Life              | 02/08/2019   | 02/03/2019       | Approved     | \$69,000       | 02/15/2019   |

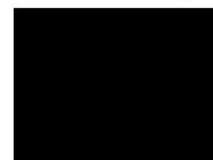
| Header | Description |
|--------|-------------|
|--------|-------------|

Member ID      Last four digits of employee's social security number  
 Claim Status - Pe Claim received, additional information or review needed  
 Claim Status - Ck Decision made on claim; claim no longer active

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**YOUR GROUP  
TERM LIFE BENEFITS**

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**FOR EMPLOYEES OF:**

**Collin County**

**CLASS(ES):**

All Eligible Employees

**REVISION EFFECTIVE DATE:**

January 1, 2022

**PUBLICATION DATE:**

December 1, 2021

**NOTICE(S)**

**THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR CERTIFICATE CAREFULLY. BENEFITS ARE PROVIDED THROUGH A GROUP POLICY ISSUED IN THE STATE OF TEXAS.**

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



If You have any questions about or concerns with this insurance, please first contact the Policyholder or Your benefits administrator. If, after doing so, You still have a question or concern, You may contact Us at:



When contacting Us, please have Your Policy number available.

**IF YOU ARE NOT SATISFIED WITH YOUR CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS AFTER YOU RECEIVE IT, UNLESS A CLAIM HAS PREVIOUSLY BEEN RECEIVED BY US UNDER YOUR CERTIFICATE. WE WILL REFUND WITHIN 30 DAYS OF OUR RECEIPT OF THE RETURNED CERTIFICATE ANY PREMIUM THAT HAS BEEN PAID AND THE CERTIFICATE WILL THEN BE CONSIDERED TO HAVE NEVER BEEN ISSUED. YOU SHOULD BE AWARE THAT IF YOU ELECT TO RETURN THE CERTIFICATE FOR A REFUND OF PREMIUMS, LOSSES WHICH OTHERWISE WOULD HAVE BEEN COVERED UNDER YOUR CERTIFICATE WILL NOT BE COVERED.**

**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call [redacted] toll-free telephone number for information or to make a complaint at:

[redacted]

You may also write to [redacted]

[redacted]

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

[redacted]

You may write the Texas Department of Insurance:

P. O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Web: <http://www.tdi.texas.gov>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**PREMIUM OR CLAIM DISPUTES**

Should you have a dispute concerning your premium or about a claim you should contact [redacted]. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY**

This notice is for information only and does not become a part or condition of the attached document.

[redacted]

**AVISO IMPORTANTE**

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de [redacted] o para presentar una queja al:

[redacted]

Usted también puede [redacted]

[redacted]

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al:

[redacted]

Usted puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Web: <http://www.tdi.texas.gov>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES**

Si tiene una disputa reclamacion con su prima o seguro o con una reclamacion, usted debe comunicarse con la [redacted]. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU POLIZA**

Este aviso es solamente para propósito informativos y no se convierte en parte o en condición del documento adjunto.

## **ABOUT LIVING BENEFITS (ACCELERATED BENEFIT)**

### **LIFE INSURANCE BENEFITS (BENEFITS PAYABLE BY REASON OF THE DEATH OF YOU) WILL BE REDUCED IF BENEFITS ARE PAID UNDER THE LIVING BENEFITS (ACCELERATED BENEFIT) PROVISION.**

This disclosure is a brief summary of the Living Benefits (Accelerated Benefit) provision and its effect on life insurance benefits.

An eligible Insured Person may receive payment of part of the amount of life insurance in effect for the Insured Person while living if the Insured Person has been diagnosed with a terminal condition. A terminal condition means an injury or sickness that is expected to result in death within the number of months stated in the Certificate, as certified by a Physician. Please refer to the Living Benefits (Accelerated Benefit) provision of this Certificate for information regarding who is eligible for this benefit and the complete definition of Terminal Condition.

This benefit is included in the premium paid for life insurance. There is no separate premium charge for this benefit. The premium for life insurance does not change if benefits are paid under the Living Benefits (Accelerated Benefit) provision.

The Living Benefits offered under this contract **may or may not** qualify for favorable tax treatment under the Internal Revenue Code of 1986 (as amended). Whether such benefits qualify depends on factors such as the life expectancy of You at the time benefits are accelerated or whether You use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Living Benefits qualify for favorable tax treatment, the benefits will be excludable from Your income and not subject to federal taxation. Tax laws relating to Living Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive Living Benefits excludable from income under federal law.

Receipt of Living Benefits may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect Your, Your Spouse's or Your family's eligibility for public assistance.

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# CERTIFICATE OF INSURANCE

[REDACTED]

Home Office:

[REDACTED]

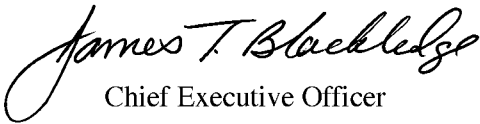
[REDACTED] certifies that [REDACTED] (the Policy) has been issued to Collin County (the Policyholder).

Insurance is provided for Employees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if You and Your Dependent(s), if applicable, are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between [REDACTED] and the Policyholder, and may be amended, changed or terminated without Your consent or notice to You.

This Certificate replaces any certificate previously issued under the Policy.

  
Chief Executive Officer

  
Corporate Secretary

[REDACTED]

## SCHEDULE

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### CLASS(ES)

All Eligible Employees

### LIFE INSURANCE FOR YOU (THE EMPLOYEE)

Your amount of life insurance is an amount equal to 1.5 times Your Annual Earnings plus \$50,000, but in no event less than \$10,000 or more than \$300,000. Your amount of life insurance will be rounded to the next higher multiple of \$1,000.

Your amount of life insurance is subject to any reductions indicated in the Benefit Reductions provision in this Schedule. If You have questions regarding the amount of Your life insurance, You may contact the Policyholder.

### LIFE INSURANCE FOR YOUR DEPENDENT(S)

Your Spouse's amount of life insurance is \$5,000.

The amount of life insurance for Your eligible Dependent child(ren) is based on the age of the Dependent, as follows:

| <b>Age of Dependent Child</b>        | <b>Amount of Life Insurance</b> |
|--------------------------------------|---------------------------------|
| Six months and older .....           | \$2,000                         |
| 14 days to less than six months..... | \$2,000                         |
| Less than 14 days .....              | \$2,000                         |

If You have questions regarding the amount of life insurance for Your Dependent(s), You may contact the Policyholder.

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

Your amount of AD&D insurance is also referred to as the Principal Sum. Your amount of AD&D insurance is subject to any reductions indicated in the Benefit Reductions provision of this Schedule. If You have questions regarding the amount of Your AD&D insurance, You may contact the Policyholder.

### EVIDENCE OF INSURABILITY

Evidence of Insurability is not required for any amount of insurance under the Policy, unless otherwise stated in this Certificate.

### BENEFIT REDUCTIONS

As You grow older, the amount of life and AD&D insurance for You will be reduced according to the following schedule:

| <b>At the Age of:</b> | <b>The Original Amount of Insurance Will Reduce to:</b> |
|-----------------------|---|
| 65.....               | 65%   |
| 70.....               | 50%   |

Reductions become effective on the first day of the Policy month that coincides with or follows the day You reach the specified age. Any reduced amount of insurance will round to the nearest dollar.

If You are age 65 or older on the date insurance becomes effective, the amount of life and AD&D insurance for You will be reduced as shown above. Thereafter, the amount of life and AD&D insurance will continue to reduce in accord with the schedule above.



## ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### DEFINITIONS

*Actively Working, Active Work* means an Employee is performing the normal duties of his or her regular job for the Policyholder on a regular and continuous basis 30 or more hours each week. An Employee will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the Employee was actively working on the last preceding regular work day.

*Activities of Daily Living* means the basic activities of daily living consisting of the following self-care tasks:

- a) personal hygiene (bathing, grooming, shaving and oral care);
- b) dressing and undressing (putting on and taking off all items of clothing and any necessary braces or artificial limbs);
- c) eating (the ability to feed oneself);
- d) transferring (from bed to chair, and back; from sitting to standing, and back);
- e) continence (controlling bladder and bowel function);
- f) toileting (the ability to use a restroom); and
- g) moving around (as opposed to being bedridden).

*Disability Elimination Period* means the period of time that must be satisfied before You are eligible to continue benefits, beginning on the date Your Injury or Sickness occurred. The length of the disability elimination period is shown in the Continuation of Insurance for Total Disability with Waiver of Premium provision.

*Eligibility Waiting Period* means a continuous period of Active Work that an Employee must satisfy before becoming eligible for insurance as described in the When an Employee Becomes Eligible for Insurance (Eligibility Waiting Period) provision.

*Partial Disability, Partially Disabled* means that, because of an Injury or Sickness lasting longer than 12 months, You are unable to perform the normal duties of Your regular job for the Policyholder on a regular or continuous basis, but are able to satisfy all other requirements of the Active Work definition.

*Recurrent Disability* means a Total Disability which is related to or due to the same cause(s) of a prior Total Disability for which You were approved for coverage under the Continuation of Insurance for Total Disability with Waiver of Premium provision of the Policy.

*Total Disability, Totally Disabled* means that because of an Injury or Sickness You are completely and continuously unable to perform any work or engage in any occupation.

### WHEN AN EMPLOYEE BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)

An Employee who has completed an Eligibility Waiting Period of 30 days on or before the Policy Effective Date becomes eligible for insurance under the Policy on the Policy Effective Date.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 30 days.

The day on which an Employee becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.

### WHEN A DEPENDENT BECOMES ELIGIBLE FOR INSURANCE

A Dependent becomes eligible for insurance under the Policy on the later of:

- a) the day You become eligible for insurance under the Policy; or
- b) the day You acquire the Dependent.

The day on which a Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.

## **CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

If the Policy replaces a Prior Plan, the Policy will provide insurance for an Employee who:

- a) was insured under the Prior Plan on the day before the Policy Effective Date;
- b) is otherwise eligible under the Policy, but is not Actively Working on the Policy Effective Date due to:
  1. Injury or Sickness; or
  2. a leave of absence protected under:
    - a. the federal Family and Medical Leave Act (FMLA) or Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto; or
    - b. any other applicable federal or state law that allows for continuation of insurance in certain instances;
- c) is not eligible for benefits or continuation of insurance under any provision of the Prior Plan;
- d) is not a retired Employee; and
- e) is not Totally Disabled on the Policy Effective Date.

Insurance under this provision is subject to the following conditions:

- a) insurance under the Policy may not exceed Your amount of insurance under the Prior Plan on the day before the Policy Effective Date;
- b) the benefit payable under the Policy will be the amount which would have been paid by the Prior Plan had insurance remained in-force under the Prior Plan, less the amount of any benefit payable under the Prior Plan;
- c) the Policyholder must notify Us in writing prior to the Policy Effective Date of the amount of Your insurance under the Prior Plan on the day before the Policy Effective Date;
- d) insurance is subject to uninterrupted payment of premium to Us when due; and
- e) insurance is subject to any reductions shown in the Schedule and all other terms and conditions of the Policy.

If insurance is provided for the Employee, insurance may also be provided for any eligible Dependent(s).

We reserve the right to request any information We need from the Policyholder to determine whether the conditions necessary to be eligible for insurance under this provision have been satisfied.

Insurance under this provision will end on the earliest of:

- a) the day the Employee returns to Active Work for the Policyholder or begins employment with any other employer;
- b) the last day the Employee would have been insured under the Prior Plan, if the Prior Plan had not ended or terminated;
- c) the day the Employee's insurance under the Policy ends for any reason shown in the When Insurance Ends provision; or
- d) the last day of the twelfth month following the Policy Effective Date.

If an Employee is eligible for insurance under this provision, the Employee will not be eligible for insurance under any continuation provision or the Portability provision in this Certificate.

If Your insurance under this provision ends and You have not returned to Active Work, You and Your Dependent(s) may be able to obtain insurance under the Conversion provision.

Persons who are not eligible for insurance under this provision may be eligible to apply for conversion of insurance under the Prior Plan and should contact the Policyholder for additional information.

## **WHEN INSURANCE BEGINS**

An eligible Employee will become insured on the first day of the month that follows the latest of the day:

- a) the Employee begins Active Work; or
- b) the Employee submits a Written Request to enroll for insurance, if applicable.

If the Employee is not Actively Working on the day insurance would otherwise begin, insurance will begin on the day the Employee returns to Active Work.

An eligible Dependent will become insured on the latest of the day:

- a) the Employee becomes insured, unless otherwise agreed to by Our authorized representative in Our home office;
- b) the Employee acquires the eligible Dependent; or
- c) the Employee submits a Written Request to enroll the Dependent for insurance, if applicable.

## **EXCEPTIONS TO WHEN INSURANCE BEGINS**

This provision does not apply if the Employee is eligible for coverage under the Continuity of Insurance Upon Transfer of Insurance Carrier provision.

Insurance for an Employee or Dependent who is:

- a) Totally Disabled (with respect to the Employee);
- b) confined in a Hospital as an inpatient;
- c) confined in any institution or facility other than a Hospital; or
- d) confined at home and under the care or supervision of a Physician;

on the day insurance is to begin will not take effect until the day after the Employee has completed one full day of Active Work or Dependent is no longer confined.

Insurance for an Employee who is not Actively Working on the Policy Effective Date due to Injury or Sickness will not take effect until the day after the Employee has completed one full day of Active Work.

In addition, insurance for a Dependent who is unable to perform two or more Activities of Daily Living (ADLs), whether or not confined, will not take effect until the day the Dependent has performed all ADLs for at least 15 consecutive days.

Insurance for a Dependent child who became Incapacitated prior to reaching the age of 26 will begin in accordance with the When Insurance Begins provision, provided the child otherwise meets the definition of Dependent.

Insurance for a newborn Dependent child, regardless of confinement, will begin in accordance with the When Insurance Begins provision, provided the child otherwise meets the definition of Dependent.

## **CHANGES TO INSURANCE BENEFITS**

Any allowable change in Your or Your Dependent's class or amount of insurance, whether requested by You or the Policyholder, or as a result of the terms of the Policy, will take effect on the first day of the month that follows the date of the request or the change.

For any increase in insurance, We will use the Policyholder's records and/or the premium We have received to verify that the amount of insurance being requested is the appropriate insurance amount for which the Insured Person is eligible under the terms of the Policy.

If You are not Actively Working on the day any increase in insurance would otherwise take effect, the increase will become effective the first day of the month that follows the day after You return to Active Work.

## **REINSTATEMENT OF INSURANCE**

You may be eligible to reinstate insurance that has ended for You and/or Your Dependent(s) in accordance with this provision.

Reinstated insurance will take effect on the first day of the month that follows the date You and/or Your Dependent(s) become eligible for insurance. If You are not Actively Working on the day the reinstated insurance would otherwise take effect, insurance will become effective on the day after You return to Active Work.

The following reinstatement option(s) is/are available:



### **Involuntary Reduction in Hours**

If insurance ended because the Employee was no longer Actively Working due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if the Employee returns to Active Work and there was no break in employment with the Policyholder after the date insurance ended.

### **Rehired Employee Due to Layoff or Termination**

If insurance ended because the Employee was no longer Actively Working due to layoff or termination of employment with the Policyholder, insurance may be reinstated without satisfying another Eligibility Waiting Period if the Employee is rehired and returns to Active Work within 90 days from the date insurance ended.

### **Rehired Employee Due to Leave of Absence**

If insurance ended due to an approved leave of absence, insurance may be reinstated within 90 days from the date insurance ended without satisfying another Eligibility Waiting Period upon return to Active Work. If insurance ended due to military leave, insurance may be reinstated upon return to Active Work immediately after discharge from active duty without satisfying another Eligibility Waiting Period.

### **Transfer From Portability or Conversion**

If insurance was obtained under the Portability or Conversion provision while an Employee was not Actively Working, insurance may be reinstated up to the amount of insurance that was in effect on the last day of Active Work. Any insurance provided through the Portability provision will terminate upon reinstatement of insurance as an Actively Working Employee.

## **WHEN INSURANCE ENDS**

Insurance will end on the last day of the month in which the earliest of the following events occurs:

- a) an Insured Person is no longer eligible for insurance under the Policy; or
- b) an Insured Person begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less).

Insurance will also end:

- a) on the day the Policy terminates; or
- b) in accordance with the Grace Period provision.

## **NOTICE TO YOU WHEN INSURANCE ENDS**

The Policyholder is required to notify You when insurance under the Policy ends if:

- a) You or any of Your Dependent(s) cease to be eligible for insurance under the Policy; or
- b) the Policy is discontinued and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within 15 days from the date insurance ends for You or any of Your Dependent(s), and shall include information about any options available to continue or obtain insurance.

## **EXCEPTIONS TO WHEN INSURANCE ENDS**

If insurance for You and/or Your Dependent(s) would otherwise end, You and/or Your Dependent(s) may be able to continue or obtain insurance under one of the following provisions:

- a) Continuation of Insurance for Layoff or Leave
- b) Continuation of Insurance for Injury or Sickness
- c) Continuation of Insurance for Partial Disability
- d) Continuation of Insurance for Total Disability with Waiver of Premium
- e) Portability
- f) Conversion

## **CONTINUATION OF INSURANCE FOR LAYOFF OR LEAVE**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

You may be able to continue insurance for You and Your Dependent(s) from the day You cease to be Actively Working in the event of:

- a) a temporary involuntary layoff; or
- b) a leave of absence approved by the Policyholder due to any personal reason.

In addition, the federal Family Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Contact the Policyholder for additional information regarding any other continuation options that may be available.

Any insurance continued under this provision will be subject to the following conditions:

- a) insurance may not be continued beyond the earliest of:
  - 1. 12 weeks for Your temporary involuntary layoff;
  - 2. 12 weeks for Your leave of absence; or
  - 3. the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation;
- b) the amount of insurance may not be increased while insurance is continued under this provision; and
- c) We continue to receive premium payment when due (premiums must be paid by You or on Your behalf).

Insurance under this provision will end on the last day of the month which coincides with or follows the earliest of the day:

- a) the time period in a) in the preceding paragraph has been satisfied;
- b) Your temporary involuntary layoff becomes permanent, if insurance is continued under this provision due to Your temporary involuntary layoff;
- c) You return to Active Work;
- d) You begin full-time employment with an employer other than the Policyholder; or
- e) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active Work, You and Your Dependent(s) may be able to continue or obtain insurance under the Continuation of Insurance for Injury or Sickness provision, Portability provision or Conversion provision.

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 3 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision for premium payment options.

## **CONTINUATION OF INSURANCE FOR INJURY OR SICKNESS**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When Your insurance would otherwise end due to Your Injury or Sickness, You may be able to continue insurance under this provision. In such circumstances, the total continuation period under this provision and the Continuation of Insurance for Layoff or Leave provision, if You were previously insured under this provision, shall not exceed 12 months. Insurance may be continued for You and Your Dependent(s).

Insurance may be continued under this provision if We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of the last day of the month which coincides with or follows the day:

- a) that is 12 months from the day You cease Active Work;
- b) You return to Active Work;
- c) You begin full-time employment with an employer other than the Policyholder; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.



If continued insurance under this provision ends and You have not returned to Active Work, You and Your Dependent(s) may be able to continue or obtain insurance under the Continuation of Insurance for Partial Disability provision, Continuation of Insurance for Total Disability with Waiver of Premium provision, Portability provision or Conversion provision.

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 3 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.

### **CONTINUATION OF INSURANCE FOR PARTIAL DISABILITY**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When You are no longer eligible to continue insurance under the Continuation of Insurance for Injury or Sickness provision, You may be able to continue insurance under this provision due to Your Partial Disability. Insurance may be continued for You and Your Dependent(s).

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Partially Disabled, but not Totally Disabled; and
- b) We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of the last day of the month which coincides with or follows the day:

- a) You return to Active Work;
- b) Your Injury or Sickness results in Your Total Disability and You are eligible to continue insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision;
- c) You begin full-time employment with an employer other than the Policyholder; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If Your insurance under this provision ends and You have not returned to Active Work, You and Your Dependent(s) may be able to obtain insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision, Portability provision or Conversion provision.

If Your Partial Disability may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 3 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.

### **CONTINUATION OF INSURANCE FOR TOTAL DISABILITY WITH WAIVER OF PREMIUM**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

This provision only allows for continuation of life insurance under the Policy. Accidental death and dismemberment insurance may not be continued under this provision.

When Your insurance ends under the Continuation of Insurance for Injury or Sickness provision or Continuation of Insurance for Partial Disability provision, You may be able to continue insurance under this provision due to Your Total Disability. After satisfaction of the Disability Elimination Period, and upon submission of proof of Total Disability acceptable to Us, Your insurance may be continued without payment of premium until insurance ends in accordance with this provision.

We must receive notification of Your potential Total Disability on Our total disability claim form within 3 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Totally Disabled;
- b) You were under age 60 at the time You became Totally Disabled;
- c) the Disability Elimination Period is satisfied; and
- d) proof of Total Disability is provided to Us (as described below in this provision).

The amount of insurance may not be increased while insured under this provision.

Insurance may only be continued for You. If You are able to continue insurance under this provision, Your Dependent(s) may be able to obtain insurance under the Portability or Conversion provision.

If You are age 60 or older and become Totally Disabled, You and Your Dependent(s) may be able to obtain insurance under the Portability or Conversion provision.

### **About the Disability Elimination Period**

The Disability Elimination Period is a period of 3 consecutive months. Any period of time in which You are insured under the Continuation of Insurance for Injury or Sickness provision will apply toward satisfaction of the Disability Elimination Period.

### **Proof of Total Disability**

You must submit to Us acceptable proof of Total Disability approved by Our authorized representative in Our home office before the end of the Disability Elimination Period or as soon as reasonably possible thereafter.

In order to confirm that You are Totally Disabled, We have the right to have You examined by a Physician of Our choice at Our expense.

If You are approved for continuation of insurance under this provision, We will periodically require proof of continuing Total Disability. We may have You examined by a Physician of Our choice at any time during the first two years of Total Disability and once a year thereafter at Our expense. If an additional examination is required due to questionable or disputed results of an examination, any additional examination may be at Your expense.

### **When Continuation of Insurance for Total Disability is Approved**

We will notify You in writing if Your proof of Total Disability is approved by Us. Any premium paid for Your insurance from the day You ceased to be Actively Working will be refunded in a lump sum within 31 days of Your approval.

Once You are approved for insurance under this provision, a Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy another Disability Elimination Period if:

- a) You were continuously insured under the Policy for the period between Your prior claim and Your Recurrent Disability; and
- b) Your Recurrent Disability occurs within 6 months of the end of Your prior claim.

### **When Continuation of Insurance for Total Disability is Not Approved**

We will notify You in writing if Your proof of Total Disability is not approved by Us. If at any time while You are insured under this provision We determine that You are no longer Totally Disabled, We will notify You in writing that You are no longer eligible to continue insurance under this provision.

If You are ineligible for insurance under this provision or Your insurance under this provision ends, You and Your Dependent(s) will have 31 days from the date of Our notice to submit a Written Request for insurance under the Portability or Conversion provision, if You have not returned to Active Work or You are not eligible for insurance under the Continuation of Insurance for Partial Disability provision.

### **When Insurance Under this Provision Ends**

Insurance under this provision will end on the last day of the month which coincides with or follows the day:

- a) You are eligible to continue insurance under the Continuation of Insurance for Partial Disability provision; or
- b) You return to Active Work.

Insurance under this provision will also end on the earliest of the day:

- a) You are no longer Totally Disabled;
- b) that is 90 days after the date of Our request to You for proof of Total Disability if such proof has not been received by Us;

- c) You fail to obtain an examination from a Physician of Our choice as described in the Proof of Total Disability provision by a date established by Us;
- d) You reach age 65; or
- e) You begin full-time employment with an employer other than the Policyholder.

Insurance under this provision will also end in accordance with the Grace Period provision.

## **PORTABILITY**

You have the right to continue receiving group life and accidental death and dismemberment insurance under this provision if You are under age 70 when insurance would otherwise end for any of the following reasons:

- a) You cease to be Actively Working and are not eligible for insurance under any other continuation provision in this Certificate (if applicable);
- b) Your employment with the Policyholder ends;
- c) You retire; or
- d) the Policy terminates and the Policyholder does not obtain group life coverage within 31 days.

In addition to the above reasons, Your Spouse has the right to continue receiving group insurance, including insurance for Dependent child(ren), under this provision if Your Spouse is under age 70 when insurance would otherwise end for any of the following reasons:

- a) You continue insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision;
- b) You enter active duty in the Armed Forces, National Guard or Reserves of any state or country for a period of more than 31 days;
- c) divorce or legal separation of You and Your Spouse; or
- d) Your death.

If Your Spouse continues to receive insurance under this provision, Dependent child(ren) may be insured under You or Your Spouse, but not both.

If You are eligible for insurance under this provision and You are not eligible for insurance under any other continuation provision of the Policy, You must continue insurance under this provision in order for Your Dependent(s) to be eligible.

If an Insured Person requests to continue to receive group insurance under this provision, the amount of insurance for each Insured Person shall not exceed the lesser of:

- a) the amount in effect under the Policy on the day insurance ended; or
- b) \$500,000 for You and \$250,000 for Your Dependents.

The amount of insurance may not be increased after insurance continues under this provision.

If You continue to receive group insurance under this provision, You and Your Dependent(s) can not continue insurance under any other continuation provision of the Policy (if applicable).

### **The Group Term Life Insurance Portability Policy**

Group insurance continued under this provision is available under another group term life insurance policy (the "Portability Policy") issued by Us, as available at the time insurance under this provision is requested. If You or Your Spouse become insured under the Portability Policy, You or Your Spouse will receive a certificate of insurance that describes the terms and conditions of coverage under the Portability Policy.

The Portability Policy may not provide all the same benefits or have all the same terms and conditions that are included in the Policy. In addition, the premium rates charged for insurance under the Portability Policy may not be the same as the premium rates charged for insurance under the Policy. The benefits and premium rates of Our Portability Policy are described on Our portability request form. You may contact the Policyholder or Us to obtain Our portability request form.

The continued group insurance coverage under the Portability Policy is available as a result of portability rights that arise solely from the Policy, as arranged for You as an employee welfare benefit subject to the Employee Retirement Income Security Act of 1974, as amended.

### **Notice of the Right to Continue Group Insurance Under this Provision**

The portability period is the period of time that is 31 days from the date insurance under the Policy ends (“Portability Period”). When insurance under the Policy ends, notice of the right to continue receiving insurance under this provision may be given. If notice is not given at least 15 days after the start of the Portability Period, an extension of the period of time in which to apply for a Portability Policy will be allowed. Any extension of the Portability Period will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Portability Period, even if notice is not received.

### **How to Continue Group Insurance Under this Provision**

You or Your Spouse must submit a Written Request for insurance under the Portability Policy. The Written Request and the initial premium due must be submitted within the Portability Period.

## **CONVERSION**

This provision allows for conversion of life insurance. Conversion insurance is not available for accidental death and dismemberment insurance.

### **When Employment or Class Membership Ends or the Amount of Insurance Reduces**

If group life insurance ends because Your employment or membership in a class (as shown under Class(es) on the Schedule) ends or Your benefit amount reduces, You may apply for an individual policy of life insurance other than term insurance (“Conversion Policy”). If group life insurance for any of Your Dependent(s) ends or reduces due to Your death, divorce, legal separation or failure to satisfy any other eligibility condition, Your Dependent(s) may also apply for a Conversion Policy.

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance; and
- b) issued without any supplemental benefits.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or 31 days after the date insurance under the Policy ended or was reduced.

### **When the Policy or a Class Terminates**

You and/or Your Dependent(s) may apply for a Conversion Policy if insurance under the Policy ends due to termination of the Policy or termination of Your class (as shown under Class(es) on the Schedule), provided You have been insured under the Policy or any Prior Plan for at least 5 consecutive years.

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance;
- b) issued without any supplemental benefits;
- c) for an amount of life insurance that does not exceed the lesser of:
  1. \$10,000; or
  2. the amount of insurance that ended under the Policy less the amount of any other group life insurance for which the applicant becomes eligible within 31 days after insurance under the Policy ended.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or 31 days after the date insurance under the Policy ended or was reduced.

### **Notice of the Right to Obtain Insurance Under this Provision**

The conversion period is the period of time that is 31 days from the date insurance under the Policy ends or reduces (“Conversion Period”). When insurance ends under the Policy, notice of the right to convert may be given. If notice is not given at least 15 days after the start of the Conversion Period, an extension of the period of time in which to apply for a Conversion Policy will be allowed. Any extension will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Conversion Period, even if notice is not received.

If You or any of Your Dependent(s) are entitled to obtain a Conversion Policy and die within 31 days after insurance under the Policy ends or reduces, We will pay the amount of life insurance which could have been converted, even if You or Your Dependent(s) did not apply for a Conversion Policy.

**How to Request Insurance Under this Provision**

Insurance is available without providing Evidence of Insurability. You or Your Dependent(s) must submit a Written Request for a Conversion Policy. The Written Request and the initial premium due must be submitted to Us within the Conversion Period.

**Conversion Insurance and Your Return to Active Work**

If You or any of Your Dependent(s) are issued a Conversion Policy and again become eligible for insurance under the Policy, insurance under the Policy will become effective (subject to all eligibility requirements) only if any Conversion Policy(ies) is/are surrendered to Us.



## PREMIUM PAYMENTS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE

When insurance is continued We must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. Premium payment may be made in the following ways:

- a) the Policyholder may pay the premiums; or
- b) You may pay premium to the Policyholder who will then submit premium to Us.

Contact the Policyholder to determine which option is available to You.

Payment of premium does not guarantee eligibility for coverage.

### GRACE PERIOD

All premiums must be paid within the grace period. There is a grace period of 45 days for payment of premiums. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 45-day period that follows. We will consider premium to be paid on the date We receive it.

Insurance for You and/or Your Dependent(s) will stay in force during the grace period, unless You or the Policyholder provides Us with written notice that insurance for You and/or Your Dependent(s) will terminate during the grace period. If We receive such notice, insurance will terminate for You and/or Your Dependent(s) on the date requested.

If any premium due is not paid during the grace period, insurance for You and/or Your Dependent(s) will end on the last day of the grace period. If insurance ends, it may be reinstated as described in the Reinstatement of Insurance provision.

### PREMIUM CHANGES

If You request a change in the amount of insurance for You and/or Your Dependent(s), the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

If there is a change in the amount of the premium for insurance for You and/or Your Dependent(s) in accordance with the terms of the Policy, or a change in the amount of insurance for You and/or Your Dependent(s) as the result of a request of the Policyholder, the Policyholder will provide You with notice of the change at least 15 days prior to the date of the change if You are responsible for the payment of premiums for insurance.

Premium amounts will change if:

- a) You reach an age at which benefits are reduced as described in the Benefit Reductions provision in the Schedule; or
- b) premium rates under the Policy are changed.

## LIFE INSURANCE BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### BENEFITS

In the event of death while insured under the Policy, We will pay the amount of life insurance in effect at the time of death for You or any of Your Dependent(s), if applicable. Benefits payable by reason of Your death will be paid to Your beneficiary. Benefits payable by reason of the death of Your Dependent(s), if applicable, will be paid to You.

### BENEFICIARY DESIGNATION

At the time You elect(ed) insurance under the Policy or any Prior Plan, a beneficiary should be designated. Beneficiary records will be kept by the Policyholder, Plan Administrator or the office where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Plan will be accepted as a beneficiary designation under the Policy.

If You have not designated a beneficiary, or no beneficiary survives You, in the event of Your death, benefits will be paid to:

- a) Your surviving Spouse; if none, then to
- b) Your surviving natural and/or adopted child(ren), in equal shares; if none, then to
- c) Your surviving parent(s), in equal shares; if none, then to
- d) Your estate.

Certain states are community property states. If You live in a community property state and You designate someone other than Your Spouse as a beneficiary, state law may require that Your Spouse consent to such designation. If You do not obtain Your Spouse's consent to the designation, then such designation may not be effective. Community property states as of the Policy Effective Date include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

You are the beneficiary of Your Dependent(s) benefits. If You are not living at the time of the death of any of Your Dependent(s), the following will apply:

- a) In the event of the death of Your Spouse, benefits will be paid to Your Spouse's estate.
- b) In the event of the death of any of Your Dependent child(ren), benefits will be paid to Your Spouse, if Your Spouse is living. If Your Spouse is not living, benefits will be paid in equal shares to the deceased child's living siblings. If there are no living siblings, benefits will be paid to the estate of the deceased child.

Any benefits paid to a minor may be paid to the legally appointed guardian of the minor.

### BENEFICIARY CHANGE

Your beneficiary may be changed, subject to any restrictions or limitations in the Policy. To make a change, a Written Request should be provided to the Policyholder, Plan Administrator or to the office where beneficiary records for the Policy are kept. If You do not know where the records are kept, then You may send the Written Request to Us. When received by the Policyholder, the change will take effect as of the date the Written Request is signed. The change will not apply to any payments or other action taken by Us before the Written Request was received.

### FACILITY OF PAYMENT

We may pay an amount of up to \$250 to any person or entity that has incurred expenses related to Your death and subsequent burial, or to the death and subsequent burial of any of Your Dependent(s), if applicable. An amount, if paid, will be deducted from the amount of life insurance benefits payable.

## LIVING BENEFITS (ACCELERATED BENEFIT)

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

This section only applies to the life insurance offered by the Policy. Accidental death and dismemberment (AD&D) insurance is not included under this section.

**The benefits received under this section may be taxable. Receipt of Living Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements. You should consult Your personal tax advisor or the Social Security Administration before requesting Living Benefits.**

### DEFINITIONS

*Living Benefits* means an advance payment of part of Your life insurance death benefit.

*Terminal Condition* means an Injury or Sickness that is expected to result in Your death within the next 12 months as certified by an attending Physician's written statement.

### ABOUT LIVING BENEFITS

If You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for Living Benefits.

The maximum amount of Living Benefits available is 50% of the amount of life insurance for You in effect at the time of the request or \$100,000, whichever is less. The minimum amount is 10% of the amount of life insurance in effect for You at the time of the request or \$1,000, whichever is greater.

We will pay Living Benefits to You in a lump sum, provided You are living at the time payment is made.

The amount of life insurance benefits payable for You in the event of death will be reduced by the amount of Living Benefits paid for You. Life insurance on other Insured Persons, if any, is not affected by payment of Living Benefits for You. Payment of Living Benefits has no effect on accidental death and dismemberment (AD&D) insurance benefits.

### APPLYING FOR LIVING BENEFITS

To apply for Living Benefits, You, Your Spouse or Your legal representative must provide Us:

- a) a Written Request for Living Benefits;
- b) satisfactory proof of Your Terminal Condition, including an attending Physician's written statement; and
- c) a statement of consent from any beneficiary(ies) or assignee(s).

You, Your Spouse or Your legal representative will receive information at the time of benefit payment about the amount of life insurance remaining in force after payment of Living Benefits.

### CONDITIONS OF LIVING BENEFITS

Living Benefits are subject to the following conditions:

- a) Living Benefits are payable for You only once under the Policy;
- b) You can request Living Benefits in any \$1,000 increment, subject to the limits specified in this section;
- c) Premium must continue to be paid on the full amount of life insurance, unless subject to waiver of premium under the Continuation of Insurance for Total Disability with Waiver of Premium provision;
- d) The amount of insurance You may obtain under the Conversion provision will be reduced by the amount of Living Benefits paid for You; and
- e) The Portability provision is not available for You after payment of Living Benefits.



## **WHEN LIVING BENEFITS ARE NOT AVAILABLE**

Living Benefits are not available:

- a) when You have irrevocably assigned life insurance under the Policy;
- b) if such benefits were paid under a Prior Plan;
- c) when all or a portion of the life insurance benefits under the Policy are to be paid to a former Spouse as part of a divorce agreement or pursuant to a court order;
- d) for any Terminal Condition caused by a suicide attempt or an intentionally self-inflicted Injury;
- e) during any Conversion or Portability Period;
- f) if the required premium is due and unpaid on the date the Written Request for Living Benefits is made;
- g) if requested after insurance under the Policy ends; or
- h) if requested after the Policy terminates.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS RIDER

This rider is made a part of [REDACTED]. It is subject to all of the Policy provisions which are not inconsistent with the provisions of this rider.

This rider is effective the later of January 1, 2022 or the day You become insured under the Policy.

Capitalized terms used in this rider have the meanings assigned to them in this rider or in the other sections of the Policy.

### DEFINITIONS

*Accident* means an external, sudden, unexpected, unforeseeable and unintended event, independent of Sickness and all other causes. Accident does not include Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. Accident does include bacterial infection that is the natural and foreseeable result of an accidental external bodily Injury or accidental food poisoning.

*Airbag* means any factory-installed, inflatable, supplemental restraint device which meets published federal safety standards.

*Automobile* means a licensed private passenger motor vehicle for use on public roadways.

*Intoxicated* means having a blood alcohol level, at the time of the Accident, which equals or exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the loss occurs.

*Loss of a Hand or Foot* means Severance of at least four whole fingers from one hand or Severance of the foot above the ankle joint.

*Loss of Hearing* means total and permanent loss of hearing in both ears which cannot be corrected by any means.

*Loss of Sight* means total and permanent loss of sight of the eye which cannot be corrected by any means.

*Loss of Speech* means total and permanent loss of audible communication which cannot be corrected by any means.

*Loss of a Thumb and Index Finger* means Severance at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand).

*Participation in a Riot* means actively participating in a tumultuous disturbance of the peace by three or more persons assembling together of their own authority with intent to mutually assist one another in an illegal or legal act.

*Seat Belt* means a factory-installed lap and shoulder seat belt or other restraint device which meets published federal safety standards.

*Severance* means the complete separation and dismemberment of the part from the body.

*Traveling on Business of the Policyholder* means any trip made by You on assignment by or with authorization of the Policyholder for the purpose of furthering the business of the Policyholder. If this trip is made on a private aircraft, then the aircraft must:

- a) have a current and valid Federal Aviation Administration of the United States (FAA) standard airworthiness certificate; and
- b) be operated by a person holding a current and valid FAA pilot's certificate authorizing him or her to operate the aircraft.

### EXPOSURE AND DISAPPEARANCE

An Insured Person will be presumed to have died, for the purposes of accidental death and dismemberment insurance, if after the forced landing, stranding, sinking or wrecking of a vehicle:

- a) the Insured Person disappears;
- b) the Insured Person's body is not found; and
- c) a valid death certificate is issued by a court of appropriate jurisdiction.

## BENEFITS

### Basic Benefits

In the event of a loss while insured under the Policy, We will pay accidental death and dismemberment benefits based upon the amount of the Principal Sum in effect at the time of the loss for You. Benefits for Your insurance will be payable to You or to the beneficiary for life insurance under the Policy, unless otherwise indicated in a benefit provision included in this section.

If an Insured Person is Injured or dies as a result of an Accident, We will pay the benefit shown in the following Table. If an Accident causes more than one loss shown in the Table, We will pay only the largest benefit.

**Accidental Death and Dismemberment Benefits Table (the "Table")**

| Loss   | Benefit                  |
|--|--------------------------|
| Loss of Life                                 | Principal Sum            |
| Loss of Both Hands                           | Principal Sum            |
| Loss of Both Feet                            | Principal Sum            |
| Loss of Entire Sight of Both Eyes            | Principal Sum            |
| Loss of One Hand and One Foot                | Principal Sum            |
| Loss of One Hand and Entire Sight of One Eye | Principal Sum            |
| Loss of One Foot and Entire Sight of One Eye | Principal Sum            |
| Loss of Speech and Hearing (both ears)       | Principal Sum            |
| Loss of Entire Sight of One Eye              | One-half Principal Sum   |
| Loss of Speech or Hearing (both ears)        | One-half Principal Sum   |
| Loss of One Hand or One Foot                 | One-half Principal Sum   |
| Loss of Thumb and Index Finger of same Hand  | One-fourth Principal Sum |

### Airbag Benefit

We will pay a benefit amount of 10% of the Principal Sum, up to a maximum of \$25,000 if:

- an Insured Person was Injured in an Accident while driving or riding in the front seat of an Automobile directly behind an Airbag;
- the Insured Person's death resulted from such Injury; and
- a copy of the police accident report is submitted with the claim.

We will not pay this benefit if the Accident occurs when the:

- Automobile was being used for racing, stunting, or exhibition work;
- Airbag was disengaged; or
- Insured Person was breaking any laws of the jurisdiction in which the Accident occurred.

This benefit amount is payable in addition to any other applicable benefits under the Policy.

### Common Carrier Benefit

We will pay a benefit amount of 100% of the Principal Sum, up to a maximum of \$1,000,000 if:

- an Insured Person was Injured in an Accident while riding as a fare-paying passenger in any public air, land or water conveyance provided by a common carrier primarily for passenger service; and
- the Insured Person's death resulted from such Injury.

We will not pay this benefit if the Insured Person was an operator or member of the crew on the common carrier conveyance at the time of the Injury. This benefit amount is payable in addition to any other applicable benefits under the Policy.

### Seat Belt Benefit

We will pay a benefit amount of 10% of the Principal Sum, up to a maximum of \$25,000 if:

- an Insured Person was Injured in an Accident while driving or riding in an Automobile and wearing a Seat Belt;
- the Insured Person's death resulted from such Injury; and
- a copy of the police accident report is submitted with the claim.

We will not pay this benefit if the Accident occurs when the:

- Automobile was being used for racing, stunting, or exhibition work;
- Seat Belt was used to restrain more than one person;

- c) Automobile is equipped with an automatic Seat Belt and the lap belt is not fastened; or
- d) Insured Person is breaking any laws of the jurisdiction in which the Accident occurred.

This benefit amount is payable in addition to any other applicable benefits under the Policy.

## EXCLUSIONS

We will not pay for any loss which:

- a) results, whether the Insured Person is sane or insane, from:
  - 1. an intentionally self-inflicted Injury or Sickness; or
  - 2. suicide or attempted suicide;
- b) results from the Insured Person's Participation in a Riot or in the commission of a felony;
- c) results from an act of declared or undeclared war or armed aggression;
- d) is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
- e) is not permanent, unless specifically provided;
- f) occurs more than 365 days after the Injury;
- g) does not result from an Accident;
- h) is caused by intentional, self-infliction of carbon monoxide poisoning emanating from a motor vehicle;
- i) results from Injuries the Insured Person receives in any aircraft while operating, riding as a passenger, boarding or leaving, unless riding as a passenger in a commercial aircraft on a regularly-scheduled flight or while You are Traveling on Business of the Policyholder;
- j) results from an Injury received while riding in any aircraft engaged in:
  - 1. racing;
  - 2. endurance tests;
  - 3. acrobatic or stunt flying;
- k) is caused by the Insured Person, and is a result of Injuries received while under the influence of any controlled drug, unless administered on the advice of a Physician;
- l) is caused by the Insured Person and is a result of Injuries the Insured Person receives while voluntarily Intoxicated.

  
  
Corporate Secretary

## PAYMENT OF CLAIMS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### CLAIM FORMS

Before benefits are paid, We must be given written proof of loss as described in this section.

### HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form to:  
Benefits Administrator  
Collin County  
2300 Bloomdale Rd  
Suite 4117  
McKinney, Texas 75069

### CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:

[REDACTED]

Call Toll-Free: [REDACTED]

### PROOF OF LOSS

The Insured Person or the beneficiary has 90 days from the date of loss to furnish Us with a completed claim form and other information needed to prove loss. Failure to furnish such proof within this time period shall not invalidate nor reduce any claim if:

- a) it was not reasonably possible to give proof within that 90-day period; and
- b) proof is furnished as soon as reasonably possible, but not later than one year after the date of loss, unless the Insured Person or the beneficiary is not legally capable.

We may occasionally require an Insured Person to be examined by a Physician of Our choice to assist in determining whether benefits are payable. We will pay for these examinations. We will not require more than a reasonable number of examinations. Where not prohibited by law, We may also require an autopsy. We will pay for this autopsy.

### PAYMENT OF CLAIMS

Benefits will be paid after We receive acceptable written proof of loss, but not later than 60 days after receipt of such proof. Benefits will be paid only if We determine that the claimant is entitled to benefits under the terms of the Policy. We may require supporting information which may include, but which is not limited to, the following:

- a) clinical records;
- b) charts;
- c) x-rays; and
- d) other diagnostic aids.

Benefits will be paid to the Insured Person or the beneficiary in accord with the Life Insurance Benefits section and/or Accidental Death and Dismemberment Benefits Rider.

## **MODE OF PAYMENT**

Life insurance benefits will be available in one lump sum. Accidental death and dismemberment benefits will be available in one lump sum unless otherwise indicated in the Accidental Death and Dismemberment Benefits Rider.

## **REFUND TO US**

If it is found that We paid more benefits than We should have paid under the Policy, We will have the right to a refund from You or the recipient of benefits.

We also have a right to recover any payments due to:

- a) fraud or misrepresentation; or
- b) any error We make in processing a claim.

You or the recipient of benefits must reimburse Us in full. We will determine the method by which the repayment is to be made.

## **CLAIM REVIEW AND APPEAL PROCEDURES FOR LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

**IMPORTANT NOTICE:** In addition to the requirements described in this document, applicable state laws may contain requirements for claims review and appeal procedures. To the extent that any requirement in this document is inconsistent with any state law requirement, the requirement that is most favorable to the person insured under the Policy shall prevail. If you have any questions, please contact Us.

### **DEFINITIONS**

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

*Adverse Benefit Determination* means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, any such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for insurance under the Policy.

*Claimant* means the person who submits a claim for benefits under the Policy, including the authorized representative of such person.

### **CLAIM REVIEW PROCEDURES**

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond Our control, We will notify the Claimant of the extension and the circumstances requiring the extension.

Except where the Claimant voluntarily agrees to provide Us with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, We will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below. The Claimant may contact Us at any time for additional details about the processing of the claim.

### **INITIAL CLAIM DECISION**

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

- a) Initial claim decision period: 90 days
- b) Extension period: 90 days

If additional information is needed, We will notify the Claimant within 15 days of Our receipt of the claim. Once the Claimant receives Our request for additional information, the Claimant will be given no less than 30 days to submit the additional information to Us. We will make Our determination within 60 days of Our receipt of the additional information. If We do not receive the additional information within the specified time period, We will make Our determination based upon the available information.

### **CLAIM DENIALS**

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

- a) the specific reason(s) for the denial;
- b) reference to the specific Policy provisions on which the denial is based;
- c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 60 days and the right to bring a civil action following the appeal process; and
- d) any other information which may be required under state or federal laws and regulations.

Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

## **OPPORTUNITY TO REQUEST AN APPEAL**

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 60 days from the Claimant's receipt of notification of Our claim review decision to submit a request for an appeal. The request for an appeal should include:

- a) the Insured Person's name;
- b) the name of the person filing the appeal if different from the Claimant;
- c) the Policy number; and
- d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from Our review or that should be considered by Us. The notification regarding Our claim review decision will include instructions on how and where to submit an appeal.

By requesting an appeal, the Claimant has authorized Us, or anyone designated by Us, to review any and all records (including, but not limited to, medical records) which We determine may be relevant to the appeal.

## **RESPONSE TO APPEALS**

We will respond no later than 60 days from Our receipt of the request for an appeal. However, if We determine that an extension is required, We will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 60 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

When We make Our determination, the Claimant will be provided with:

- a) information regarding the decision; and
- b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which We receive the response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.



## **CLAIM REVIEW AND APPEAL PROCEDURES FOR CONTINUATION OF INSURANCE FOR TOTAL DISABILITY BENEFITS**

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Certificate.

### **DEFINITIONS**

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

*Adverse Benefit Determination* means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, and such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for insurance under the Policy.

*Claimant* means the person who submits a claim for benefits under the Policy, including the authorized representative of such person.

### **CLAIM REVIEW PROCEDURES**

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond Our control, We will notify the Claimant of the extension and the circumstances requiring the extension.

Except when the Claimant voluntarily agrees to provide Us with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, We will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below. The Claimant may contact Us at any time for additional details about the processing of the claim.

### **INITIAL CLAIM DECISION**

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

- a) initial claim decision period: 45 days unless additional information is requested as set forth below;
- b) extension period: 30 days; and
- c) maximum number of extensions: two.

If additional information is needed, We will notify the Claimant within 10 days of Our receipt of the claim. Once the Claimant receives Our request for additional information, the Claimant will be given no less than 45 days to submit the additional information to Us. We will make Our determination within 15 days of Our receipt of the additional information. If We do not receive the additional information within the specified time period, We will make Our determination based upon the available information.

### **CLAIM DENIALS**

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

- a) the specific reason(s) for the denial;
- b) reference to the specific Policy provisions on which the denial is based;
- c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 180 days and the right to bring a civil action following the appeal process; and
- d) any other information which may be required under state or federal laws and regulations.

Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

## **OPPORTUNITY TO REQUEST AN APPEAL**

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 180 days from the Claimant's receipt of notification of Our claim review decision to submit a request for an appeal. The request for an appeal should include:

- a) the Claimant's name;
- b) the name of the person filing the appeal if different from the Claimant;
- c) the Policy number; and
- d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from Our review or that should be considered by Us. The notification regarding Our claim review decision will include instructions on how and where to submit an appeal.

By requesting an appeal, the Claimant has authorized Us, or anyone designated by Us, to review any and all records (including, but not limited to, medical records) which We determine may be relevant to the appeal.

A document, record, or other information will be considered relevant to a claim if it:

- a) was relied upon in making the claim decision;
- b) was submitted, considered, or generated in the course of making the claim decision, without regard to whether it was relied upon in making the claim decision; or
- c) demonstrates compliance with administrative processes and safeguards designed to ensure and verify that claim decisions are made in accordance with the Policy and that, where appropriate, Policy provisions have been applied consistently with respect to similarly situated claimants.

## **RESPONSE TO APPEALS**

We will respond no later than 45 days from Our receipt of the request for an appeal. However, if We determine that an extension is required, We will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 45 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

When We make Our determination, the Claimant will be provided with:

- a) information regarding the decision; and
- b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which We receive the response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

## STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### INSURANCE CONTRACT

The insurance contract consists of:

- a) the Policy;
- b) the Policyholder's signed application attached to the Policy; and
- c) any signed application for You or Your Dependent(s).

Statements in an application are considered representations and not warranties. We will not use any statements in an Insured Person's application to deny a claim or to contest the validity of this insurance unless We provide You or Your beneficiary with a copy of that application.

### CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time We and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

- a) does not require the consent of any Insured Person or beneficiary; and
- b) must be:
  1. in writing;
  2. made a part of the Policy; and
  3. signed by Our authorized representative in Our home office.

A change may affect any class of Insured Persons included in the Policy.

### INCONTESTABILITY

We will not use any statements in an Insured Person's application to contest the validity of this insurance after it has been in-force during the lifetime of the Insured Person for two years.

### LEGAL ACTIONS

No legal action can be brought until at least 60 days after We have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required, unless otherwise required by state law in Your state of residence.

## GENERAL DEFINITIONS

The following capitalized terms have the meanings assigned in this section. These terms are used throughout the Policy.

*Annual Earnings* means Your gross annual earnings received from the Policyholder and in effect immediately prior to the date of loss, as determined by the Policyholder and verified by the premium received by Us.

Your annual earnings include Your contributions to deferred compensation plans.

Your annual earnings do not include commissions, bonuses, overtime pay, other extra compensation, shift differential, or the Policyholder's contributions to deferred compensation plans.

*Certificate* means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

*Dependent* means a citizen, permanent resident or lawful resident of the United States who, as indicated by evidence acceptable to Us, is:

- a) Your Spouse;
- b) Your natural born or legally adopted child;
- c) Your stepchild; or
- d) any other child who lives with You in a regular parent/child relationship and who qualifies as Your "dependent" as defined in the United States Internal Revenue Code.

A dependent does not include:

- a) anyone insured under the Policy as an Employee;
- b) anyone who is a member of the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary duty of 31 days or less);
- c) Your divorced, legally separated or former Spouse;
- d) a child less than 14 days old;
- e) a child who has reached the age of 26 unless the child is Incapacitated;
- f) Your child if the child has been legally adopted by another person; or
- g) a child placed in Your home by a social service agency which retains control over the child.

*Employee* means a person who is:

- a) a citizen or permanent resident of the United States; or
- b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and
- c) receiving compensation from the Policyholder for work performed for the Policyholder at:
  1. the Policyholder's usual place of business;
  2. an alternative work site at the direction of the Policyholder; or
  3. a location to which the employee must travel to perform the job.

An employee does not include a person:

- a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from Our authorized representative in Our home office;
- b) working on a seasonal or temporary basis; or
- c) performing services for the Policyholder as an independent contractor, including persons reporting income on a 1099 form or subject to the terms of a leasing agreement between the Policyholder and a leasing organization.

*Evidence of Insurability* means proof of good health acceptable to Us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by Us.

*Hospital* means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

*Incapacitated* means that a Dependent child is continuously incapable of self-sustaining employment by reason of intellectual disability, developmental disability, mental illness or physical handicap.

*Injured* means the occurrence of an Injury.

*Injury, Injuries* means an accidental bodily injury that requires treatment by a Physician. It must result in loss independently of Sickness and other causes.

*Insured Person(s)* means You and/or Your Dependent(s) who are insured under the Policy.

*Our, We, Us* means [REDACTED]

*Physician* means any of the following licensed practitioners:

- a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- b) a licensed doctoral clinical psychologist;
- c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
- d) a licensed physician's assistant (PA) or nurse practitioner (NP); or
- e) where required by law, any other licensed practitioner of a healing art who is acting within the scope of his/her license.

A physician does not include:

- a) a naturopathic doctor;
- b) an acupuncturist;
- c) a physician in training; or
- d) You, Your Spouse or a child, brother, sister or parent of You or Your Spouse or any person who lives with You.

*Plan Administrator* means the person or entity designated as the plan administrator for the Policyholder's group life insurance plan.

*Policy* means the group policy issued to the Policyholder by Us, including this Certificate.

*Policy Anniversary* means January 1 of each Policy Year.

*Policy Effective Date* means January 1, 2019.

*Policy Year* means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

*Prior Plan* means any policy or plan of benefits:

- a) replaced by insurance under part or all of the Policy; and
- b) in effect and maintained or sponsored by the Policyholder on the day before the Policy Effective Date.

*Schedule* means the section of the Certificate identified as the "Schedule".

*Sickness* means a disease, disorder or condition that requires treatment by a Physician.

*Spouse* means the person to whom You are legally married.

*Written Request* means a request that is signed, dated and submitted to the Policyholder or Us. The request must be on a form We supply or be in a form and content acceptable to Us.

*You, Your* means the Employee who is insured under the Policy.

**Group Term Life Benefits**

**Collin County**

[REDACTED]

[REDACTED]

**Home Office:**

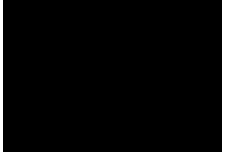
[REDACTED]

[REDACTED]

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# YOUR GROUP VOLUNTARY TERM LIFE BENEFITS

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**FOR EMPLOYEES OF:**

**Collin County**

**CLASS(ES):**

All Eligible Employees

**REVISION EFFECTIVE DATE:**

January 1, 2022

**PUBLICATION DATE:**

December 1, 2021

## **NOTICE(S)**

**THIS CERTIFICATE DESCRIBES THE BENEFITS THAT ARE AVAILABLE TO YOU. PLEASE READ YOUR CERTIFICATE CAREFULLY. BENEFITS ARE PROVIDED THROUGH A GROUP POLICY ISSUED IN THE STATE OF TEXAS.**

### **FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



If You have any questions about or concerns with this insurance, please first contact the Policyholder or Your benefits administrator. If, after doing so, You still have a question or concern, You may contact Us at:



When contacting Us, please have Your Policy number available.

**IF YOU ARE NOT SATISFIED WITH YOUR CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS AFTER YOU RECEIVE IT, UNLESS A CLAIM HAS PREVIOUSLY BEEN RECEIVED BY US UNDER YOUR CERTIFICATE. WE WILL REFUND WITHIN 30 DAYS OF OUR RECEIPT OF THE RETURNED CERTIFICATE ANY PREMIUM THAT HAS BEEN PAID AND THE CERTIFICATE WILL THEN BE CONSIDERED TO HAVE NEVER BEEN ISSUED. YOU SHOULD BE AWARE THAT IF YOU ELECT TO RETURN THE CERTIFICATE FOR A REFUND OF PREMIUMS, LOSSES WHICH OTHERWISE WOULD HAVE BEEN COVERED UNDER YOUR CERTIFICATE WILL NOT BE COVERED.**



## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call [REDACTED] toll-free telephone number for information or to make a complaint at:

**1-800-775-8805**

You may also write to [REDACTED] Company at:

[REDACTED]

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P. O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Web: <http://www.tdi.texas.gov>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

## PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim you should contact [REDACTED]. If the dispute is not resolved, you may contact the Texas Department of Insurance.

## ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de [REDACTED] Company's para obtener información o para presentar una queja al:

**1-800-775-8805**

Usted también puede escribir a [REDACTED] Insurance Company:

[REDACTED]

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Web: <http://www.tdi.texas.gov>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

## DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES

Si tiene una disputa reclamacion con su prima o seguro o con una reclamacion, usted debe comunicarse con la [REDACTED] primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

## ADJUNTE ESTE AVISO A SU POLIZA

Este aviso es solamente para propósito informativos y no se convierte en parte o en condición del documento adjunto.

[REDACTED]

## **ABOUT LIVING BENEFITS (ACCELERATED BENEFIT)**

### **LIFE INSURANCE BENEFITS (BENEFITS PAYABLE BY REASON OF THE DEATH OF YOU) WILL BE REDUCED IF BENEFITS ARE PAID UNDER THE LIVING BENEFITS (ACCELERATED BENEFIT) PROVISION.**

This disclosure is a brief summary of the Living Benefits (Accelerated Benefit) provision and its effect on life insurance benefits.

An eligible Insured Person may receive payment of part of the amount of life insurance in effect for the Insured Person while living if the Insured Person has been diagnosed with a terminal condition. A terminal condition means an injury or sickness that is expected to result in death within the number of months stated in the Certificate, as certified by a Physician. Please refer to the Living Benefits (Accelerated Benefit) provision of this Certificate for information regarding who is eligible for this benefit and the complete definition of Terminal Condition.

This benefit is included in the premium paid for life insurance. There is no separate premium charge for this benefit. The premium for life insurance does not change if benefits are paid under the Living Benefits (Accelerated Benefit) provision.

The Living Benefits offered under this contract **may or may not** qualify for favorable tax treatment under the Internal Revenue Code of 1986 (as amended). Whether such benefits qualify depends on factors such as the life expectancy of You at the time benefits are accelerated or whether You use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Living Benefits qualify for favorable tax treatment, the benefits will be excludable from Your income and not subject to federal taxation. Tax laws relating to Living Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive Living Benefits excludable from income under federal law.

Receipt of Living Benefits may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect Your, Your Spouse's or Your family's eligibility for public assistance.

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# CERTIFICATE OF INSURANCE

[REDACTED]

Home Office:

[REDACTED]

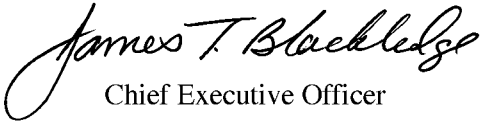
[REDACTED] been issued to Collin County (the Policyholder).

Insurance is provided for Employees of the Policyholder subject to the terms and conditions of the Policy.

Please read this Certificate carefully. The benefits described in this Certificate are effective only if You are eligible for the insurance, become insured and remain insured as described in this Certificate and according to the terms and conditions of the Policy.

If the provisions of this Certificate and those of the Policy do not agree, the provisions of the Policy will apply. The Policy is part of a contract between [REDACTED] the Policyholder, and may be amended, changed or terminated without Your consent or notice to You.

This Certificate replaces any certificate previously issued under the Policy.

  
Chief Executive Officer

  
Corporate Secretary

[REDACTED]

## SCHEDULE

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### CLASS(ES)

All Eligible Employees

### LIFE INSURANCE FOR YOU (THE EMPLOYEE)

You may elect to be insured for an amount of life insurance from 1 to 2 times Your Annual Earnings, in increments of 1 times Your Annual Earnings, but in no event less than \$10,000 or more than \$400,000. Your amount of life insurance will be rounded to the next higher multiple of \$1,000.

Your amount of life insurance is subject to any reductions indicated in the Benefit Reductions provision in this Schedule. If You have questions regarding the amount of Your life insurance, You may contact the Policyholder.

### GUARANTEE ISSUE AMOUNT(S) AND EVIDENCE OF INSURABILITY

Guarantee Issue Amount(s) is/are subject to any reductions indicated in the Benefit Reductions provision of this Schedule. In addition, guarantee issue is only available if the total number of Employees insured under the Policy attains or remains above 10 Employees or 25% of the eligible Employees, whichever is greater. If the total number falls below the required level, the Guarantee Issue Amount(s) may be reduced or rescinded.

#### Guarantee Issue Amount For You (The Employee)

Your Guarantee Issue Amount is 2 times Your Annual Earnings or \$300,000, whichever is less, unless You were insured under a Prior Plan. If You were insured under a Prior Plan, Your Guarantee Issue Amount is equal to the amount of insurance that was in-force for You under a Prior Plan the day before the Policy Effective Date, but in no event more than the maximum amount of insurance stated in the Life Insurance for You (the Employee) section of this Schedule.

Insurance for You is only available on a guarantee issue basis:

- a) during Your First Enrollment Period;
- b) during a Subsequent Enrollment Period; or
- c) as otherwise stated or allowed in the Policy.

#### Evidence of Insurability

Evidence of Insurability is required for:

- a) insurance elected more than 31 days after the date the Employee becomes eligible;
- b) any amount of insurance elected in excess of a Guarantee Issue Amount for the Employee;
- c) any increase in the amount of insurance after the initial election of insurance for the Employee, unless during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy;
- d) an Employee who was eligible for insurance under a Prior Plan but did not elect such insurance; or
- e) an Employee whose amount of insurance elected under the Policy is in excess of the amount of insurance that was in-force under a Prior Plan the day before the Policy Effective Date, unless during a Subsequent Enrollment Period or as otherwise stated or allowed in the Policy.

If Evidence of Insurability is required for items a), d) or e) above, We may require that such evidence be provided at Your expense.

### BENEFIT REDUCTIONS

As You grow older, the amount of life insurance for You will be reduced according to the following schedule:

| <b>At the Age of:</b> | <b>The Original Amount of Insurance Will Reduce to:</b> |
|-----------------------|---|
| 70.....               | 65%   |
| 75.....               | 45%   |

|         |     |
|---------|-----|
| 80..... | 30% |
| 85..... | 20% |
| 90..... | 15% |

Reductions become effective on the first day of the Policy month that coincides with or follows the day You reach the specified age. Any reduced amount of insurance will round to the nearest dollar.

If You are age 70 or older on the date insurance becomes effective, the amount of life insurance for You will be reduced as shown above. Thereafter, the amount of life insurance will continue to reduce in accord with the schedule above.



## ELIGIBILITY

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### DEFINITIONS

*Actively Working, Active Work* means an Employee is performing the normal duties of his or her regular job for the Policyholder on a regular and continuous basis 30 or more hours each week. An Employee will be considered to be actively working on any day that is a regular paid holiday or day of vacation, or regular or scheduled non-working day, provided the Employee was actively working on the last preceding regular work day.

*Disability Elimination Period* means the period of time that must be satisfied before You are eligible to continue benefits, beginning on the date Your Injury or Sickness occurred. The length of the disability elimination period is shown in the Continuation of Insurance for Total Disability with Waiver of Premium provision.

*Eligibility Waiting Period* means a continuous period of Active Work that an Employee must satisfy before becoming eligible for insurance as described in the When an Employee Becomes Eligible for Insurance (Eligibility Waiting Period) provision.

*Life Event* means:

- a) a change in Your legal marital status or domestic partnership (or equivalent);
- b) a change in the number of Your Dependents; or
- c) a significant cost or coverage change under any other employer or group sponsored life plan under which You are covered.

*Partial Disability, Partially Disabled* means that, because of an Injury or Sickness lasting longer than 12 months, You are unable to perform the normal duties of Your regular job for the Policyholder on a regular or continuous basis, but are able to satisfy all other requirements of the Active Work definition.

*Recurrent Disability* means a Total Disability which is related to or due to the same cause(s) of a prior Total Disability for which You were approved for coverage under the Continuation of Insurance for Total Disability with Waiver of Premium provision of the Policy.

*Total Disability, Totally Disabled* means that because of an Injury or Sickness You are completely and continuously unable to perform any work or engage in any occupation.

### WHEN AN EMPLOYEE BECOMES ELIGIBLE FOR INSURANCE (ELIGIBILITY WAITING PERIOD)

An Employee who has completed an Eligibility Waiting Period of 30 days on or before the Policy Effective Date becomes eligible for insurance under the Policy on the Policy Effective Date.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 30 days.

The day on which an Employee becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. The When Insurance Begins provision describes the day on which insurance begins.

### CONTINUITY OF INSURANCE UPON TRANSFER OF INSURANCE CARRIER

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

If the Policy replaces a Prior Plan, the Policy will provide insurance for an Employee who:

- a) was insured under the Prior Plan on the day before the Policy Effective Date;
- b) is otherwise eligible under the Policy, but is not Actively Working on the Policy Effective Date due to:
  1. Injury or Sickness; or
  2. a leave of absence protected under:



- a. the federal Family and Medical Leave Act (FMLA) or Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto; or
- b. any other applicable federal or state law that allows for continuation of insurance in certain instances;
- c) is not eligible for benefits or continuation of insurance under any provision of the Prior Plan;
- d) is not a retired Employee; and
- e) is not Totally Disabled on the Policy Effective Date.

Insurance under this provision is subject to the following conditions:

- a) insurance under the Policy may not exceed Your amount of insurance under the Prior Plan on the day before the Policy Effective Date;
- b) the benefit payable under the Policy will be the amount which would have been paid by the Prior Plan had insurance remained in-force under the Prior Plan, less the amount of any benefit payable under the Prior Plan;
- c) the Policyholder must notify Us in writing prior to the Policy Effective Date of the amount of Your insurance under the Prior Plan on the day before the Policy Effective Date;
- d) insurance is subject to uninterrupted payment of premium to Us when due; and
- e) insurance is subject to any reductions shown in the Schedule and all other terms and conditions of the Policy.

We reserve the right to request any information We need from the Policyholder to determine whether the conditions necessary to be eligible for insurance under this provision have been satisfied.

Insurance under this provision will end on the earliest of:

- a) the day the Employee returns to Active Work for the Policyholder or begins employment with any other employer;
- b) the last day the Employee would have been insured under the Prior Plan, if the Prior Plan had not ended or terminated;
- c) the day the Employee's insurance under the Policy ends for any reason shown in the When Insurance Ends provision; or
- d) the last day of the twelfth month following the Policy Effective Date.

If an Employee is eligible for insurance under this provision, the Employee will not be eligible for insurance under any continuation provision or the Portability provision in this Certificate.

If Your insurance under this provision ends and You have not returned to Active Work, You may be able to obtain insurance under the Conversion provision.

Persons who are not eligible for insurance under this provision may be eligible to apply for conversion of insurance under the Prior Plan and should contact the Policyholder for additional information.

## **WHEN INSURANCE BEGINS**

An eligible Employee must enroll for insurance by submitting a Written Request for insurance for the Employee. The Written Request must be submitted to the Policyholder within 31 days following the day the Employee become(s) eligible. If the Written Request for insurance is not submitted within 31 days following the day the Employee become(s) eligible for insurance, the Employee must provide Evidence of Insurability.

An eligible Employee will become insured on the first day of the month that follows the latest of the day:

- a) the Employee begins Active Work;
- b) the Employee submits a Written Request to enroll for insurance, if applicable; or
- c) We approve Evidence of Insurability, if required.

If the Employee is not Actively Working on the day insurance would otherwise begin, insurance will begin on the day the Employee returns to Active Work.

An eligible Employee must provide Evidence of Insurability if it is required. An eligible Employee will become insured for any amount of insurance that requires Evidence of Insurability, including any amount of insurance in excess of the Guarantee Issue Amount (if applicable) for the Employee on the first day of the month that follows the day We approve Evidence of Insurability.

## **EXCEPTIONS TO WHEN INSURANCE BEGINS**

This provision does not apply if the Employee is eligible for coverage under the Continuity of Insurance Upon Transfer of Insurance Carrier provision.

Insurance for an Employee who is:

- a) Totally Disabled;
- b) confined in a Hospital as an inpatient;
- c) confined in any institution or facility other than a Hospital; or
- d) confined at home and under the care or supervision of a Physician;

on the day insurance is to begin will not take effect until the day after the Employee has completed one full day of Active Work.

Insurance for an Employee who is not Actively Working on the Policy Effective Date due to Injury or Sickness will not take effect until the day after the Employee has completed one full day of Active Work.

## **THE FIRST ENROLLMENT PERIOD**

An Employee may elect insurance for him/herself during the First Enrollment Period.

If an Employee does not elect insurance during the Employee's First Enrollment Period, future elections may only be made in accordance with the Subsequent Enrollment Periods provision, or as otherwise provided under the When Election Changes Are Permitted provision.

## **SUBSEQUENT ENROLLMENT PERIODS**

An Employee may elect, drop, increase, decrease or change insurance for the Employee during a Subsequent Enrollment Period.

## **WHEN ELECTION CHANGES ARE PERMITTED**

An Employee may elect, drop, increase, decrease or change insurance as allowed by the Policyholder. Any election of or increase in insurance for an Employee will require Evidence of Insurability unless otherwise stated or allowed in the Policy.

### **Life Events**

Within 31 days of a Life Event, You may submit a Written Request to change insurance.

If You experience a Life Event and You are currently insured under the Policy, insurance for You may be issued up to the Guarantee Issue Amount without Evidence of Insurability. For any amount of insurance over the Guarantee Issue Amount, or if the Written Request is submitted more than 31 days after the date of a Life Event, We will require Evidence of Insurability.

An Employee who experiences a Life Event who previously declined insurance under the Policy must submit Evidence of Insurability for any change of insurance to be considered by Us.

### **Annual Increase Option**

You may submit a Written Request to increase the amount of insurance once a year, provided the new amount of insurance does not exceed the maximum benefit amount shown in the Schedule. You may increase Your amount of insurance by up to 1 times Your Annual Earnings, in increments as shown in the Schedule.

If the amount of insurance requested exceeds the Guarantee Issue Amount, Evidence of Insurability will be required. If Evidence of Insurability is required for this provision, such evidence will only be required once and will serve as acceptable proof for any future requests to increase the amount of insurance under this provision. This election may be made once a year within a time period designated by the Policyholder and approved by Our authorized representative in Our home office.

## **CHANGES TO INSURANCE BENEFITS**

Any allowable change in Your class or amount of insurance, whether requested by You or the Policyholder, or as a result of the terms of the Policy, will take effect on the first day of the month that follows the date of the request or the change, or the first day of the month that follows the day We approve Evidence of Insurability (if required by Us), whichever is later.

For any increase in insurance, We will use the Policyholder's records and/or the premium We have received to verify that the amount of insurance being requested is the appropriate insurance amount for which the Insured Person is eligible under the terms of the Policy.

If You are not Actively Working on the day any increase in insurance would otherwise take effect, the increase will become effective the first day of the month that follows the day after You return to Active Work.

## **REINSTATEMENT OF INSURANCE**

You may be eligible to reinstate insurance that has ended in accordance with this provision. You must submit a Written Request to reinstate insurance within 31 days of Your return to Active Work. We will require Evidence of Insurability if the amount of insurance being requested exceeds the amount of insurance in effect on the Employee's last day of Active Work.

Reinstated insurance will take effect on the first day of the month that follows the date of the Written Request, or the first day of the month that follows the day We approve Evidence of Insurability (if required by Us), whichever is later. If You are not Actively Working on the day the reinstated insurance would otherwise take effect, insurance will become effective on the day after You return to Active Work.

The following reinstatement option(s) is/are available:

### **Non-Payment of Premium or Voluntary Termination of Insurance**

If insurance ended due to Your non-payment of premium or voluntary termination of insurance, We will require Evidence of Insurability to reinstate insurance.

### **Involuntary Reduction in Hours**

If insurance ended because the Employee was no longer Actively Working due to an involuntary reduction of hours worked, insurance may be reinstated without satisfying another Eligibility Waiting Period if the Employee returns to Active Work and there was no break in employment with the Policyholder after the date insurance ended.

### **Rehired Employee Due to Layoff or Termination**

If insurance ended because the Employee was no longer Actively Working due to layoff or termination of employment with the Policyholder, insurance may be reinstated without satisfying another Eligibility Waiting Period if the Employee is rehired and returns to Active Work within 90 days from the date insurance ended.

### **Rehired Employee Due to Leave of Absence**

If insurance ended due to an approved leave of absence, insurance may be reinstated within 90 days from the date insurance ended without satisfying another Eligibility Waiting Period upon return to Active Work. If insurance ended due to military leave, insurance may be reinstated upon return to Active Work immediately after discharge from active duty without satisfying another Eligibility Waiting Period.

### **Transfer From Portability or Conversion**

If insurance was obtained under the Portability or Conversion provision while an Employee was not Actively Working, insurance may be reinstated up to the amount of insurance that was in effect on the last day of Active Work. Any insurance provided through the Portability provision will terminate upon reinstatement of insurance as an Actively Working Employee.

## **WHEN INSURANCE ENDS**

Insurance will end on the last day of the month in which the earliest of the following events occurs:

- a) an Insured Person is no longer eligible for insurance under the Policy; or
- b) an Insured Person begins active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less).

Insurance will also end:

- a) on the day the Policy terminates; or
- b) in accordance with the Grace Period provision.

## **NOTICE TO YOU WHEN INSURANCE ENDS**

The Policyholder is required to notify You when insurance under the Policy ends if:

- a) You cease to be eligible for insurance under the Policy; or
- b) the Policy is discontinued and is not replaced by another policy or plan with no interruption in coverage.

Notice shall be provided within 15 days from the date insurance ends for You, and shall include information about any options available to continue or obtain insurance.

## **EXCEPTIONS TO WHEN INSURANCE ENDS**

If insurance for You would otherwise end, You may be able to continue or obtain insurance under one of the following provisions:

- a) Continuation of Insurance for Layoff or Leave
- b) Continuation of Insurance for Injury or Sickness
- c) Continuation of Insurance for Partial Disability
- d) Continuation of Insurance for Total Disability with Waiver of Premium
- e) Portability
- f) Conversion

## **CONTINUATION OF INSURANCE FOR LAYOFF OR LEAVE**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

You may be able to continue insurance from the day You cease to be Actively Working in the event of:

- a) a temporary involuntary layoff; or
- b) a leave of absence approved by the Policyholder due to any personal reason.

In addition, the federal Family Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Contact the Policyholder for additional information regarding any other continuation options that may be available.

Any insurance continued under this provision will be subject to the following conditions:

- a) insurance may not be continued beyond the earliest of:
  - 1. 12 weeks for Your temporary involuntary layoff;
  - 2. 12 weeks for Your leave of absence; or
  - 3. the time period allowed by FMLA, USERRA or applicable federal or state law that allows for continuation;
- b) the amount of insurance may not be increased while insurance is continued under this provision; and
- c) We continue to receive premium payment when due (premiums must be paid by You or on Your behalf).

Insurance under this provision will end on the last day of the month which coincides with or follows the earliest of the day:

- a) the time period in a) in the preceding paragraph has been satisfied;
- b) Your temporary involuntary layoff becomes permanent, if insurance is continued under this provision due to Your temporary involuntary layoff;
- c) You return to Active Work;
- d) You begin full-time employment with an employer other than the Policyholder; or
- e) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active Work, You may be able to continue or obtain insurance under the Continuation of Insurance for Injury or Sickness provision, Portability provision or Conversion provision.

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 9 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision for premium payment options.

## **CONTINUATION OF INSURANCE FOR INJURY OR SICKNESS**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When Your insurance would otherwise end due to Your Injury or Sickness, You may be able to continue insurance under this provision. In such circumstances, the total continuation period under this provision and the Continuation of Insurance for Layoff or Leave provision, if You were previously insured under this provision, shall not exceed 12 months.

Insurance may be continued under this provision if We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of the last day of the month which coincides with or follows the day:

- a) that is 12 months from the day You cease Active Work;
- b) You return to Active Work;
- c) You begin full-time employment with an employer other than the Policyholder; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If continued insurance under this provision ends and You have not returned to Active Work, You may be able to continue or obtain insurance under the Continuation of Insurance for Partial Disability provision, Continuation of Insurance for Total Disability with Waiver of Premium provision, Portability provision or Conversion provision.

If Your leave is due to an Injury or Sickness which may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 9 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.

## **CONTINUATION OF INSURANCE FOR PARTIAL DISABILITY**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When You are no longer eligible to continue insurance under the Continuation of Insurance for Injury or Sickness provision, You may be able to continue insurance under this provision due to Your Partial Disability.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Partially Disabled, but not Totally Disabled; and
- b) We continue to receive timely premium payment when due (premiums must be paid by You or on Your behalf).

The amount of insurance may not be increased while insured under this provision.

Insurance under this provision will end on the earliest of the last day of the month which coincides with or follows the day:

- a) You return to Active Work;
- b) Your Injury or Sickness results in Your Total Disability and You are eligible to continue insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision;

- c) You begin full-time employment with an employer other than the Policyholder; or
- d) the Policy terminates.

Insurance under this provision will also end in accordance with the Grace Period provision.

If Your insurance under this provision ends and You have not returned to Active Work, You may be able to obtain insurance under the Continuation of Insurance for Total Disability with Waiver of Premium provision, Portability provision or Conversion provision.

If Your Partial Disability may result in Your Total Disability, We must receive notification of Your potential Total Disability on Our total disability claim form within 9 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

See the Options for Payment of Premium for Continued Insurance provision of this Certificate for premium payment options.

## **CONTINUATION OF INSURANCE FOR TOTAL DISABILITY WITH WAIVER OF PREMIUM**

If there is a conflict between this provision and any other provision of the Policy, this provision shall control.

When Your insurance ends under the Continuation of Insurance for Injury or Sickness provision or Continuation of Insurance for Partial Disability provision, You may be able to continue insurance under this provision due to Your Total Disability. After satisfaction of the Disability Elimination Period, and upon submission of proof of Total Disability acceptable to Us, Your insurance may be continued without payment of premium until insurance ends in accordance with this provision.

We must receive notification of Your potential Total Disability on Our total disability claim form within 9 months of the date Your Injury or Sickness occurred, or as soon as reasonably possible.

Insurance may be continued under this provision if the following conditions are satisfied:

- a) You are Totally Disabled;
- b) You were under age 60 at the time You became Totally Disabled;
- c) the Disability Elimination Period is satisfied; and
- d) proof of Total Disability is provided to Us (as described below in this provision).

The amount of insurance may not be increased while insured under this provision.

If You are age 60 or older and become Totally Disabled, You may be able to obtain insurance under the Portability or Conversion provision.

### **About the Disability Elimination Period**

The Disability Elimination Period is a period of 9 consecutive months. Any period of time in which You are insured under the Continuation of Insurance for Injury or Sickness provision will apply toward satisfaction of the Disability Elimination Period.

### **Proof of Total Disability**

You must submit to Us acceptable proof of Total Disability approved by Our authorized representative in Our home office before the end of the Disability Elimination Period or as soon as reasonably possible thereafter.

In order to confirm that You are Totally Disabled, We have the right to have You examined by a Physician of Our choice at Our expense.

If You are approved for continuation of insurance under this provision, We will periodically require proof of continuing Total Disability. We may have You examined by a Physician of Our choice at any time during the first two years of Total Disability and once a year thereafter at Our expense. If an additional examination is required due to questionable or disputed results of an examination, any additional examination may be at Your expense.

### **When Continuation of Insurance for Total Disability is Approved**

We will notify You in writing if Your proof of Total Disability is approved by Us. Any premium paid for Your insurance from the day You ceased to be Actively Working will be refunded in a lump sum within 31 days of Your approval.

Once You are approved for insurance under this provision, a Recurrent Disability will be treated as part of Your prior claim and You will not be required to satisfy another Disability Elimination Period if:

- a) You were continuously insured under the Policy for the period between Your prior claim and Your Recurrent Disability; and
- b) Your Recurrent Disability occurs within 6 months of the end of Your prior claim.

### **When Continuation of Insurance for Total Disability is Not Approved**

We will notify You in writing if Your proof of Total Disability is not approved by Us. If at any time while You are insured under this provision We determine that You are no longer Totally Disabled, We will notify You in writing that You are no longer eligible to continue insurance under this provision.

If You are ineligible for insurance under this provision or Your insurance under this provision ends, You will have 31 days from the date of Our notice to submit a Written Request for insurance under the Portability or Conversion provision, if You have not returned to Active Work or You are not eligible for insurance under the Continuation of Insurance for Partial Disability provision.

### **When Insurance Under this Provision Ends**

Insurance under this provision will end on the last day of the month which coincides with or follows the day:

- a) You are eligible to continue insurance under the Continuation of Insurance for Partial Disability provision; or
- b) You return to Active Work.

Insurance under this provision will also end on the earliest of the day:

- a) You are no longer Totally Disabled;
- b) that is 90 days after the date of Our request to You for proof of Total Disability if such proof has not been received by Us;
- c) You fail to obtain an examination from a Physician of Our choice as described in the Proof of Total Disability provision by a date established by Us;
- d) You reach age 65; or
- e) You begin full-time employment with an employer other than the Policyholder.

Insurance under this provision will also end in accordance with the Grace Period provision.

## **PORTABILITY**

You have the right to continue receiving group life insurance under this provision if You are under age 70 when insurance would otherwise end for any of the following reasons:

- a) You cease to be Actively Working and are not eligible for insurance under any other continuation provision in this Certificate (if applicable);
- b) Your employment with the Policyholder ends; or
- c) You retire; or
- d) the Policy terminates and the Policyholder does not obtain group life coverage within 31 days.

If an Insured Person requests to continue to receive group insurance under this provision, the amount of insurance shall not exceed the lesser of:

- a) the amount in effect under the Policy on the day insurance ended; or
- b) \$500,000.

The amount of insurance may not be increased after insurance continues under this provision.

If You continue to receive group insurance under this provision, You can not continue insurance under any other continuation provision of the Policy (if applicable).

### **The Group Term Life Insurance Portability Policy**

Group insurance continued under this provision is available under another group term life insurance policy (the "Portability Policy") issued by Us, as available at the time insurance under this provision is requested. If You become insured under the Portability Policy, You will receive a certificate of insurance that describes the terms and conditions of coverage under the Portability Policy.

The Portability Policy may not provide all the same benefits or have all the same terms and conditions that are included in the Policy. In addition, the premium rates charged for insurance under the Portability Policy may not be the same as the premium rates charged for insurance under the Policy. The benefits and premium rates of Our Portability Policy are described on Our portability request form. You may contact the Policyholder or Us to obtain Our portability request form.

The continued group insurance coverage under the Portability Policy is available as a result of portability rights that arise solely from the Policy, as arranged for You as an employee welfare benefit subject to the Employee Retirement Income Security Act of 1974, as amended.

### **Notice of the Right to Continue Group Insurance Under this Provision**

The portability period is the period of time that is 31 days from the date insurance under the Policy ends (“Portability Period”). When insurance under the Policy ends, notice of the right to continue receiving insurance under this provision may be given. If notice is not given at least 15 days after the start of the Portability Period, an extension of the period of time in which to apply for a Portability Policy will be allowed. Any extension of the Portability Period will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Portability Period, even if notice is not received.

### **How to Continue Group Insurance Under this Provision**

You must submit a Written Request for insurance under the Portability Policy. The Written Request and the initial premium due must be submitted within the Portability Period.

## **CONVERSION**

This provision allows for conversion of life insurance.

### **When Employment or Class Membership Ends or the Amount of Insurance Reduces**

If group life insurance ends because Your employment or membership in a class (as shown under Class(es) on the Schedule) ends or Your benefit amount reduces, You may apply for an individual policy of life insurance other than term insurance (“Conversion Policy”).

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance; and
- b) issued without any supplemental benefits.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.

The Conversion Policy will become effective on the later of the date of issue or 31 days after the date insurance under the Policy ended or was reduced.

### **When the Policy or a Class Terminates**

You may apply for a Conversion Policy if insurance under the Policy ends due to termination of the Policy or termination of Your class (as shown under Class(es) on the Schedule), provided You have been insured under the Policy or any Prior Plan for at least 5 consecutive years.

The Conversion Policy issued under this provision will be:

- a) any type of individual policy of life insurance then customarily issued by Us for purposes of conversion, except term insurance;
- b) issued without any supplemental benefits;
- c) for an amount of life insurance that does not exceed the lesser of:
  1. \$10,000; or
  2. the amount of insurance that ended under the Policy less the amount of any other group life insurance for which the applicant becomes eligible within 31 days after insurance under the Policy ended.

Premium shall be based on the standard premium rate for the Conversion Policy according to the amount of insurance, class of risk, gender and age of the applicant on the date the Conversion Policy takes effect.



The Conversion Policy will become effective on the later of the date of issue or 31 days after the date insurance under the Policy ended or was reduced.

**Notice of the Right to Obtain Insurance Under this Provision**

The conversion period is the period of time that is 31 days from the date insurance under the Policy ends or reduces (“Conversion Period”). When insurance ends under the Policy, notice of the right to convert may be given. If notice is not given at least 15 days after the start of the Conversion Period, an extension of the period of time in which to apply for a Conversion Policy will be allowed. Any extension will expire on the earlier of:

- a) 15 days after notice has been received; or
- b) 60 days after the end of the Conversion Period, even if notice is not received.

If You are entitled to obtain a Conversion Policy and die within 31 days after insurance under the Policy ends or reduces, We will pay the amount of life insurance which could have been converted, even if You did not apply for a Conversion Policy.

**How to Request Insurance Under this Provision**

Insurance is available without providing Evidence of Insurability. You must submit a Written Request for a Conversion Policy. The Written Request and the initial premium due must be submitted to Us within the Conversion Period.

**Conversion Insurance and Your Return to Active Work**

If You are issued a Conversion Policy and again become eligible for insurance under the Policy, insurance under the Policy will become effective (subject to all eligibility requirements) only if any Conversion Policy(ies) is/are surrendered to Us.



## **PREMIUM PAYMENTS**

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### **PAYMENT OF PREMIUMS THROUGH PAYROLL DEDUCTION**

You are responsible for the payment of premiums for insurance under the Policy.

Premiums will be automatically deducted from Your paychecks by the Policyholder, then remitted to Us, as authorized by You during the enrollment process. Please contact the Policyholder for information regarding Your paycheck deductions.

Payment of premium does not guarantee eligibility for coverage.

### **OPTIONS FOR PAYMENT OF PREMIUM FOR CONTINUED INSURANCE**

When insurance is continued We must receive premium payment when due for insurance to remain effective, unless otherwise stated or allowed in the Policy. Premium payment may be made in the following ways:

- a) the Policyholder may pay the premiums; or
- b) You may pay premium to the Policyholder who will then submit premium to Us.

Contact the Policyholder to determine which option is available to You.

Payment of premium does not guarantee eligibility for coverage.

### **GRACE PERIOD**

All premiums must be paid within the grace period. There is a grace period of 45 days for payment of premiums. This means that, except for the initial premium, if premium is not paid on or before the date it is due, the premium must be paid in the 45-day period that follows. We will consider premium to be paid on the date We receive it.

Insurance will stay in force during the grace period, unless You or the Policyholder provides Us with written notice that insurance will terminate during the grace period. If We receive such notice, insurance will terminate on the date requested.

If any premium due is not paid during the grace period, insurance will end on the last day of the grace period. If insurance ends, it may be reinstated as described in the Reinstatement of Insurance provision.

### **PREMIUM CHANGES**

If You request a change in the amount of insurance, the Policyholder will provide You with notice of Your new premium amount upon request if You are responsible for the payment of premiums for insurance.

If there is a change in the amount of the premium for insurance in accordance with the terms of the Policy, or a change in the amount of insurance as the result of a request of the Policyholder, the Policyholder will provide You with notice of the change at least 15 days prior to the date of the change if You are responsible for the payment of premiums for insurance.

Premium amounts will change if:

- a) You reach the Attained Age of the next higher age band in the premium rate structure for the Policy; or
- b) You reach an Attained Age at which benefits are reduced as described in the Benefit Reductions provision in the Schedule; or
- c) premium rates under the Policy are changed.

## **LIFE INSURANCE BENEFITS**

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### **BENEFITS**

In the event of death while insured under the Policy, We will pay the amount of life insurance in effect at the time of death for You. Benefits payable by reason of Your death will be paid to Your beneficiary.

### **BENEFICIARY DESIGNATION**

At the time You elect(ed) insurance under the Policy or any Prior Plan, a beneficiary should be designated. Beneficiary records will be kept by the Policyholder, Plan Administrator or the office where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Plan will be accepted as a beneficiary designation under the Policy.

If You have not designated a beneficiary, or no beneficiary survives You, in the event of Your death, benefits will be paid to:

- a) Your surviving Spouse; if none, then to
- b) Your surviving natural and/or adopted child(ren), in equal shares; if none, then to
- c) Your surviving parent(s), in equal shares; if none, then to
- d) Your estate.

Certain states are community property states. If You live in a community property state and You designate someone other than Your Spouse as a beneficiary, state law may require that Your Spouse consent to such designation. If You do not obtain Your Spouse's consent to the designation, then such designation may not be effective. Community property states as of the Policy Effective Date include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

### **BENEFICIARY CHANGE**

Your beneficiary may be changed, subject to any restrictions or limitations in the Policy. To make a change, a Written Request should be provided to the Policyholder, Plan Administrator or to the office where beneficiary records for the Policy are kept. If You do not know where the records are kept, then You may send the Written Request to Us. When received by the Policyholder, the change will take effect as of the date the Written Request is signed. The change will not apply to any payments or other action taken by Us before the Written Request was received.

### **FACILITY OF PAYMENT**

We may pay an amount of up to \$250 to any person or entity that has incurred expenses related to Your death and subsequent burial. An amount, if paid, will be deducted from the amount of life insurance benefits payable.

### **LIFE INSURANCE BENEFITS EXCLUSION**

We will not pay benefits for a death which results from suicide, while sane or insane, within two years from the date insurance begins (under the Policy or any Prior Plan). Instead, We will refund the total of the premiums paid for insurance under the Policy to the beneficiary.

If death results from suicide, while sane or insane, within two years from the effective date of any increase in the amount of insurance under the Policy, benefits in the amount of the increase will not be paid. Instead, We will refund the total of the premiums paid under the Policy for said increase in insurance to the beneficiary.

## LIVING BENEFITS (ACCELERATED BENEFIT)

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

**The benefits received under this section may be taxable. Receipt of Living Benefits may adversely affect eligibility for Medicaid or other government benefits or entitlements. You should consult Your personal tax advisor or the Social Security Administration before requesting Living Benefits.**

### DEFINITIONS

*Living Benefits* means an advance payment of part of Your life insurance death benefit.

*Terminal Condition* means an Injury or Sickness that is expected to result in Your death within the next 12 months as certified by an attending Physician's written statement.

### ABOUT LIVING BENEFITS

If You incur a Terminal Condition while insured under the Policy, You, Your Spouse or Your legal representative may submit a Written Request for Living Benefits.

The maximum amount of Living Benefits available is 50% of the amount of life insurance for You in effect at the time of the request or \$100,000, whichever is less. The minimum amount is 10% of the amount of life insurance in effect for You at the time of the request or \$1,000, whichever is greater.

We will pay Living Benefits to You in a lump sum, provided You are living at the time payment is made.

The amount of life insurance benefits payable for You in the event of death will be reduced by the amount of Living Benefits paid for You.

### APPLYING FOR LIVING BENEFITS

To apply for Living Benefits, You, Your Spouse or Your legal representative must provide Us:

- a) a Written Request for Living Benefits;
- b) satisfactory proof of Your Terminal Condition, including an attending Physician's written statement; and
- c) a statement of consent from any beneficiary(ies) or assignee(s).

You, Your Spouse or Your legal representative will receive information at the time of benefit payment about the amount of life insurance remaining in force after payment of Living Benefits.

### CONDITIONS OF LIVING BENEFITS

Living Benefits are subject to the following conditions:

- a) Living Benefits are payable for You only once under the Policy;
- b) You can request Living Benefits in any \$1,000 increment, subject to the limits specified in this section;
- c) Premium must continue to be paid on the full amount of life insurance, unless subject to waiver of premium under the Continuation of Insurance for Total Disability with Waiver of Premium provision;
- d) The amount of insurance You may obtain under the Conversion provision will be reduced by the amount of Living Benefits paid for You; and
- e) The Portability provision is not available for You after payment of Living Benefits.

## **WHEN LIVING BENEFITS ARE NOT AVAILABLE**

Living Benefits are not available:

- a) when You have irrevocably assigned life insurance under the Policy;
- b) if such benefits were paid under a Prior Plan;
- c) when all or a portion of the life insurance benefits under the Policy are to be paid to a former Spouse as part of a divorce agreement or pursuant to a court order;
- d) for any Terminal Condition caused by a suicide attempt or an intentionally self-inflicted Injury;
- e) during any Conversion or Portability Period;
- f) if the required premium is due and unpaid on the date the Written Request for Living Benefits is made;
- g) if requested after insurance under the Policy ends; or
- h) if requested after the Policy terminates.

## PAYMENT OF CLAIMS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### CLAIM FORMS

Before benefits are paid, We must be given written proof of loss as described in this section.

### HOW TO OBTAIN PLAN BENEFITS

Forward the completed claim form to:  
Benefits Administrator  
Collin County  
2300 Bloomdale Rd  
Suite 4117  
McKinney, Texas 75069

### CLAIM ASSISTANCE

For assistance with filing a claim or an explanation of how a claim was paid, contact:



### PROOF OF LOSS

The Insured Person or the beneficiary has 90 days from the date of loss to furnish Us with a completed claim form and other information needed to prove loss. Failure to furnish such proof within this time period shall not invalidate nor reduce any claim if:

- a) it was not reasonably possible to give proof within that 90-day period; and
- b) proof is furnished as soon as reasonably possible, but not later than one year after the date of loss, unless the Insured Person or the beneficiary is not legally capable.

We may occasionally require an Insured Person to be examined by a Physician of Our choice to assist in determining whether benefits are payable. We will pay for these examinations. We will not require more than a reasonable number of examinations. Where not prohibited by law, We may also require an autopsy. We will pay for this autopsy.

### PAYMENT OF CLAIMS

Benefits will be paid after We receive acceptable written proof of loss, but not later than 60 days after receipt of such proof. Benefits will be paid only if We determine that the claimant is entitled to benefits under the terms of the Policy. We may require supporting information which may include, but which is not limited to, the following:

- a) clinical records;
- b) charts;
- c) x-rays; and
- d) other diagnostic aids.

Benefits will be paid to the Insured Person or the beneficiary in accord with the Life Insurance Benefits section.

### MODE OF PAYMENT

Life insurance benefits will be available in one lump sum.



## **REFUND TO US**

If it is found that We paid more benefits than We should have paid under the Policy, We will have the right to a refund from You or the recipient of benefits.

We also have a right to recover any payments due to:

- a) fraud or misrepresentation; or
- b) any error We make in processing a claim.

You or the recipient of benefits must reimburse Us in full. We will determine the method by which the repayment is to be made.

## CLAIM REVIEW AND APPEAL PROCEDURES FOR LIFE BENEFITS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

**IMPORTANT NOTICE:** In addition to the requirements described in this document, applicable state laws may contain requirements for claims review and appeal procedures. To the extent that any requirement in this document is inconsistent with any state law requirement, the requirement that is most favorable to the person insured under the Policy shall prevail. If you have any questions, please contact Us.

### DEFINITIONS

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

*Adverse Benefit Determination* means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, any such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for insurance under the Policy.

*Claimant* means the person who submits a claim for benefits under the Policy, including the authorized representative of such person.

### CLAIM REVIEW PROCEDURES

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond Our control, We will notify the Claimant of the extension and the circumstances requiring the extension.

Except where the Claimant voluntarily agrees to provide Us with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, We will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below. The Claimant may contact Us at any time for additional details about the processing of the claim.

### INITIAL CLAIM DECISION

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

- a) Initial claim decision period: 90 days
- b) Extension period: 90 days

If additional information is needed, We will notify the Claimant within 15 days of Our receipt of the claim. Once the Claimant receives Our request for additional information, the Claimant will be given no less than 30 days to submit the additional information to Us. We will make Our determination within 60 days of Our receipt of the additional information. If We do not receive the additional information within the specified time period, We will make Our determination based upon the available information.

### CLAIM DENIALS

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

- a) the specific reason(s) for the denial;
- b) reference to the specific Policy provisions on which the denial is based;
- c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 60 days and the right to bring a civil action following the appeal process; and
- d) any other information which may be required under state or federal laws and regulations.



Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

## **OPPORTUNITY TO REQUEST AN APPEAL**

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 60 days from the Claimant's receipt of notification of Our claim review decision to submit a request for an appeal. The request for an appeal should include:

- a) the Insured Person's name;
- b) the name of the person filing the appeal if different from the Claimant;
- c) the Policy number; and
- d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from Our review or that should be considered by Us. The notification regarding Our claim review decision will include instructions on how and where to submit an appeal.

By requesting an appeal, the Claimant has authorized Us, or anyone designated by Us, to review any and all records (including, but not limited to, medical records) which We determine may be relevant to the appeal.

## **RESPONSE TO APPEALS**

We will respond no later than 60 days from Our receipt of the request for an appeal. However, if We determine that an extension is required, We will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 60 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

When We make Our determination, the Claimant will be provided with:

- a) information regarding the decision; and
- b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which We receive the response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

## **CLAIM REVIEW AND APPEAL PROCEDURES FOR CONTINUATION OF INSURANCE FOR TOTAL DISABILITY BENEFITS**

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of this Certificate.

### **DEFINITIONS**

The definitions set forth below shall apply to both the singular and plural versions of the defined term.

*Adverse Benefit Determination* means a denial, reduction, or termination of a benefit or a failure to provide or make payment (in whole or in part) for a benefit. This includes, without limitation, and such denial, reduction or termination of a benefit, or failure to provide or make payment, that is based upon ineligibility for insurance under the Policy.

*Claimant* means the person who submits a claim for benefits under the Policy, including the authorized representative of such person.

### **CLAIM REVIEW PROCEDURES**

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. In the event an extension is necessary due to matters beyond Our control, We will notify the Claimant of the extension and the circumstances requiring the extension.

Except when the Claimant voluntarily agrees to provide Us with additional time, extensions are limited as set forth below. If an extension is necessary due to the Claimant's failure to submit complete information, We will notify the Claimant of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below. The Claimant may contact Us at any time for additional details about the processing of the claim.

### **INITIAL CLAIM DECISION**

The period of time within which a claim decision will be made begins at the time the claim is filed, without regard to whether all the information necessary to make a claim decision accompanies the filing. The applicable time periods are shown below:

- a) initial claim decision period: 45 days unless additional information is requested as set forth below;
- b) extension period: 30 days; and
- c) maximum number of extensions: two.

If additional information is needed, We will notify the Claimant within 10 days of Our receipt of the claim. Once the Claimant receives Our request for additional information, the Claimant will be given no less than 45 days to submit the additional information to Us. We will make Our determination within 15 days of Our receipt of the additional information. If We do not receive the additional information within the specified time period, We will make Our determination based upon the available information.

### **CLAIM DENIALS**

If a request for a claim is denied, in whole or in part, the Claimant will receive notice of the denial, which will include:

- a) the specific reason(s) for the denial;
- b) reference to the specific Policy provisions on which the denial is based;
- c) a description of the appeal procedures and time limits applicable to such procedures, including the right to request an appeal within 180 days and the right to bring a civil action following the appeal process; and
- d) any other information which may be required under state or federal laws and regulations.

Additionally, if an internal rule, guideline, protocol or other similar criterion was relied upon in making the Adverse Benefit Determination, the Claimant has the right to request information about such internal rule, guideline, protocol or other similar criterion that was used in making the Adverse Benefit Determination, free of charge.

## **OPPORTUNITY TO REQUEST AN APPEAL**

The Claimant shall have a reasonable opportunity to appeal a claim review decision. As part of the appeal, there will be a full and fair review of the claim review decision.

The Claimant will have no later than 180 days from the Claimant's receipt of notification of Our claim review decision to submit a request for an appeal. The request for an appeal should include:

- a) the Claimant's name;
- b) the name of the person filing the appeal if different from the Claimant;
- c) the Policy number; and
- d) the nature of the appeal.

The request for an appeal can be submitted in any manner and should include any additional information that may have been omitted from Our review or that should be considered by Us. The notification regarding Our claim review decision will include instructions on how and where to submit an appeal.

By requesting an appeal, the Claimant has authorized Us, or anyone designated by Us, to review any and all records (including, but not limited to, medical records) which We determine may be relevant to the appeal.

A document, record, or other information will be considered relevant to a claim if it:

- a) was relied upon in making the claim decision;
- b) was submitted, considered, or generated in the course of making the claim decision, without regard to whether it was relied upon in making the claim decision; or
- c) demonstrates compliance with administrative processes and safeguards designed to ensure and verify that claim decisions are made in accordance with the Policy and that, where appropriate, Policy provisions have been applied consistently with respect to similarly situated claimants.

## **RESPONSE TO APPEALS**

We will respond no later than 45 days from Our receipt of the request for an appeal. However, if We determine that an extension is required, We will notify the Claimant in writing of the extension prior to the termination of the initial appeal period. In no event will the extension exceed 45 days from the end of the initial appeal period. The extension notice will indicate the special circumstances requiring the extension and the date by which We expect to render the appeal decision.

When We make Our determination, the Claimant will be provided with:

- a) information regarding the decision; and
- b) information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

The period of time within which an appeal decision is required to be made will begin at the time an appeal is filed, without regard to whether all the information necessary to make an appeal decision accompanies the filing. If a period of time is extended as described above due to the Claimant's failure to submit information necessary to decide a claim, the period for making the appeal decision shall be "tolled" or suspended from the date on which the extension notice is sent until the earlier of (1) the date on which We receive the response; or (2) the date established by Us in the notice of extension for the furnishing of the requested information.

## STANDARD PROVISIONS

Capitalized terms used in this section have the meanings assigned to them in this section or in other sections of the Policy.

### INSURANCE CONTRACT

The insurance contract consists of:

- a) the Policy;
- b) the Policyholder's signed application attached to the Policy; and
- c) any signed application for You.

Statements in an application are considered representations and not warranties. We will not use any statements in an Insured Person's application to deny a claim or to contest the validity of this insurance unless We provide You or Your beneficiary with a copy of that application.

### CHANGES IN THE INSURANCE CONTRACT

The insurance contract may be changed (including reducing or terminating benefits or increasing premium costs) any time We and the Policyholder both agree to a change. No one else has the authority to change the insurance contract. A change in the insurance contract:

- a) does not require the consent of any Insured Person or beneficiary; and
- b) must be:
  1. in writing;
  2. made a part of the Policy; and
  3. signed by Our authorized representative in Our home office.

A change may affect any class of Insured Persons included in the Policy.

### INCONTESTABILITY

We will not use any statements in an Insured Person's application to contest the validity of this insurance after it has been in-force during the lifetime of the Insured Person for two years.

### LEGAL ACTIONS

No legal action can be brought until at least 60 days after We have been given written proof of loss. No legal action can be brought more than three years after the date written proof of loss is required, unless otherwise required by state law in Your state of residence.

## GENERAL DEFINITIONS

The following capitalized terms have the meanings assigned in this section. These terms are used throughout the Policy.

*Annual Earnings* means Your gross annual earnings received from the Policyholder and in effect immediately prior to the date of loss, as determined by the Policyholder and verified by the premium received by Us.

Your annual earnings include Your contributions to deferred compensation plans.

Your annual earnings do not include commissions, bonuses, overtime pay, other extra compensation, shift differential, or the Policyholder's contributions to deferred compensation plans.

*Attained Age* means the age of the Insured Person as of the Policy Anniversary that coincides with or follows the Insured Person's birthday. For example, if an Insured Person's 50<sup>th</sup> birthday is on April 1, 2021 and the Policy Anniversary is January 1, the Insured Person will reach the attained age of 50 on January 1, 2022.

*Certificate* means this document that describes the benefits, terms, conditions, exclusions and limitations of the insurance provided under the Policy.

*Employee* means a person who is:

- a) a citizen or permanent resident of the United States; or
- b) lawfully and legally able to work in the United States pursuant to applicable federal and state laws; and
- c) receiving compensation from the Policyholder for work performed for the Policyholder at:
  1. the Policyholder's usual place of business;
  2. an alternative work site at the direction of the Policyholder; or
  3. a location to which the employee must travel to perform the job.

An employee does not include a person:

- a) who resides outside the United States for a period in excess of 12 consecutive months unless written approval has been received from Our authorized representative in Our home office;
- b) working on a seasonal or temporary basis; or
- c) performing services for the Policyholder as an independent contractor, including persons reporting income on a 1099 form or subject to the terms of a leasing agreement between the Policyholder and a leasing organization.

*Evidence of Insurability* means proof of good health acceptable to Us. This proof may be obtained through questionnaires, physical exams or written documentation, as required by Us.

*First Enrollment Period* means the 31-day period following the day the Employee becomes eligible for insurance under the Policy or any Prior Plan.

*Guarantee Issue Amount* means the amount of life insurance We may issue without requiring Evidence of Insurability.

*Hospital* means an accredited facility licensed by the proper authority of the area in which it is located to provide care and treatment for the condition causing confinement. A hospital does not include a facility or institution or part of a facility or institution which is licensed or used principally as a clinic, convalescent home, rest home, nursing home or home for the aged, halfway house or board and care facilities.

*Injury, Injuries* means an accidental bodily injury that requires treatment by a Physician. It must result in loss independently of Sickness and other causes.

*Our, We, Us* means [REDACTED].

*Physician* means any of the following licensed practitioners:

- a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- b) a licensed doctoral clinical psychologist;
- c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
- d) a licensed physician's assistant (PA) or nurse practitioner (NP); or

- e) where required by law, any other licensed practitioner of a healing art who is acting within the scope of his/her license.

A physician does not include:

- a) a naturopathic doctor;
- b) an acupuncturist;
- c) a physician in training; or
- d) You, Your Spouse or a child, brother, sister or parent of You or Your Spouse or any person who lives with You.

*Plan Administrator* means the person or entity designated as the plan administrator for the Policyholder's group life insurance plan.

*Policy* means the group policy issued to the Policyholder by Us, including this Certificate.

*Policy Anniversary* means January 1 of each Policy Year.

*Policy Effective Date* means January 1, 2019.

*Policy Year* means the period commencing on the Policy Effective Date and ending on the next succeeding Policy Anniversary and, thereafter, each 12-month period commencing on the Policy Anniversary.

*Prior Plan* means any policy or plan of benefits:

- a) replaced by insurance under part or all of the Policy; and
- b) in effect and maintained or sponsored by the Policyholder on the day before the Policy Effective Date.

*Schedule* means the section of the Certificate identified as the "Schedule".

*Sickness* means a disease, disorder or condition that requires treatment by a Physician.

*Spouse* means the person to whom You are legally married, or Your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the county, city or local government in Your jurisdiction of residence. A spouse may include Your same sex or opposite sex domestic or civil union partner or equivalent if:

- a) You submit to the Policyholder a written declaration of partnership signed by You and Your partner in a form acceptable to Us; or
- b) You submit evidence acceptable to Us that all applicable requirements of the jurisdiction in which you reside regarding the establishment of a domestic or civil union partnership have been met; or
- c) You and Your partner satisfy the Policyholder's requirements for such partnerships.

*Subsequent Enrollment Period* means any period of up to 31 consecutive calendar days designated for enrollment under the Policy by the Policyholder and agreed to in writing by Our authorized representative in Our home office.

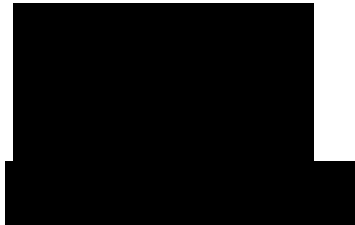
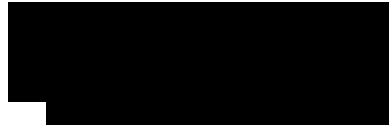
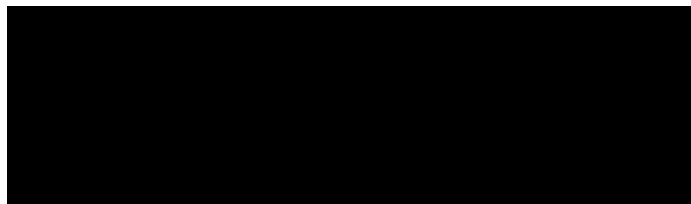
*Written Request* means a request that is signed, dated and submitted to the Policyholder or Us. The request must be on a form We supply or be in a form and content acceptable to Us.

*You, Your, Insured Person* means the Employee who is insured under the Policy.



**Group Voluntary Term Life Benefits**

**Collin County**





**Exhibit 12 - Basic Life and AD&D Census as of 6/1/2023**

| <b>Life Census</b> | 1,599            |              |                     |
|--------------------|------------------|--------------|---------------------|
| <b>Sex</b>         | <b>Annual Rt</b> | <b>Descr</b> | <b>Coverage Bgn</b> |
| F                  | 50705.386        | Basic Life   | 6/1/2022            |
| M                  | 67340.097        | Basic Life   | 10/1/2006           |
| M                  | 66515.000        | Basic Life   | 10/1/2006           |
| F                  | 73526.000        | Basic Life   | 12/11/2020          |
| F                  | 66515.000        | Basic Life   | 11/30/2020          |
| F                  | 94690.516        | Basic Life   | 2/29/2016           |
| F                  | 61275.000        | Basic Life   | 10/1/2006           |
| F                  | 88398.000        | Basic Life   | 10/1/2006           |
| F                  | 62732.707        | Basic Life   | 3/2/2009            |
| F                  | 114212.109       | Basic Life   | 9/27/2007           |
| M                  | 89796.000        | Basic Life   | 10/1/2006           |
| F                  | 52303.000        | Basic Life   | 7/11/2022           |
| M                  | 112075.086       | Basic Life   | 12/26/2013          |
| M                  | 126652.330       | Basic Life   | 11/30/2021          |
| F                  | 63924.000        | Basic Life   | 12/18/2011          |
| M                  | 119502.945       | Basic Life   | 8/27/2020           |
| F                  | 166487.000       | Basic Life   | 8/9/2007            |
| M                  | 95540.000        | Basic Life   | 12/16/2015          |
| F                  | 56533.000        | Basic Life   | 8/13/2021           |
| F                  | 59684.141        | Basic Life   | 9/11/2014           |
| F                  | 51688.787        | Basic Life   | 12/1/2020           |
| F                  | 74431.793        | Basic Life   | 12/7/2020           |
| F                  | 80888.640        | Basic Life   | 11/30/2020          |
| F                  | 52303.000        | Basic Life   | 10/1/2006           |
| M                  | 108737.000       | Basic Life   | 11/21/2017          |
| M                  | 95897.000        | Basic Life   | 1/15/2010           |
| F                  | 118943.260       | Basic Life   | 3/27/2009           |
| F                  | 61258.340        | Basic Life   | 2/17/2009           |
| M                  | 56439.768        | Basic Life   | 10/1/2006           |
| F                  | 85432.516        | Basic Life   | 2/13/2009           |
| M                  | 330834.722       | Basic Life   | 10/1/2006           |
| F                  | 175209.811       | Basic Life   | 3/1/2023            |
| M                  | 89796.000        | Basic Life   | 12/8/2020           |
| F                  | 68671.793        | Basic Life   | 12/10/2021          |
| M                  | 86881.000        | Basic Life   | 5/7/2009            |
| M                  | 89796.000        | Basic Life   | 1/5/2018            |
| F                  | 128334.640       | Basic Life   | 12/9/2020           |
| M                  | 48577.000        | Basic Life   | 12/20/2018          |
| F                  | 66318.836        | Basic Life   | 12/8/2021           |
| F                  | 56362.707        | Basic Life   | 10/25/2006          |
| F                  | 45168.000        | Basic Life   | 10/1/2006           |
| M                  | 63924.000        | Basic Life   | 10/30/2009          |
| F                  | 143782.000       | Basic Life   | 12/7/2020           |
| M                  | 48577.000        | Basic Life   | 10/1/2006           |

|   |            |            |            |
|---|------------|------------|------------|
| M | 102447.000 | Basic Life | 12/2/2020  |
| M | 66515.000  | Basic Life | 10/1/2006  |
| M | 51692.704  | Basic Life | 1/10/2021  |
| F | 61275.000  | Basic Life | 12/10/2021 |
| M | 108737.000 | Basic Life | 2/1/2021   |
| M | 166448.533 | Basic Life | 10/1/2006  |
| M | 77856.000  | Basic Life | 12/4/2020  |
| F | 63924.000  | Basic Life | 1/5/2010   |
| M | 63924.000  | Basic Life | 7/27/2018  |
| F | 56533.000  | Basic Life | 2/9/2009   |
| M | 56439.768  | Basic Life | 11/30/2021 |
| F | 78828.669  | Basic Life | 2/13/2009  |
| F | 60734.654  | Basic Life | 12/9/2020  |
| M | 76870.600  | Basic Life | 10/1/2006  |
| F | 60808.646  | Basic Life | 10/10/2022 |
| M | 89796.000  | Basic Life | 12/3/2021  |
| F | 72479.000  | Basic Life | 10/1/2006  |
| F | 61275.000  | Basic Life | 1/17/2018  |
| F | 77021.205  | Basic Life | 11/30/2020 |
| F | 71610.702  | Basic Life | 5/7/2009   |
| M | 112478.649 | Basic Life | 11/1/2006  |
| F | 95261.900  | Basic Life | 11/20/2017 |
| M | 95897.000  | Basic Life | 12/1/2006  |
| F | 78986.992  | Basic Life | 10/1/2006  |
| M | 89796.000  | Basic Life | 12/19/2009 |
| F | 63924.000  | Basic Life | 12/26/2015 |
| F | 61275.000  | Basic Life | 5/23/2018  |
| M | 122679.439 | Basic Life | 5/28/2009  |
| M | 63924.000  | Basic Life | 10/1/2006  |
| F | 56533.000  | Basic Life | 10/1/2006  |
| M | 68338.692  | Basic Life | 6/23/2010  |
| M | 185000.000 | Basic Life | 1/1/2020   |
| M | 63924.000  | Basic Life | 12/5/2008  |
| M | 66318.836  | Basic Life | 10/1/2006  |
| M | 126174.000 | Basic Life | 1/11/2017  |
| M | 66318.836  | Basic Life | 10/1/2006  |
| F | 79195.000  | Basic Life | 12/31/2015 |
| F | 74344.705  | Basic Life | 12/10/2021 |
| F | 40848.528  | Basic Life | 1/5/2022   |
| M | 83747.510  | Basic Life | 8/9/2017   |
| M | 71888.011  | Basic Life | 12/1/2006  |
| F | 56533.000  | Basic Life | 9/5/2008   |
| F | 56533.000  | Basic Life | 2/27/2009  |
| M | 63924.000  | Basic Life | 3/23/2022  |
| F | 63924.000  | Basic Life | 6/17/2016  |
| M | 73526.000  | Basic Life | 10/4/2007  |
| M | 89796.000  | Basic Life | 3/23/2022  |

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|---|------------|------------|------------|
| F | 161520.195 | Basic Life | 8/5/2009   |
| F | 143782.000 | Basic Life | 11/30/2020 |
| M | 77437.283  | Basic Life | 10/1/2006  |
| M | 61203.216  | Basic Life | 10/1/2006  |
| M | 86881.000  | Basic Life | 10/15/2007 |
| F | 66141.142  | Basic Life | 10/1/2006  |
| M | 79195.000  | Basic Life | 12/10/2010 |
| M | 89796.000  | Basic Life | 10/1/2006  |
| F | 61275.000  | Basic Life | 5/22/2014  |
| F | 51904.385  | Basic Life | 12/1/2006  |
| F | 127064.000 | Basic Life | 1/31/2019  |
| M | 89796.000  | Basic Life | 12/26/2019 |
| M | 73526.000  | Basic Life | 12/10/2020 |
| M | 56105.839  | Basic Life | 8/29/2022  |
| M | 77856.000  | Basic Life | 10/1/2006  |
| M | 63924.000  | Basic Life | 10/1/2006  |
| M | 143277.517 | Basic Life | 10/1/2006  |
| F | 77138.896  | Basic Life | 11/30/2020 |
| M | 131706.838 | Basic Life | 10/1/2006  |
| M | 60309.134  | Basic Life | 8/20/2018  |
| M | 82989.122  | Basic Life | 4/20/2017  |
| M | 77090.926  | Basic Life | 10/1/2006  |
| M | 81992.299  | Basic Life | 12/4/2008  |
| F | 63924.000  | Basic Life | 11/24/2020 |
| F | 79121.944  | Basic Life | 7/6/2022   |
| M | 66318.836  | Basic Life | 10/1/2006  |
| M | 112112.000 | Basic Life | 10/1/2006  |
| M | 108737.000 | Basic Life | 4/16/2020  |
| F | 66515.000  | Basic Life | 10/1/2006  |
| M | 43392.521  | Basic Life | 6/1/2022   |
| M | 93182.981  | Basic Life | 10/1/2006  |
| F | 66230.656  | Basic Life | 1/14/2009  |
| M | 63924.000  | Basic Life | 10/1/2006  |
| F | 56533.000  | Basic Life | 8/20/2019  |
| F | 66318.836  | Basic Life | 10/1/2006  |
| F | 121605.000 | Basic Life | 6/12/2019  |
| M | 108737.000 | Basic Life | 2/3/2010   |
| M | 108737.000 | Basic Life | 7/10/2020  |
| F | 78966.820  | Basic Life | 12/3/2021  |
| F | 127064.000 | Basic Life | 12/10/2021 |
| M | 61275.000  | Basic Life | 11/30/2021 |
| M | 89796.000  | Basic Life | 10/1/2006  |
| F | 60148.450  | Basic Life | 12/1/2020  |
| M | 81754.784  | Basic Life | 3/11/2009  |
| M | 56157.212  | Basic Life | 10/1/2006  |
| M | 56439.768  | Basic Life | 10/1/2006  |
| M | 80215.874  | Basic Life | 11/29/2021 |

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|---|------------|------------|------------|
| M | 65696.400  | Basic Life | 5/1/2023   |
| F | 79035.896  | Basic Life | 10/1/2006  |
| M | 79195.000  | Basic Life | 10/30/2015 |
| F | 36816.150  | Basic Life | 6/1/2023   |
| M | 63924.000  | Basic Life | 6/15/2022  |
| F | 79195.000  | Basic Life | 10/18/2021 |
| M | 87893.400  | Basic Life | 12/19/2011 |
| M | 66515.000  | Basic Life | 10/1/2006  |
| M | 89796.000  | Basic Life | 10/1/2006  |
| F | 66515.000  | Basic Life | 12/21/2017 |
| M | 79195.000  | Basic Life | 9/7/2016   |
| F | 48577.000  | Basic Life | 10/1/2006  |
| M | 182463.463 | Basic Life | 4/10/2008  |
| F | 115724.182 | Basic Life | 11/15/2017 |
| M | 66515.000  | Basic Life | 6/13/2007  |
| F | 96128.093  | Basic Life | 12/3/2009  |
| M | 108737.000 | Basic Life | 10/1/2006  |
| F | 161520.195 | Basic Life | 11/30/2021 |
| M | 95897.000  | Basic Life | 10/1/2006  |
| M | 126174.000 | Basic Life | 10/1/2006  |
| F | 95080.430  | Basic Life | 3/14/2008  |
| F | 76758.755  | Basic Life | 12/12/2008 |
| F | 56533.000  | Basic Life | 2/27/2009  |
| M | 89796.000  | Basic Life | 12/12/2018 |
| M | 63924.000  | Basic Life | 10/1/2006  |
| F | 61258.340  | Basic Life | 10/1/2006  |
| F | 45168.000  | Basic Life | 12/28/2015 |
| M | 89796.000  | Basic Life | 5/3/2017   |
| M | 102846.173 | Basic Life | 10/1/2006  |
| M | 66318.836  | Basic Life | 12/3/2021  |
| M | 102447.000 | Basic Life | 8/8/2016   |
| F | 176632.000 | Basic Life | 12/10/2020 |
| M | 63924.000  | Basic Life | 6/19/2012  |
| F | 63924.000  | Basic Life | 10/1/2006  |
| F | 56533.000  | Basic Life | 12/6/2019  |
| F | 87664.221  | Basic Life | 11/29/2021 |
| M | 77856.000  | Basic Life | 12/3/2019  |
| F | 52303.000  | Basic Life | 12/14/2016 |
| M | 78966.820  | Basic Life | 12/1/2021  |
| M | 66318.836  | Basic Life | 10/19/2008 |
| M | 86881.000  | Basic Life | 12/5/2020  |
| F | 89796.000  | Basic Life | 12/14/2021 |
| F | 219063.000 | Basic Life | 11/29/2021 |
| F | 61275.000  | Basic Life | 2/24/2020  |
| M | 87018.417  | Basic Life | 10/1/2006  |
| F | 79195.000  | Basic Life | 11/29/2022 |
| F | 86840.756  | Basic Life | 2/22/2023  |

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|---|------------|------------|------------|
| F | 80927.157  | Basic Life | 11/1/2006  |
| M | 77896.146  | Basic Life | 12/16/2015 |
| M | 104355.183 | Basic Life | 6/28/2008  |
| M | 86881.000  | Basic Life | 10/13/2008 |
| M | 48577.000  | Basic Life | 12/10/2008 |
| F | 48315.803  | Basic Life | 10/1/2006  |
| M | 79195.000  | Basic Life | 8/23/2020  |
| F | 144842.296 | Basic Life | 2/10/2009  |
| F | 127064.000 | Basic Life | 10/1/2006  |
| M | 69004.792  | Basic Life | 9/12/2013  |
| M | 72950.720  | Basic Life | 10/1/2009  |
| F | 63924.000  | Basic Life | 9/1/2016   |
| M | 175250.000 | Basic Life | 10/1/2006  |
| F | 131342.916 | Basic Life | 10/1/2006  |
| M | 108737.000 | Basic Life | 10/1/2006  |
| M | 94907.135  | Basic Life | 11/29/2021 |
| F | 95897.000  | Basic Life | 8/3/2009   |
| M | 63924.000  | Basic Life | 9/4/2021   |
| F | 89701.920  | Basic Life | 10/1/2006  |
| F | 61258.340  | Basic Life | 3/31/2011  |
| F | 126678.000 | Basic Life | 2/11/2009  |
| F | 72479.000  | Basic Life | 3/27/2014  |
| F | 88335.629  | Basic Life | 12/18/2012 |
| M | 63924.000  | Basic Life | 11/30/2020 |
| M | 44168.107  | Basic Life | 11/1/2021  |
| F | 193400.000 | Basic Life | 10/1/2006  |
| F | 55617.788  | Basic Life | 10/1/2006  |
| M | 144842.296 | Basic Life | 1/1/2020   |
| M | 66348.452  | Basic Life | 1/1/2017   |
| F | 63141.756  | Basic Life | 4/1/2022   |
| M | 112112.000 | Basic Life | 12/2/2020  |
| F | 61258.340  | Basic Life | 11/11/2020 |
| F | 89796.000  | Basic Life | 10/30/2020 |
| M | 77856.000  | Basic Life | 11/16/2010 |
| M | 79035.896  | Basic Life | 10/1/2006  |
| M | 59490.758  | Basic Life | 12/17/2015 |
| M | 108737.000 | Basic Life | 12/10/2021 |
| F | 52191.849  | Basic Life | 3/12/2007  |
| M | 89796.000  | Basic Life | 10/1/2006  |
| M | 80357.758  | Basic Life | 10/22/2012 |
| F | 66515.000  | Basic Life | 10/1/2006  |
| F | 126652.330 | Basic Life | 2/13/2009  |
| M | 89796.000  | Basic Life | 10/1/2006  |
| F | 35063.000  | Basic Life | 1/1/2023   |
| M | 56439.768  | Basic Life | 10/1/2006  |
| F | 61275.000  | Basic Life | 5/30/2023  |
| F | 52705.181  | Basic Life | 10/23/2013 |

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|---|------------|------------|------------|
| F | 56533.000  | Basic Life | 12/3/2020  |
| F | 83313.100  | Basic Life | 10/1/2006  |
| M | 127064.000 | Basic Life | 1/1/2020   |
| M | 86829.550  | Basic Life | 5/15/2018  |
| M | 76461.429  | Basic Life | 12/11/2014 |
| M | 77573.167  | Basic Life | 12/3/2020  |
| M | 66515.000  | Basic Life | 12/10/2020 |
| F | 126174.000 | Basic Life | 12/7/2019  |
| M | 143782.000 | Basic Life | 11/15/2007 |
| F | 66151.517  | Basic Life | 10/1/2006  |
| F | 87853.547  | Basic Life | 12/3/2021  |
| M | 120317.750 | Basic Life | 11/30/2020 |
| M | 56439.768  | Basic Life | 12/4/2009  |
| F | 56533.000  | Basic Life | 12/7/2020  |
| F | 66515.000  | Basic Life | 12/11/2020 |
| F | 54279.231  | Basic Life | 4/17/2013  |
| M | 95897.000  | Basic Life | 10/1/2006  |
| F | 63155.849  | Basic Life | 1/1/2011   |
| M | 77856.000  | Basic Life | 10/1/2006  |
| M | 77825.348  | Basic Life | 10/1/2006  |
| F | 52303.000  | Basic Life | 12/1/2022  |
| M | 50451.876  | Basic Life | 11/1/2022  |
| M | 136824.000 | Basic Life | 12/8/2014  |
| M | 89796.000  | Basic Life | 10/1/2006  |
| F | 56234.273  | Basic Life | 10/1/2006  |
| F | 121605.000 | Basic Life | 4/7/2022   |
| M | 66318.836  | Basic Life | 12/28/2020 |
| M | 60759.019  | Basic Life | 10/1/2006  |
| F | 60966.678  | Basic Life | 5/9/2013   |
| M | 77856.000  | Basic Life | 10/1/2006  |
| M | 77856.000  | Basic Life | 12/3/2019  |
| F | 64985.337  | Basic Life | 3/6/2014   |
| M | 83118.750  | Basic Life | 3/7/2017   |
| F | 72489.184  | Basic Life | 5/19/2020  |
| F | 60734.654  | Basic Life | 8/29/2007  |
| F | 63924.000  | Basic Life | 12/1/2006  |
| F | 79127.942  | Basic Life | 10/24/2006 |
| M | 72479.000  | Basic Life | 12/21/2017 |
| M | 126986.125 | Basic Life | 7/18/2011  |
| M | 78409.975  | Basic Life | 3/1/2023   |
| M | 102447.000 | Basic Life | 12/1/2020  |
| M | 126652.330 | Basic Life | 12/6/2022  |
| F | 84716.608  | Basic Life | 9/11/2009  |
| F | 192499.378 | Basic Life | 2/12/2009  |
| M | 60155.842  | Basic Life | 10/1/2006  |
| F | 54918.150  | Basic Life | 12/7/2021  |
| M | 79195.000  | Basic Life | 12/10/2010 |

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| F | 85028.555  | Basic Life | 7/2/2015   |
| M | 66318.836  | Basic Life | 7/26/2016  |
| M | 56533.000  | Basic Life | 10/1/2006  |
| M | 85745.996  | Basic Life | 7/26/2016  |
| F | 52303.000  | Basic Life | 10/1/2006  |
| M | 128358.810 | Basic Life | 12/9/2020  |
| M | 98180.786  | Basic Life | 12/9/2021  |
| M | 103539.269 | Basic Life | 10/1/2006  |
| M | 77856.000  | Basic Life | 9/5/2012   |
| F | 56533.000  | Basic Life | 10/1/2006  |
| F | 121605.000 | Basic Life | 2/18/2009  |
| F | 218386.108 | Basic Life | 11/29/2021 |
| M | 108737.000 | Basic Life | 7/5/2015   |
| M | 95897.000  | Basic Life | 9/27/2021  |
| M | 77856.000  | Basic Life | 12/8/2021  |
| F | 77856.000  | Basic Life | 12/9/2020  |
| F | 51588.598  | Basic Life | 12/16/2015 |
| F | 52303.000  | Basic Life | 11/30/2020 |
| F | 79195.000  | Basic Life | 11/19/2020 |
| F | 48518.034  | Basic Life | 12/11/2008 |
| M | 76586.200  | Basic Life | 1/4/2019   |
| M | 132164.000 | Basic Life | 12/2/2021  |
| M | 89796.000  | Basic Life | 12/8/2022  |
| M | 66515.000  | Basic Life | 10/1/2006  |
| F | 95897.000  | Basic Life | 11/9/2007  |
| M | 79195.000  | Basic Life | 10/1/2006  |
| M | 66318.836  | Basic Life | 10/1/2006  |
| M | 63924.000  | Basic Life | 11/21/2009 |
| F | 66318.836  | Basic Life | 9/3/2009   |
| M | 87686.378  | Basic Life | 10/1/2006  |
| M | 48577.000  | Basic Life | 10/1/2006  |
| M | 72271.370  | Basic Life | 6/28/2013  |
| M | 89796.000  | Basic Life | 8/4/2008   |
| M | 54918.150  | Basic Life | 10/1/2006  |
| F | 66318.836  | Basic Life | 12/11/2020 |
| M | 66318.836  | Basic Life | 10/1/2006  |
| M | 79195.000  | Basic Life | 1/13/2020  |
| M | 72076.433  | Basic Life | 12/5/2007  |
| F | 88335.629  | Basic Life | 10/1/2006  |
| M | 102447.000 | Basic Life | 9/29/2016  |
| M | 55676.811  | Basic Life | 12/1/2006  |
| F | 66318.836  | Basic Life | 10/1/2006  |
| M | 66515.000  | Basic Life | 10/1/2006  |
| M | 108737.000 | Basic Life | 10/1/2006  |
| M | 121518.753 | Basic Life | 10/1/2006  |
| M | 89796.000  | Basic Life | 2/9/2009   |
| M | 77856.000  | Basic Life | 12/1/2020  |

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|---|------------|------------|------------|
| F | 56533.000  | Basic Life | 10/23/2006 |
| M | 174712.650 | Basic Life | 7/1/2016   |
| M | 73447.863  | Basic Life | 5/27/2015  |
| M | 63924.000  | Basic Life | 10/1/2006  |
| M | 185000.000 | Basic Life | 1/18/2019  |
| M | 66318.836  | Basic Life | 10/1/2006  |
| M | 83746.372  | Basic Life | 12/1/2021  |
| M | 108708.724 | Basic Life | 12/3/2020  |
| M | 123088.035 | Basic Life | 12/7/2021  |
| F | 112901.927 | Basic Life | 2/27/2009  |
| F | 127064.000 | Basic Life | 10/1/2006  |
| F | 56105.839  | Basic Life | 10/1/2006  |
| F | 56533.000  | Basic Life | 12/5/2008  |
| M | 74018.189  | Basic Life | 5/1/2023   |
| F | 56465.455  | Basic Life | 10/1/2006  |
| F | 73526.000  | Basic Life | 12/9/2020  |
| M | 56533.000  | Basic Life | 12/9/2020  |
| F | 57256.998  | Basic Life | 12/1/2014  |
| M | 77856.000  | Basic Life | 9/6/2018   |
| F | 64627.600  | Basic Life | 6/19/2014  |
| M | 86625.738  | Basic Life | 10/1/2006  |
| F | 56533.000  | Basic Life | 12/9/2020  |
| F | 78966.820  | Basic Life | 11/30/2020 |
| F | 118890.804 | Basic Life | 12/7/2021  |
| M | 95080.430  | Basic Life | 6/29/2020  |
| F | 63924.000  | Basic Life | 12/18/2017 |
| M | 86881.000  | Basic Life | 12/5/2020  |
| F | 63924.000  | Basic Life | 7/20/2022  |
| F | 88335.629  | Basic Life | 11/30/2021 |
| M | 106520.631 | Basic Life | 12/3/2020  |
| M | 83746.372  | Basic Life | 12/1/2021  |
| M | 52303.000  | Basic Life | 10/1/2006  |
| M | 136677.670 | Basic Life | 10/1/2006  |
| M | 63924.000  | Basic Life | 7/23/2015  |
| M | 64359.402  | Basic Life | 10/1/2006  |
| F | 78794.131  | Basic Life | 9/20/2013  |
| M | 218386.108 | Basic Life | 12/16/2022 |
| F | 70013.447  | Basic Life | 7/1/2012   |
| F | 51604.373  | Basic Life | 2/1/2020   |
| F | 61258.340  | Basic Life | 12/23/2020 |
| M | 60049.612  | Basic Life | 4/1/2018   |
| M | 58288.285  | Basic Life | 9/1/2016   |
| F | 70219.439  | Basic Life | 2/6/2023   |
| F | 48277.304  | Basic Life | 9/1/2022   |
| M | 47737.581  | Basic Life | 2/11/2021  |
| M | 75504.117  | Basic Life | 7/1/2016   |
| M | 51547.359  | Basic Life | 2/2/2012   |



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|---|------------|------------|------------|
| M | 63924.000  | Basic Life | 12/1/2012  |
| F | 48798.874  | Basic Life | 6/17/2019  |
| F | 45471.260  | Basic Life | 5/1/2014   |
| M | 63924.000  | Basic Life | 3/21/2014  |
| F | 40724.582  | Basic Life | 11/29/2021 |
| F | 60663.601  | Basic Life | 12/1/2021  |
| M | 95897.000  | Basic Life | 11/30/2021 |
| F | 83021.356  | Basic Life | 12/1/2020  |
| M | 45168.000  | Basic Life | 12/3/2008  |
| F | 126652.330 | Basic Life | 3/1/2007   |
| M | 111777.916 | Basic Life | 12/3/2020  |
| F | 76549.515  | Basic Life | 12/4/2021  |
| M | 73512.600  | Basic Life | 6/13/2022  |
| F | 83167.114  | Basic Life | 12/3/2019  |
| F | 89796.000  | Basic Life | 11/29/2021 |
| M | 72172.255  | Basic Life | 9/22/2022  |
| M | 175730.551 | Basic Life | 12/3/2020  |
| M | 89796.000  | Basic Life | 12/19/2014 |
| F | 127064.000 | Basic Life | 12/1/2020  |
| M | 63924.000  | Basic Life | 10/30/2009 |
| M | 103083.642 | Basic Life | 12/1/2020  |
| F | 94168.106  | Basic Life | 12/9/2019  |
| M | 63924.000  | Basic Life | 2/12/2009  |
| F | 63924.000  | Basic Life | 6/1/2007   |
| M | 193400.000 | Basic Life | 8/1/2010   |
| M | 192657.075 | Basic Life | 4/1/2017   |
| F | 66515.000  | Basic Life | 12/10/2020 |
| M | 66318.836  | Basic Life | 7/23/2009  |
| M | 65013.571  | Basic Life | 12/11/2014 |
| M | 51018.514  | Basic Life | 11/30/2021 |
| F | 69177.706  | Basic Life | 4/1/2013   |
| M | 66318.836  | Basic Life | 7/1/2007   |
| M | 63112.892  | Basic Life | 9/9/2008   |
| M | 63924.000  | Basic Life | 7/1/2007   |
| M | 66515.000  | Basic Life | 12/20/2010 |
| F | 150861.976 | Basic Life | 11/29/2021 |
| F | 61092.966  | Basic Life | 7/1/2007   |
| M | 66515.000  | Basic Life | 12/5/2022  |
| M | 83857.000  | Basic Life | 12/1/2021  |
| F | 84732.609  | Basic Life | 3/10/2009  |
| M | 143782.000 | Basic Life | 11/30/2020 |
| M | 120862.357 | Basic Life | 7/1/2021   |
| F | 95540.000  | Basic Life | 12/1/2020  |
| M | 66515.000  | Basic Life | 10/1/2007  |
| F | 66515.000  | Basic Life | 10/1/2007  |
| F | 52356.258  | Basic Life | 9/1/2022   |
| M | 63924.000  | Basic Life | 10/25/2020 |

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|---|------------|------------|------------|
| F | 72217.562  | Basic Life | 12/20/2018 |
| M | 99486.936  | Basic Life | 7/1/2019   |
| F | 67573.279  | Basic Life | 9/21/2012  |
| M | 69774.408  | Basic Life | 4/1/2013   |
| M | 72479.000  | Basic Life | 12/1/2020  |
| M | 72363.897  | Basic Life | 9/28/2022  |
| F | 95540.000  | Basic Life | 2/9/2009   |
| M | 100714.094 | Basic Life | 12/3/2020  |
| F | 72204.194  | Basic Life | 3/20/2009  |
| M | 72479.000  | Basic Life | 1/1/2008   |
| F | 76849.750  | Basic Life | 7/28/2011  |
| M | 117141.795 | Basic Life | 1/1/2020   |
| F | 82509.294  | Basic Life | 1/5/2017   |
| M | 67324.465  | Basic Life | 4/1/2010   |
| M | 104338.739 | Basic Life | 12/4/2020  |
| F | 63924.000  | Basic Life | 5/16/2016  |
| M | 72479.000  | Basic Life | 12/10/2008 |
| F | 66318.836  | Basic Life | 4/1/2008   |
| M | 80458.291  | Basic Life | 12/9/2021  |
| F | 66515.000  | Basic Life | 9/1/2008   |
| F | 63924.000  | Basic Life | 6/10/2012  |
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| F | 73526.000  | Basic Life | 8/1/2008   |
| F | 73717.305  | Basic Life | 8/1/2008   |
| M | 72479.000  | Basic Life | 12/8/2020  |
| M | 95897.000  | Basic Life | 7/13/2021  |
| M | 45168.000  | Basic Life | 12/9/2014  |
| M | 77856.000  | Basic Life | 9/1/2008   |
| F | 69706.659  | Basic Life | 11/2/2009  |
| M | 76491.265  | Basic Life | 10/1/2008  |
| M | 46375.259  | Basic Life | 9/1/2022   |
| M | 95897.000  | Basic Life | 10/1/2008  |
| F | 56131.526  | Basic Life | 10/1/2008  |
| F | 72273.859  | Basic Life | 2/16/2009  |
| M | 66318.836  | Basic Life | 12/5/2020  |
| M | 83484.469  | Basic Life | 11/20/2019 |
| M | 72479.000  | Basic Life | 11/1/2008  |
| M | 66515.000  | Basic Life | 11/1/2008  |
| M | 64700.528  | Basic Life | 12/4/2010  |
| F | 61275.000  | Basic Life | 11/1/2016  |
| M | 71833.958  | Basic Life | 12/1/2008  |
| F | 95079.821  | Basic Life | 12/1/2022  |
| M | 52510.633  | Basic Life | 12/1/2008  |
| F | 72479.000  | Basic Life | 12/8/2021  |
| F | 65620.493  | Basic Life | 11/3/2022  |
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| M | 44239.000  | Basic Life | 12/1/2022  |

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| M | 50632.433  | Basic Life | 10/9/2019  |
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| F | 66515.000  | Basic Life | 2/1/2009   |
| M | 121605.000 | Basic Life | 1/1/2014   |
| F | 50386.494  | Basic Life | 3/31/2014  |
| M | 172251.510 | Basic Life | 4/1/2019   |
| F | 140697.026 | Basic Life | 3/1/2015   |
| F | 72152.662  | Basic Life | 1/12/2011  |
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| F | 58424.709  | Basic Life | 2/11/2022  |
| F | 79378.552  | Basic Life | 3/1/2009   |
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| M | 86881.000  | Basic Life | 4/1/2009   |
| M | 47888.676  | Basic Life | 7/1/2019   |
| F | 42719.809  | Basic Life | 12/10/2021 |
| F | 150344.000 | Basic Life | 12/2/2020  |
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| M | 56533.000  | Basic Life | 12/12/2010 |
| F | 65273.145  | Basic Life | 1/4/2016   |
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| M | 76238.381  | Basic Life | 5/14/2019  |
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| F | 75209.777  | Basic Life | 6/10/2020  |
| M | 63924.000  | Basic Life | 12/5/2019  |
| M | 55720.940  | Basic Life | 6/15/2009  |
| F | 44747.595  | Basic Life | 1/1/2020   |
| M | 63202.329  | Basic Life | 12/1/2009  |
| F | 112112.000 | Basic Life | 12/3/2021  |
| F | 83047.121  | Basic Life | 12/9/2020  |
| F | 57040.358  | Basic Life | 1/12/2010  |
| M | 76103.238  | Basic Life | 2/1/2010   |
| M | 77876.062  | Basic Life | 4/24/2019  |
| M | 81727.110  | Basic Life | 12/11/2011 |
| F | 71632.953  | Basic Life | 12/4/2020  |
| M | 62878.279  | Basic Life | 3/1/2010   |
| F | 56465.455  | Basic Life | 7/12/2010  |
| M | 97114.205  | Basic Life | 4/1/2010   |
| M | 131877.758 | Basic Life | 4/26/2022  |
| F | 100317.000 | Basic Life | 11/30/2020 |
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| F | 69082.070  | Basic Life | 3/26/2010  |
| F | 148443.562 | Basic Life | 6/4/2013   |
| F | 79195.000  | Basic Life | 12/7/2021  |
| F | 63799.486  | Basic Life | 11/29/2021 |
| M | 54553.599  | Basic Life | 1/1/2011   |

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| M | 193400.000 | Basic Life | 11/30/2021 |
| F | 47891.500  | Basic Life | 9/1/2011   |
| F | 52303.000  | Basic Life | 2/17/2023  |
| F | 58834.381  | Basic Life | 12/9/2020  |
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| F | 64768.451  | Basic Life | 2/1/2011   |
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| M | 47243.782  | Basic Life | 3/1/2011   |
| M | 63924.000  | Basic Life | 11/30/2021 |
| M | 76346.264  | Basic Life | 12/19/2018 |
| M | 95897.000  | Basic Life | 6/20/2011  |
| M | 185000.000 | Basic Life | 4/1/2015   |
| M | 140697.026 | Basic Life | 4/1/2011   |
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| M | 158094.972 | Basic Life | 7/7/2022   |
| F | 72479.000  | Basic Life | 12/10/2021 |
| F | 64789.986  | Basic Life | 5/1/2011   |
| F | 51475.431  | Basic Life | 5/1/2011   |
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| F | 66394.042  | Basic Life | 5/1/2011   |
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| F | 48577.000  | Basic Life | 6/1/2011   |
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| F | 52303.000  | Basic Life | 6/1/2011   |
| M | 52998.104  | Basic Life | 7/1/2011   |
| M | 117141.795 | Basic Life | 12/3/2021  |
| F | 70714.806  | Basic Life | 12/15/2011 |
| F | 65289.860  | Basic Life | 11/26/2021 |
| M | 121573.452 | Basic Life | 8/1/2011   |
| F | 66515.000  | Basic Life | 1/20/2015  |
| F | 60276.595  | Basic Life | 9/14/2021  |
| M | 63924.000  | Basic Life | 10/1/2011  |
| F | 49775.596  | Basic Life | 1/1/2020   |
| F | 61817.700  | Basic Life | 5/16/2013  |
| F | 56465.455  | Basic Life | 12/7/2020  |
| M | 63550.885  | Basic Life | 12/4/2020  |
| M | 53651.073  | Basic Life | 12/11/2014 |
| M | 95897.000  | Basic Life | 11/1/2011  |
| F | 48315.803  | Basic Life | 12/5/2021  |
| F | 67600.986  | Basic Life | 12/1/2011  |
| M | 63924.000  | Basic Life | 12/24/2011 |
| M | 56716.801  | Basic Life | 12/2/2020  |
| M | 85539.413  | Basic Life | 2/1/2012   |
| F | 51002.154  | Basic Life | 12/9/2020  |
| F | 74860.067  | Basic Life | 3/1/2012   |

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| M | 71442.877  | Basic Life | 3/1/2012   |
| F | 48428.154  | Basic Life | 3/1/2012   |
| M | 63783.126  | Basic Life | 12/21/2012 |
| F | 71489.828  | Basic Life | 5/19/2016  |
| F | 46805.889  | Basic Life | 2/1/2020   |
| F | 76721.778  | Basic Life | 11/30/2020 |
| M | 42421.665  | Basic Life | 1/1/2022   |
| F | 52616.347  | Basic Life | 1/1/2023   |
| M | 136138.001 | Basic Life | 12/10/2020 |
| M | 60584.723  | Basic Life | 12/17/2015 |
| M | 73225.883  | Basic Life | 6/1/2012   |
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| F | 75163.129  | Basic Life | 6/1/2012   |
| M | 77063.578  | Basic Life | 12/2/2021  |
| M | 55909.543  | Basic Life | 12/1/2014  |
| F | 133700.697 | Basic Life | 8/1/2012   |
| M | 111726.975 | Basic Life | 9/1/2012   |
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| F | 48430.354  | Basic Life | 12/16/2022 |
| M | 51644.078  | Basic Life | 9/1/2012   |
| M | 88679.355  | Basic Life | 4/21/2023  |
| F | 57174.802  | Basic Life | 12/9/2021  |
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| F | 60047.721  | Basic Life | 10/1/2012  |
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| F | 75035.647  | Basic Life | 10/1/2012  |
| M | 66196.886  | Basic Life | 12/5/2020  |
| F | 135010.918 | Basic Life | 2/6/2021   |
| M | 75992.850  | Basic Life | 12/18/2017 |
| F | 64212.549  | Basic Life | 12/5/2022  |
| M | 67023.265  | Basic Life | 11/1/2022  |
| F | 40132.638  | Basic Life | 12/3/2020  |
| M | 102352.254 | Basic Life | 11/5/2015  |
| F | 58794.493  | Basic Life | 11/1/2013  |
| F | 51274.512  | Basic Life | 12/1/2021  |
| M | 176632.000 | Basic Life | 11/30/2021 |
| F | 66917.943  | Basic Life | 12/7/2021  |
| F | 75669.482  | Basic Life | 5/1/2013   |
| F | 36286.383  | Basic Life | 5/1/2022   |
| F | 77040.553  | Basic Life | 4/20/2020  |
| F | 53123.537  | Basic Life | 1/4/2016   |
| M | 85692.199  | Basic Life | 3/1/2013   |
| F | 62374.772  | Basic Life | 12/11/2020 |
| M | 85539.413  | Basic Life | 12/30/2020 |
| F | 49484.025  | Basic Life | 4/1/2013   |
| M | 77947.488  | Basic Life | 4/1/2013   |

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| F | 75883.956  | Basic Life | 12/9/2021  |
| M | 83857.000  | Basic Life | 5/1/2013   |
| F | 59275.187  | Basic Life | 9/6/2022   |
| M | 83244.851  | Basic Life | 12/1/2021  |
| M | 52972.836  | Basic Life | 1/7/2014   |
| F | 108159.700 | Basic Life | 5/1/2013   |
| M | 74079.811  | Basic Life | 7/5/2019   |
| M | 48383.214  | Basic Life | 12/10/2021 |
| M | 126986.125 | Basic Life | 5/1/2013   |
| F | 88840.593  | Basic Life | 12/1/2020  |
| F | 66515.000  | Basic Life | 5/24/2017  |
| F | 66515.000  | Basic Life | 6/1/2013   |
| F | 95582.110  | Basic Life | 12/4/2020  |
| M | 71171.590  | Basic Life | 11/30/2021 |
| M | 52435.710  | Basic Life | 2/4/2016   |
| M | 62704.517  | Basic Life | 5/3/2019   |
| M | 60848.492  | Basic Life | 7/1/2013   |
| M | 94179.924  | Basic Life | 12/11/2020 |
| F | 126652.330 | Basic Life | 7/1/2013   |
| M | 55311.833  | Basic Life | 7/1/2013   |
| M | 54217.563  | Basic Life | 12/8/2020  |
| F | 54054.626  | Basic Life | 8/1/2013   |
| M | 41939.515  | Basic Life | 10/1/2021  |
| M | 77132.391  | Basic Life | 4/5/2023   |
| F | 56112.580  | Basic Life | 11/29/2021 |
| F | 75687.727  | Basic Life | 10/1/2013  |
| M | 80350.713  | Basic Life | 10/1/2013  |
| F | 76002.668  | Basic Life | 10/1/2013  |
| M | 68644.903  | Basic Life | 11/1/2013  |
| F | 52303.000  | Basic Life | 11/1/2013  |
| M | 34166.603  | Basic Life | 5/1/2021   |
| M | 103430.415 | Basic Life | 5/12/2016  |
| F | 64999.898  | Basic Life | 12/1/2013  |
| F | 88328.142  | Basic Life | 12/8/2021  |
| M | 65068.476  | Basic Life | 12/1/2013  |
| F | 63587.229  | Basic Life | 12/6/2021  |
| F | 103489.000 | Basic Life | 11/30/2020 |
| M | 52303.000  | Basic Life | 5/28/2022  |
| F | 58094.057  | Basic Life | 12/10/2020 |
| F | 82980.576  | Basic Life | 12/9/2020  |
| M | 113125.738 | Basic Life | 2/1/2014   |
| F | 44537.812  | Basic Life | 2/1/2014   |
| F | 126652.330 | Basic Life | 3/1/2015   |
| M | 88951.184  | Basic Life | 6/21/2022  |
| F | 51674.642  | Basic Life | 12/11/2020 |
| F | 57669.062  | Basic Life | 3/1/2014   |
| F | 82363.669  | Basic Life | 12/3/2020  |

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| F | 53562.336  | Basic Life | 4/1/2014   |
| M | 100959.435 | Basic Life | 1/5/2015   |
| F | 80588.133  | Basic Life | 11/30/2020 |
| F | 87848.591  | Basic Life | 3/1/2015   |
| F | 74871.259  | Basic Life | 3/6/2019   |
| M | 74820.289  | Basic Life | 5/1/2014   |
| M | 49982.466  | Basic Life | 1/30/2021  |
| F | 50563.319  | Basic Life | 6/1/2014   |
| F | 55155.682  | Basic Life | 6/1/2014   |
| F | 87049.940  | Basic Life | 9/25/2018  |
| M | 82999.946  | Basic Life | 6/1/2014   |
| M | 53228.495  | Basic Life | 6/1/2014   |
| M | 105497.959 | Basic Life | 6/1/2014   |
| M | 52572.182  | Basic Life | 8/1/2014   |
| M | 61611.331  | Basic Life | 6/1/2014   |
| M | 74722.286  | Basic Life | 12/6/2021  |
| M | 79644.570  | Basic Life | 10/7/2014  |
| F | 60307.149  | Basic Life | 6/21/2020  |
| M | 121605.000 | Basic Life | 7/1/2014   |
| M | 58615.577  | Basic Life | 8/1/2014   |
| M | 49994.992  | Basic Life | 8/1/2014   |
| M | 61320.434  | Basic Life | 10/26/2020 |
| M | 74820.289  | Basic Life | 8/1/2014   |
| M | 90033.322  | Basic Life | 11/1/2016  |
| F | 59310.255  | Basic Life | 8/1/2014   |
| F | 49873.646  | Basic Life | 11/1/2015  |
| F | 61156.829  | Basic Life | 12/11/2020 |
| F | 49529.223  | Basic Life | 12/4/2020  |
| M | 59097.382  | Basic Life | 4/6/2023   |
| F | 55534.361  | Basic Life | 3/1/2017   |
| M | 89796.000  | Basic Life | 12/10/2021 |
| F | 61011.421  | Basic Life | 12/2/2020  |
| M | 61011.421  | Basic Life | 10/1/2014  |
| M | 85539.413  | Basic Life | 10/1/2014  |
| M | 66914.978  | Basic Life | 10/1/2014  |
| M | 52351.832  | Basic Life | 3/10/2021  |
| M | 89796.000  | Basic Life | 1/4/2016   |
| M | 71200.002  | Basic Life | 11/1/2014  |
| M | 73378.294  | Basic Life | 12/2/2020  |
| M | 51692.704  | Basic Life | 11/1/2014  |
| F | 58892.086  | Basic Life | 11/1/2014  |
| M | 56285.647  | Basic Life | 1/8/2020   |
| F | 51954.940  | Basic Life | 5/17/2016  |
| F | 57906.582  | Basic Life | 1/10/2015  |
| M | 63924.000  | Basic Life | 4/20/2018  |
| F | 59428.621  | Basic Life | 8/31/2015  |
| F | 57188.572  | Basic Life | 12/1/2014  |

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| F | 52339.869  | Basic Life | 3/19/2015  |
| M | 88943.398  | Basic Life | 10/26/2015 |
| M | 38301.482  | Basic Life | 7/12/2021  |
| F | 71916.732  | Basic Life | 1/4/2021   |
| F | 60249.855  | Basic Life | 3/9/2020   |
| F | 60866.630  | Basic Life | 11/30/2020 |
| F | 60866.630  | Basic Life | 2/1/2015   |
| M | 84715.413  | Basic Life | 2/1/2015   |
| F | 85912.158  | Basic Life | 12/27/2021 |
| M | 60848.492  | Basic Life | 2/1/2015   |
| M | 66343.884  | Basic Life | 4/5/2023   |
| F | 126986.125 | Basic Life | 4/1/2023   |
| M | 85539.413  | Basic Life | 3/1/2015   |
| M | 53640.973  | Basic Life | 3/1/2015   |
| F | 74507.095  | Basic Life | 11/30/2021 |
| F | 86097.929  | Basic Life | 11/30/2020 |
| F | 86174.196  | Basic Life | 12/9/2020  |
| F | 51575.712  | Basic Life | 12/7/2020  |
| F | 51285.586  | Basic Life | 11/29/2021 |
| M | 74812.954  | Basic Life | 3/1/2015   |
| M | 120389.607 | Basic Life | 12/2/2020  |
| M | 74820.289  | Basic Life | 12/9/2020  |
| F | 115974.993 | Basic Life | 12/8/2020  |
| F | 43520.747  | Basic Life | 4/1/2015   |
| F | 44895.878  | Basic Life | 5/1/2022   |
| M | 61232.988  | Basic Life | 1/3/2023   |
| F | 91190.989  | Basic Life | 12/22/2020 |
| M | 60848.492  | Basic Life | 12/1/2020  |
| M | 60848.492  | Basic Life | 6/20/2020  |
| F | 47737.806  | Basic Life | 5/1/2015   |
| F | 81777.961  | Basic Life | 12/9/2021  |
| F | 115971.773 | Basic Life | 6/1/2015   |
| M | 54014.094  | Basic Life | 6/1/2015   |
| M | 115025.023 | Basic Life | 1/27/2020  |
| M | 83003.376  | Basic Life | 12/7/2021  |
| F | 41700.647  | Basic Life | 6/3/2021   |
| F | 127064.000 | Basic Life | 12/3/2019  |
| F | 58293.054  | Basic Life | 12/8/2020  |
| F | 42214.654  | Basic Life | 8/1/2015   |
| F | 48427.257  | Basic Life | 8/1/2015   |
| F | 52831.826  | Basic Life | 12/11/2020 |
| M | 214511.943 | Basic Life | 8/1/2015   |
| M | 77063.578  | Basic Life | 9/1/2015   |
| F | 95897.000  | Basic Life | 9/1/2015   |
| F | 68811.326  | Basic Life | 12/3/2020  |
| M | 72827.725  | Basic Life | 9/1/2015   |
| F | 52899.625  | Basic Life | 9/1/2015   |



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| M | 60848.492  | Basic Life | 9/1/2015   |
| M | 72729.525  | Basic Life | 11/13/2020 |
| M | 69098.622  | Basic Life | 10/1/2015  |
| M | 60848.492  | Basic Life | 12/11/2020 |
| F | 45315.098  | Basic Life | 12/10/2020 |
| F | 66684.443  | Basic Life | 11/1/2015  |
| F | 60640.939  | Basic Life | 11/1/2015  |
| F | 58775.373  | Basic Life | 12/1/2020  |
| F | 81080.408  | Basic Life | 3/3/2021   |
| M | 55024.015  | Basic Life | 11/1/2015  |
| M | 82942.634  | Basic Life | 10/23/2019 |
| F | 54359.951  | Basic Life | 1/11/2019  |
| F | 132100.403 | Basic Life | 12/9/2020  |
| M | 134174.875 | Basic Life | 11/14/2018 |
| F | 59994.880  | Basic Life | 12/1/2015  |
| M | 51334.936  | Basic Life | 1/1/2016   |
| F | 37770.000  | Basic Life | 6/1/2023   |
| M | 99888.913  | Basic Life | 12/4/2021  |
| F | 127064.000 | Basic Life | 11/30/2020 |
| M | 49662.173  | Basic Life | 12/7/2020  |
| M | 95452.054  | Basic Life | 12/7/2021  |
| F | 56166.308  | Basic Life | 2/1/2016   |
| M | 41572.253  | Basic Life | 2/1/2016   |
| F | 127064.000 | Basic Life | 3/22/2019  |
| F | 130128.176 | Basic Life | 12/1/2020  |
| F | 41115.323  | Basic Life | 12/9/2020  |
| F | 58960.837  | Basic Life | 12/8/2021  |
| F | 56533.000  | Basic Life | 4/13/2016  |
| F | 51985.276  | Basic Life | 11/30/2020 |
| M | 128299.329 | Basic Life | 9/4/2019   |
| F | 90684.914  | Basic Life | 3/1/2016   |
| F | 51225.579  | Basic Life | 12/1/2021  |
| F | 53875.049  | Basic Life | 1/3/2017   |
| M | 166876.051 | Basic Life | 4/1/2016   |
| M | 65459.407  | Basic Life | 2/19/2020  |
| F | 89035.974  | Basic Life | 5/1/2016   |
| M | 80612.140  | Basic Life | 1/5/2018   |
| F | 50566.787  | Basic Life | 2/1/2017   |
| F | 110981.874 | Basic Life | 5/1/2016   |
| M | 50976.785  | Basic Life | 5/1/2016   |
| F | 132484.146 | Basic Life | 4/21/2020  |
| F | 67302.637  | Basic Life | 12/6/2022  |
| F | 129664.845 | Basic Life | 5/1/2016   |
| F | 52050.890  | Basic Life | 6/1/2016   |
| M | 60262.271  | Basic Life | 6/1/2016   |
| M | 51628.499  | Basic Life | 6/1/2016   |
| M | 97400.041  | Basic Life | 6/1/2016   |

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| F | 42827.773  | Basic Life | 5/14/2018  |
| F | 69840.750  | Basic Life | 4/14/2023  |
| M | 63146.290  | Basic Life | 12/9/2021  |
| F | 95897.000  | Basic Life | 7/1/2016   |
| M | 84715.413  | Basic Life | 12/3/2020  |
| F | 61552.379  | Basic Life | 12/8/2021  |
| F | 60279.543  | Basic Life | 8/1/2016   |
| F | 56533.000  | Basic Life | 12/21/2020 |
| F | 115025.023 | Basic Life | 11/30/2020 |
| F | 71501.205  | Basic Life | 8/1/2016   |
| M | 86097.929  | Basic Life | 12/10/2020 |
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| F | 57684.065  | Basic Life | 12/1/2021  |
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| M | 54818.766  | Basic Life | 1/1/2018   |
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| F | 66339.058  | Basic Life | 10/1/2016  |
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| M | 66318.836  | Basic Life | 11/30/2021 |
| M | 50976.783  | Basic Life | 11/29/2021 |
| M | 52203.590  | Basic Life | 3/31/2017  |
| F | 110922.674 | Basic Life | 11/1/2016  |
| M | 109509.518 | Basic Life | 11/30/2020 |
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| F | 38106.833  | Basic Life | 6/1/2017   |
| M | 52436.949  | Basic Life | 11/1/2016  |
| F | 92127.334  | Basic Life | 4/18/2023  |
| F | 89035.984  | Basic Life | 12/1/2016  |
| M | 108261.791 | Basic Life | 11/30/2021 |
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| F | 56106.694  | Basic Life | 11/13/2017 |
| F | 265154.048 | Basic Life | 1/1/2017   |

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| F | 49683.700  | Basic Life | 12/5/2019  |
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| M | 69032.000  | Basic Life | 2/1/2023   |
| F | 45052.930  | Basic Life | 11/30/2020 |
| M | 68941.843  | Basic Life | 7/6/2017   |
| F | 70483.917  | Basic Life | 2/1/2017   |
| F | 47627.588  | Basic Life | 10/1/2017  |
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| F | 44154.343  | Basic Life | 2/23/2023  |
| M | 44324.093  | Basic Life | 12/2/2020  |
| M | 82742.331  | Basic Life | 12/6/2020  |
| F | 48976.978  | Basic Life | 11/30/2020 |
| F | 56055.674  | Basic Life | 4/1/2017   |
| M | 81135.809  | Basic Life | 4/1/2017   |
| M | 79176.211  | Basic Life | 4/1/2017   |
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| M | 63681.936  | Basic Life | 5/1/2017   |
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| M | 46965.544  | Basic Life | 5/10/2017  |
| M | 65666.268  | Basic Life | 5/1/2017   |
| F | 88786.903  | Basic Life | 7/15/2022  |
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| M | 161217.634 | Basic Life | 5/1/2017   |
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| F | 49807.701  | Basic Life | 6/1/2017   |
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| M | 98913.281  | Basic Life | 12/2/2019  |
| M | 91185.422  | Basic Life | 7/1/2017   |
| M | 58424.709  | Basic Life | 7/1/2017   |
| M | 55643.349  | Basic Life | 2/24/2023  |
| M | 55643.349  | Basic Life | 7/1/2017   |
| M | 71200.002  | Basic Life | 7/1/2017   |

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| M | 54747.821  | Basic Life | 8/1/2017   |
| M | 51753.388  | Basic Life | 8/1/2017   |
| F | 47004.356  | Basic Life | 8/1/2017   |
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| M | 55511.499  | Basic Life | 6/15/2020  |
| M | 64246.488  | Basic Life | 12/1/2017  |
| M | 72623.996  | Basic Life | 8/1/2017   |
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| F | 50280.651  | Basic Life | 3/16/2021  |
| M | 59685.863  | Basic Life | 8/1/2017   |
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| M | 46920.623  | Basic Life | 12/11/2019 |
| F | 48674.237  | Basic Life | 11/13/2020 |
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| M | 77828.118  | Basic Life | 8/14/2017  |
| F | 49927.491  | Basic Life | 11/30/2020 |
| F | 67331.212  | Basic Life | 11/29/2021 |
| M | 55105.001  | Basic Life | 4/27/2021  |
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| M | 70599.669  | Basic Life | 10/1/2017  |
| F | 73991.793  | Basic Life | 7/29/2021  |
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| M | 149951.595 | Basic Life | 11/29/2021 |
| F | 95540.000  | Basic Life | 3/29/2021  |
| F | 55099.138  | Basic Life | 11/1/2017  |
| M | 57854.084  | Basic Life | 3/13/2023  |
| M | 57426.324  | Basic Life | 11/1/2017  |
| F | 137720.316 | Basic Life | 12/1/2017  |
| F | 37803.327  | Basic Life | 10/1/2020  |
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| F | 45954.811  | Basic Life | 12/7/2021  |
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| M | 63041.581  | Basic Life | 12/1/2017  |
| M | 63924.000  | Basic Life | 1/1/2018   |
| F | 65678.076  | Basic Life | 12/9/2020  |
| F | 47292.192  | Basic Life | 7/1/2018   |

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| F | 41941.038  | Basic Life | 5/1/2021   |
| F | 47690.380  | Basic Life | 5/1/2018   |
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| F | 50738.278  | Basic Life | 5/31/2018  |
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| M | 160269.827 | Basic Life | 2/1/2018   |
| M | 63490.943  | Basic Life | 2/1/2018   |
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| M | 46891.742  | Basic Life | 3/1/2018   |
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| M | 44843.933  | Basic Life | 12/22/2020 |
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| M | 79595.117  | Basic Life | 11/25/2020 |
| M | 67060.045  | Basic Life | 12/10/2021 |
| M | 89512.435  | Basic Life | 5/1/2018   |
| M | 48151.227  | Basic Life | 1/25/2023  |
| M | 57001.781  | Basic Life | 12/7/2021  |
| F | 43563.160  | Basic Life | 12/29/2021 |
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| F | 42881.490  | Basic Life | 6/1/2018   |
| M | 59477.292  | Basic Life | 6/1/2018   |
| F | 43815.774  | Basic Life | 12/9/2022  |
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| M | 54143.708  | Basic Life | 5/15/2023  |
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| F | 69071.845  | Basic Life | 11/22/2020 |
| M | 67060.045  | Basic Life | 7/1/2018   |
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| M | 44803.869  | Basic Life | 12/8/2020  |

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| F | 46260.952  | Basic Life | 11/29/2021 |
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| M | 67060.045  | Basic Life | 4/1/2020   |
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| F | 48265.789  | Basic Life | 10/20/2020 |
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| M | 53210.840  | Basic Life | 3/27/2023  |
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| F | 47773.044  | Basic Life | 4/29/2022  |
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| F | 44585.134  | Basic Life | 12/9/2020  |
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| F | 48090.696  | Basic Life | 4/1/2019   |
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| M | 54382.638  | Basic Life | 2/1/2019   |
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| F | 38896.581  | Basic Life | 11/29/2022 |
| F | 46371.058  | Basic Life | 3/1/2019   |
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| F | 46547.804  | Basic Life | 12/12/2019 |
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| F | 151854.727 | Basic Life | 12/11/2020 |
| F | 53854.283  | Basic Life | 12/1/2021  |
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| F | 57743.927  | Basic Life | 12/19/2022 |
| F | 40613.572  | Basic Life | 12/10/2021 |
| M | 50606.969  | Basic Life | 7/1/2022   |
| F | 60382.172  | Basic Life | 12/8/2020  |
| F | 250587.116 | Basic Life | 10/1/2019  |
| M | 51671.056  | Basic Life | 10/1/2019  |
| M | 52674.708  | Basic Life | 10/1/2019  |
| F | 127064.000 | Basic Life | 10/1/2019  |
| M | 56719.385  | Basic Life | 3/1/2022   |
| M | 75287.250  | Basic Life | 12/2/2021  |
| F | 34887.177  | Basic Life | 12/1/2019  |
| M | 51671.056  | Basic Life | 10/1/2019  |
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| M | 51589.997  | Basic Life | 11/1/2019  |

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| M | 51589.997  | Basic Life | 11/1/2019  |
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| F | 51433.621  | Basic Life | 12/1/2021  |
| F | 74084.464  | Basic Life | 11/1/2019  |
| F | 39830.931  | Basic Life | 9/1/2019   |
| M | 76127.715  | Basic Life | 7/19/2021  |
| M | 63989.618  | Basic Life | 4/20/2020  |
| F | 47808.422  | Basic Life | 12/10/2021 |
| F | 77864.234  | Basic Life | 12/1/2021  |
| F | 74491.084  | Basic Life | 11/30/2020 |
| M | 83247.310  | Basic Life | 11/3/2021  |
| M | 48999.760  | Basic Life | 6/1/2023   |
| F | 51477.935  | Basic Life | 2/1/2020   |
| F | 57184.000  | Basic Life | 12/1/2019  |
| M | 67023.000  | Basic Life | 12/1/2019  |
| M | 75851.422  | Basic Life | 1/1/2020   |
| F | 175766.000 | Basic Life | 12/6/2021  |
| F | 51886.276  | Basic Life | 12/1/2020  |
| M | 45386.468  | Basic Life | 1/25/2021  |
| F | 38904.028  | Basic Life | 3/1/2020   |
| F | 32675.301  | Basic Life | 11/1/2022  |
| M | 89719.302  | Basic Life | 1/1/2020   |
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| F | 45404.931  | Basic Life | 2/1/2020   |
| M | 51315.880  | Basic Life | 2/1/2020   |
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| M | 51003.009  | Basic Life | 1/13/2023  |
| F | 72675.924  | Basic Life | 2/1/2020   |
| F | 94227.612  | Basic Life | 3/21/2023  |
| F | 42434.710  | Basic Life | 11/29/2021 |
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| F | 128334.640 | Basic Life | 2/1/2020   |
| M | 37337.547  | Basic Life | 2/1/2020   |
| M | 51224.748  | Basic Life | 3/1/2020   |
| M | 53775.489  | Basic Life | 3/1/2020   |
| F | 53775.489  | Basic Life | 3/1/2020   |
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| M | 94227.612  | Basic Life | 3/1/2020   |
| F | 44182.243  | Basic Life | 3/1/2020   |
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| M | 70564.778  | Basic Life | 4/12/2023  |
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| F | 49147.565  | Basic Life | 3/1/2020   |
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| F | 50881.626  | Basic Life | 3/1/2020   |
| F | 43075.157  | Basic Life | 3/1/2020   |
| F | 94227.612  | Basic Life | 3/1/2020   |
| F | 42432.313  | Basic Life | 3/1/2020   |
| M | 44398.234  | Basic Life | 4/1/2020   |
| M | 39493.097  | Basic Life | 5/1/2021   |
| F | 148877.719 | Basic Life | 12/10/2021 |
| F | 73361.601  | Basic Life | 4/1/2020   |
| F | 37802.728  | Basic Life | 10/1/2021  |
| F | 44074.812  | Basic Life | 5/1/2020   |
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| F | 63635.399  | Basic Life | 2/1/2022   |
| F | 60414.410  | Basic Life | 6/1/2020   |
| F | 91525.000  | Basic Life | 6/1/2020   |
| F | 50138.392  | Basic Life | 6/1/2020   |
| F | 54419.579  | Basic Life | 11/29/2021 |
| F | 50825.565  | Basic Life | 5/1/2022   |
| F | 65374.881  | Basic Life | 12/10/2021 |
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| F | 43547.082  | Basic Life | 6/1/2020   |
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| M | 47716.082  | Basic Life | 7/1/2020   |
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| F | 43722.811  | Basic Life | 7/1/2020   |
| M | 143152.198 | Basic Life | 11/22/2022 |
| F | 37334.302  | Basic Life | 11/29/2021 |
| F | 50809.518  | Basic Life | 8/1/2020   |
| F | 68826.137  | Basic Life | 9/1/2020   |
| F | 37334.302  | Basic Life | 8/1/2020   |
| M | 51509.668  | Basic Life | 12/9/2021  |
| F | 53350.000  | Basic Life | 12/5/2020  |
| M | 67339.497  | Basic Life | 9/1/2020   |
| M | 71413.096  | Basic Life | 8/1/2020   |
| M | 49147.565  | Basic Life | 9/1/2020   |
| F | 36961.279  | Basic Life | 9/1/2020   |
| M | 50718.373  | Basic Life | 9/1/2020   |
| M | 53254.294  | Basic Life | 9/1/2020   |
| M | 39951.519  | Basic Life | 9/1/2020   |
| F | 44662.440  | Basic Life | 9/1/2020   |
| F | 91544.693  | Basic Life | 9/1/2020   |
| F | 45559.940  | Basic Life | 9/1/2020   |

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| M | 94227.612 | Basic Life | 10/1/2020  |
| F | 50637.346 | Basic Life | 12/1/2020  |
| M | 70639.832 | Basic Life | 12/2/2021  |
| M | 42825.689 | Basic Life | 10/1/2020  |
| M | 70824.503 | Basic Life | 10/1/2020  |
| M | 50637.346 | Basic Life | 11/1/2020  |
| M | 53169.219 | Basic Life | 11/1/2020  |
| F | 72740.253 | Basic Life | 11/30/2020 |
| F | 38676.847 | Basic Life | 12/1/2021  |
| F | 50637.346 | Basic Life | 11/1/2020  |
| F | 90034.927 | Basic Life | 11/16/2020 |
| F | 50524.032 | Basic Life | 11/1/2020  |
| F | 51477.909 | Basic Life | 12/1/2020  |
| M | 50491.425 | Basic Life | 12/1/2020  |
| F | 50523.263 | Basic Life | 12/1/2020  |
| M | 88383.910 | Basic Life | 12/1/2020  |
| M | 48049.000 | Basic Life | 5/1/2023   |
| M | 74487.075 | Basic Life | 12/1/2020  |
| F | 38619.743 | Basic Life | 2/1/2022   |
| F | 38822.368 | Basic Life | 1/1/2021   |
| F | 51346.612 | Basic Life | 1/1/2021   |
| M | 50187.539 | Basic Life | 1/1/2021   |
| F | 38638.900 | Basic Life | 1/1/2021   |
| F | 50240.830 | Basic Life | 2/1/2021   |
| F | 41536.835 | Basic Life | 2/1/2021   |
| M | 50240.830 | Basic Life | 11/24/2021 |
| F | 42607.903 | Basic Life | 2/1/2021   |
| F | 51551.929 | Basic Life | 6/1/2021   |
| F | 36587.908 | Basic Life | 11/1/2021  |
| M | 50240.830 | Basic Life | 2/1/2021   |
| F | 35063.000 | Basic Life | 5/1/2023   |
| M | 87039.142 | Basic Life | 2/1/2021   |
| F | 74250.514 | Basic Life | 2/1/2021   |
| M | 50240.830 | Basic Life | 11/18/2022 |
| M | 50122.906 | Basic Life | 3/1/2021   |
| F | 91544.693 | Basic Life | 3/1/2021   |
| M | 87039.142 | Basic Life | 3/1/2021   |
| F | 50122.906 | Basic Life | 3/1/2021   |
| F | 42069.126 | Basic Life | 12/9/2021  |
| M | 68613.488 | Basic Life | 3/1/2021   |
| F | 34147.748 | Basic Life | 3/1/2021   |
| M | 52629.049 | Basic Life | 12/7/2021  |
| M | 64202.794 | Basic Life | 3/1/2021   |
| M | 48049.000 | Basic Life | 11/1/2021  |
| F | 49990.239 | Basic Life | 4/1/2021   |
| M | 49990.239 | Basic Life | 4/1/2021   |
| M | 70300.938 | Basic Life | 4/1/2021   |

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| M | 51031.534  | Basic Life | 11/30/2021 |
| M | 49872.313  | Basic Life | 5/1/2021   |
| F | 39493.097  | Basic Life | 5/1/2021   |
| F | 127064.000 | Basic Life | 5/1/2021   |
| M | 93286.076  | Basic Life | 5/1/2021   |
| F | 128334.640 | Basic Life | 5/1/2021   |
| M | 35900.669  | Basic Life | 6/1/2021   |
| F | 50182.069  | Basic Life | 6/1/2021   |
| M | 49576.681  | Basic Life | 6/1/2021   |
| M | 49744.691  | Basic Life | 7/18/2021  |
| M | 45574.023  | Basic Life | 7/1/2021   |
| F | 49612.059  | Basic Life | 7/1/2021   |
| M | 49678.742  | Basic Life | 7/1/2021   |
| M | 49612.059  | Basic Life | 11/29/2021 |
| F | 51968.865  | Basic Life | 8/1/2021   |
| F | 60155.897  | Basic Life | 11/1/2022  |
| M | 49494.157  | Basic Life | 8/1/2021   |
| M | 49494.157  | Basic Life | 8/1/2021   |
| F | 44277.367  | Basic Life | 8/1/2021   |
| F | 69071.845  | Basic Life | 8/1/2021   |
| M | 51968.865  | Basic Life | 8/1/2021   |
| M | 50806.617  | Basic Life | 8/1/2021   |
| F | 38909.779  | Basic Life | 8/1/2021   |
| F | 136853.561 | Basic Life | 8/1/2021   |
| F | 43743.150  | Basic Life | 8/1/2021   |
| M | 57184.000  | Basic Life | 8/1/2021   |
| F | 49376.252  | Basic Life | 8/1/2021   |
| M | 87035.298  | Basic Life | 8/1/2021   |
| F | 57755.734  | Basic Life | 8/1/2021   |
| F | 93012.973  | Basic Life | 9/1/2021   |
| M | 39913.428  | Basic Life | 9/1/2021   |
| F | 36093.830  | Basic Life | 9/1/2021   |
| M | 43051.472  | Basic Life | 9/1/2021   |
| F | 39705.664  | Basic Life | 9/1/2021   |
| F | 45769.693  | Basic Life | 9/1/2021   |
| F | 45766.435  | Basic Life | 12/17/2021 |
| F | 49147.565  | Basic Life | 10/1/2021  |
| M | 42766.072  | Basic Life | 10/1/2021  |
| M | 42893.090  | Basic Life | 10/1/2021  |
| F | 51581.995  | Basic Life | 10/1/2021  |
| F | 42482.460  | Basic Life | 12/1/2021  |
| M | 64568.978  | Basic Life | 10/1/2021  |
| F | 94223.450  | Basic Life | 10/1/2021  |
| F | 70429.357  | Basic Life | 10/1/2021  |
| M | 49147.565  | Basic Life | 11/1/2021  |
| M | 83153.549  | Basic Life | 11/1/2021  |
| M | 49147.565  | Basic Life | 11/30/2021 |

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|---|------------|------------|------------|
| M | 45574.023  | Basic Life | 11/1/2021  |
| M | 49244.842  | Basic Life | 11/1/2021  |
| F | 49147.565  | Basic Life | 11/1/2021  |
| F | 49147.565  | Basic Life | 11/1/2021  |
| M | 49244.842  | Basic Life | 11/1/2021  |
| M | 49006.192  | Basic Life | 11/1/2021  |
| M | 49006.192  | Basic Life | 12/1/2021  |
| F | 51433.621  | Basic Life | 11/28/2022 |
| M | 49006.192  | Basic Life | 12/1/2021  |
| M | 118927.788 | Basic Life | 12/1/2021  |
| M | 42482.460  | Basic Life | 12/1/2021  |
| M | 49006.192  | Basic Life | 12/1/2021  |
| F | 48877.429  | Basic Life | 1/1/2022   |
| F | 38710.391  | Basic Life | 1/1/2022   |
| M | 48877.429  | Basic Life | 1/1/2022   |
| F | 64285.912  | Basic Life | 1/1/2022   |
| F | 49919.887  | Basic Life | 1/1/2022   |
| M | 42234.821  | Basic Life | 1/1/2022   |
| F | 41729.396  | Basic Life | 1/1/2022   |
| F | 74257.953  | Basic Life | 1/1/2022   |
| F | 54188.740  | Basic Life | 1/1/2022   |
| F | 41320.242  | Basic Life | 1/1/2022   |
| F | 39522.217  | Basic Life | 1/1/2022   |
| F | 39193.052  | Basic Life | 1/1/2022   |
| M | 48877.429  | Basic Life | 1/1/2022   |
| F | 48049.406  | Basic Life | 1/1/2022   |
| M | 42401.327  | Basic Life | 1/1/2022   |
| M | 59212.747  | Basic Life | 2/1/2022   |
| F | 58468.410  | Basic Life | 2/1/2022   |
| F | 51178.355  | Basic Life | 3/23/2023  |
| F | 86425.877  | Basic Life | 2/1/2022   |
| M | 84543.000  | Basic Life | 2/1/2022   |
| F | 41630.835  | Basic Life | 2/1/2022   |
| F | 38475.276  | Basic Life | 11/1/2022  |
| F | 38619.743  | Basic Life | 2/1/2022   |
| F | 32886.055  | Basic Life | 8/1/2022   |
| M | 42272.131  | Basic Life | 2/1/2022   |
| M | 65095.773  | Basic Life | 2/1/2022   |
| M | 65640.799  | Basic Life | 4/18/2022  |
| M | 51058.230  | Basic Life | 3/1/2022   |
| M | 48648.518  | Basic Life | 3/1/2022   |
| M | 65221.755  | Basic Life | 3/1/2022   |
| F | 38521.504  | Basic Life | 3/1/2022   |
| M | 63968.426  | Basic Life | 3/1/2022   |
| F | 59099.440  | Basic Life | 3/1/2022   |
| F | 39038.519  | Basic Life | 3/1/2022   |
| M | 68370.432  | Basic Life | 3/1/2022   |

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|---|-----------|------------|------------|
| F | 39009.945 | Basic Life | 3/1/2022   |
| F | 48648.518 | Basic Life | 10/22/2022 |
| F | 41581.986 | Basic Life | 3/1/2022   |
| F | 41963.510 | Basic Life | 3/1/2022   |
| F | 49636.781 | Basic Life | 3/1/2022   |
| F | 42061.804 | Basic Life | 4/1/2022   |
| M | 41514.647 | Basic Life | 4/1/2022   |
| M | 81102.851 | Basic Life | 4/1/2022   |
| F | 38381.115 | Basic Life | 4/1/2022   |
| M | 70101.903 | Basic Life | 4/1/2022   |
| M | 63862.030 | Basic Life | 4/1/2022   |
| F | 80174.992 | Basic Life | 4/1/2022   |
| M | 33097.141 | Basic Life | 4/1/2022   |
| F | 33097.141 | Basic Life | 4/1/2022   |
| F | 33097.141 | Basic Life | 4/1/2022   |
| M | 35220.250 | Basic Life | 9/1/2022   |
| M | 38355.330 | Basic Life | 4/1/2022   |
| F | 35588.831 | Basic Life | 5/1/2022   |
| F | 48405.299 | Basic Life | 12/13/2022 |
| M | 48405.299 | Basic Life | 5/1/2022   |
| F | 41426.692 | Basic Life | 5/1/2022   |
| M | 50802.964 | Basic Life | 5/1/2022   |
| F | 42146.293 | Basic Life | 5/1/2022   |
| F | 33019.066 | Basic Life | 5/1/2022   |
| M | 50825.565 | Basic Life | 5/1/2022   |
| F | 41383.541 | Basic Life | 5/1/2022   |
| F | 35220.250 | Basic Life | 9/1/2022   |
| F | 37770.000 | Basic Life | 5/1/2022   |
| F | 37770.000 | Basic Life | 5/1/2022   |
| F | 50825.565 | Basic Life | 5/1/2022   |
| M | 48405.299 | Basic Life | 5/1/2022   |
| M | 48405.299 | Basic Life | 5/1/2022   |
| F | 33136.021 | Basic Life | 12/5/2022  |
| F | 47690.000 | Basic Life | 6/1/2022   |
| F | 37770.000 | Basic Life | 6/1/2022   |
| F | 37770.000 | Basic Life | 6/1/2022   |
| M | 33521.136 | Basic Life | 5/1/2023   |
| F | 37770.000 | Basic Life | 6/1/2022   |
| M | 41863.566 | Basic Life | 6/1/2022   |
| M | 48290.842 | Basic Life | 6/1/2022   |
| M | 50705.386 | Basic Life | 6/1/2022   |
| F | 50705.386 | Basic Life | 6/1/2022   |
| M | 50705.386 | Basic Life | 6/1/2022   |
| M | 63560.734 | Basic Life | 6/1/2022   |
| F | 41274.725 | Basic Life | 6/1/2022   |
| M | 64600.333 | Basic Life | 6/1/2022   |
| F | 48612.449 | Basic Life | 6/1/2022   |

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| M | 49269.000 | Basic Life | 6/1/2022   |
| F | 32940.991 | Basic Life | 6/1/2022   |
| F | 58218.294 | Basic Life | 6/1/2022   |
| M | 48290.842 | Basic Life | 6/1/2022   |
| F | 32940.991 | Basic Life | 6/1/2022   |
| F | 32940.991 | Basic Life | 6/1/2022   |
| M | 67859.312 | Basic Life | 11/28/2022 |
| M | 67355.208 | Basic Life | 6/1/2022   |
| F | 48612.449 | Basic Life | 6/1/2022   |
| M | 48049.000 | Basic Life | 6/1/2022   |
| F | 40832.305 | Basic Life | 6/1/2022   |
| F | 40832.000 | Basic Life | 6/1/2022   |
| F | 36200.582 | Basic Life | 6/1/2022   |
| F | 48162.080 | Basic Life | 7/1/2022   |
| F | 41131.443 | Basic Life | 7/1/2022   |
| M | 48162.080 | Basic Life | 7/1/2022   |
| M | 41191.132 | Basic Life | 7/1/2022   |
| F | 44589.301 | Basic Life | 7/1/2022   |
| M | 50570.185 | Basic Life | 7/1/2022   |
| M | 73058.035 | Basic Life | 7/1/2022   |
| F | 35410.011 | Basic Life | 7/1/2022   |
| M | 48162.080 | Basic Life | 7/1/2022   |
| F | 35378.770 | Basic Life | 7/1/2022   |
| F | 52770.921 | Basic Life | 7/1/2022   |
| M | 48162.080 | Basic Life | 7/1/2022   |
| F | 40832.000 | Basic Life | 8/1/2022   |
| M | 48047.625 | Basic Life | 8/1/2022   |
| F | 63037.260 | Basic Life | 8/1/2022   |
| M | 94141.456 | Basic Life | 9/8/2022   |
| M | 48047.625 | Basic Life | 8/1/2022   |
| M | 48384.550 | Basic Life | 8/1/2022   |
| F | 41556.590 | Basic Life | 8/1/2022   |
| M | 50450.006 | Basic Life | 8/1/2022   |
| M | 40832.305 | Basic Life | 8/1/2022   |
| F | 41107.923 | Basic Life | 8/1/2022   |
| M | 32775.083 | Basic Life | 8/1/2022   |
| F | 50450.006 | Basic Life | 8/1/2022   |
| M | 48047.625 | Basic Life | 8/1/2022   |
| M | 70902.235 | Basic Life | 8/1/2022   |
| F | 38529.285 | Basic Life | 8/1/2022   |
| F | 32675.301 | Basic Life | 1/1/2023   |
| F | 35220.250 | Basic Life | 9/1/2022   |
| F | 41653.240 | Basic Life | 8/1/2022   |
| F | 40832.305 | Basic Life | 8/1/2022   |
| F | 41117.110 | Basic Life | 8/1/2022   |
| F | 84543.000 | Basic Life | 8/1/2022   |
| M | 48384.550 | Basic Life | 8/1/2022   |

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| M | 48384.550  | Basic Life | 8/1/2022  |
| M | 32841.945  | Basic Life | 8/1/2022  |
| F | 41040.487  | Basic Life | 8/1/2022  |
| F | 32800.283  | Basic Life | 8/1/2022  |
| F | 43092.578  | Basic Life | 8/1/2022  |
| M | 37770.000  | Basic Life | 8/1/2022  |
| F | 32800.283  | Basic Life | 9/1/2022  |
| M | 47933.168  | Basic Life | 9/1/2022  |
| M | 50329.827  | Basic Life | 9/1/2022  |
| M | 47933.168  | Basic Life | 9/1/2022  |
| M | 47690.000  | Basic Life | 6/1/2023  |
| F | 69313.996  | Basic Life | 9/1/2022  |
| F | 64743.238  | Basic Life | 9/1/2022  |
| F | 40832.000  | Basic Life | 9/1/2022  |
| M | 47933.168  | Basic Life | 9/2/2022  |
| M | 35682.837  | Basic Life | 9/1/2022  |
| M | 47933.168  | Basic Life | 9/1/2022  |
| M | 50329.827  | Basic Life | 9/1/2022  |
| M | 50329.827  | Basic Life | 9/1/2022  |
| F | 44462.291  | Basic Life | 9/1/2022  |
| F | 58232.848  | Basic Life | 9/1/2022  |
| F | 48277.304  | Basic Life | 9/1/2022  |
| M | 37770.000  | Basic Life | 9/1/2022  |
| F | 35187.810  | Basic Life | 9/1/2022  |
| F | 48049.406  | Basic Life | 9/1/2022  |
| F | 35197.003  | Basic Life | 9/1/2022  |
| M | 47690.000  | Basic Life | 10/1/2022 |
| M | 50074.447  | Basic Life | 10/1/2022 |
| M | 35063.000  | Basic Life | 10/1/2022 |
| M | 102810.000 | Basic Life | 10/1/2022 |
| M | 47690.000  | Basic Life | 10/1/2022 |
| F | 37770.000  | Basic Life | 10/1/2022 |
| F | 37770.000  | Basic Life | 10/1/2022 |
| M | 37770.000  | Basic Life | 10/1/2022 |
| F | 62770.000  | Basic Life | 10/1/2022 |
| F | 47690.000  | Basic Life | 10/1/2022 |
| M | 47690.000  | Basic Life | 10/1/2022 |
| M | 50074.447  | Basic Life | 10/1/2022 |
| M | 47690.000  | Basic Life | 10/1/2022 |
| F | 47690.000  | Basic Life | 10/1/2022 |
| M | 37770.000  | Basic Life | 10/1/2022 |
| F | 48049.406  | Basic Life | 10/1/2022 |
| M | 40832.305  | Basic Life | 10/1/2022 |
| F | 48049.000  | Basic Life | 11/1/2022 |
| M | 48049.406  | Basic Life | 11/1/2022 |
| F | 48049.406  | Basic Life | 11/1/2022 |
| M | 62568.000  | Basic Life | 11/1/2022 |

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| M | 48049.406  | Basic Life | 11/1/2022 |
| M | 67023.265  | Basic Life | 11/1/2022 |
| M | 67023.265  | Basic Life | 11/1/2022 |
| F | 40832.000  | Basic Life | 11/1/2022 |
| F | 66976.000  | Basic Life | 11/1/2022 |
| F | 37770.000  | Basic Life | 2/1/2023  |
| M | 62770.000  | Basic Life | 11/1/2022 |
| F | 35063.000  | Basic Life | 11/1/2022 |
| M | 44239.000  | Basic Life | 11/1/2022 |
| M | 47690.000  | Basic Life | 11/1/2022 |
| F | 47690.000  | Basic Life | 11/1/2022 |
| M | 35063.000  | Basic Life | 11/1/2022 |
| F | 35063.000  | Basic Life | 11/1/2022 |
| M | 47690.000  | Basic Life | 11/1/2022 |
| M | 37770.000  | Basic Life | 11/1/2022 |
| F | 47690.000  | Basic Life | 12/1/2022 |
| M | 47690.000  | Basic Life | 12/1/2022 |
| M | 110222.388 | Basic Life | 12/1/2022 |
| F | 127064.000 | Basic Life | 12/1/2022 |
| F | 48049.406  | Basic Life | 12/1/2022 |
| F | 35063.000  | Basic Life | 12/1/2022 |
| F | 32531.100  | Basic Life | 12/1/2022 |
| F | 48049.406  | Basic Life | 12/1/2022 |
| M | 50074.447  | Basic Life | 12/1/2022 |
| F | 32675.301  | Basic Life | 12/1/2022 |
| F | 69032.345  | Basic Life | 12/1/2022 |
| F | 37770.000  | Basic Life | 12/1/2022 |
| F | 47690.000  | Basic Life | 1/1/2023  |
| M | 48049.406  | Basic Life | 12/1/2022 |
| M | 47690.000  | Basic Life | 1/1/2023  |
| F | 47690.000  | Basic Life | 1/1/2023  |
| M | 32675.301  | Basic Life | 1/1/2023  |
| M | 47690.000  | Basic Life | 1/1/2023  |
| M | 84543.000  | Basic Life | 1/1/2023  |
| F | 35063.000  | Basic Life | 1/1/2023  |
| F | 32675.301  | Basic Life | 1/1/2023  |
| F | 37770.000  | Basic Life | 1/1/2023  |
| F | 44239.000  | Basic Life | 1/1/2023  |
| M | 40832.305  | Basic Life | 1/1/2023  |
| M | 91525.000  | Basic Life | 1/1/2023  |
| F | 32531.100  | Basic Life | 1/1/2023  |
| M | 50074.447  | Basic Life | 1/1/2023  |
| M | 50074.447  | Basic Life | 1/1/2023  |
| M | 47690.000  | Basic Life | 1/1/2023  |
| M | 47690.000  | Basic Life | 1/1/2023  |
| M | 47690.000  | Basic Life | 1/1/2023  |
| F | 127063.650 | Basic Life | 1/1/2023  |



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| M | 50074.447 | Basic Life | 1/1/2023  |
| F | 47690.000 | Basic Life | 1/1/2023  |
| M | 50074.447 | Basic Life | 1/1/2023  |
| F | 50074.447 | Basic Life | 1/1/2023  |
| M | 70374.428 | Basic Life | 1/1/2023  |
| M | 34309.066 | Basic Life | 1/1/2023  |
| F | 39658.416 | Basic Life | 1/1/2023  |
| M | 66976.000 | Basic Life | 1/1/2023  |
| M | 60673.800 | Basic Life | 1/1/2023  |
| F | 37770.000 | Basic Life | 2/14/2023 |
| F | 47690.000 | Basic Life | 1/1/2023  |
| F | 35063.000 | Basic Life | 1/1/2023  |
| F | 44239.000 | Basic Life | 1/1/2023  |
| F | 40832.305 | Basic Life | 1/1/2023  |
| M | 35063.000 | Basic Life | 1/1/2023  |
| M | 65695.985 | Basic Life | 2/1/2023  |
| F | 74780.736 | Basic Life | 2/1/2023  |
| F | 35063.000 | Basic Life | 2/1/2023  |
| F | 64480.000 | Basic Life | 2/1/2023  |
| F | 69032.345 | Basic Life | 2/1/2023  |
| M | 47690.000 | Basic Life | 2/1/2023  |
| F | 47690.000 | Basic Life | 2/1/2023  |
| M | 47690.000 | Basic Life | 2/1/2023  |
| F | 37770.000 | Basic Life | 2/1/2023  |
| F | 48049.000 | Basic Life | 2/1/2023  |
| M | 67023.265 | Basic Life | 2/1/2023  |
| M | 35063.000 | Basic Life | 2/1/2023  |
| M | 35063.000 | Basic Life | 2/1/2023  |
| F | 44239.000 | Basic Life | 2/1/2023  |
| M | 40832.305 | Basic Life | 2/1/2023  |
| M | 71544.415 | Basic Life | 3/1/2023  |
| M | 67023.000 | Basic Life | 3/1/2023  |
| M | 65695.985 | Basic Life | 3/1/2023  |
| M | 48049.406 | Basic Life | 3/1/2023  |
| M | 47690.000 | Basic Life | 3/1/2023  |
| F | 44239.000 | Basic Life | 3/1/2023  |
| M | 47690.000 | Basic Life | 3/1/2023  |
| F | 48049.406 | Basic Life | 3/1/2023  |
| F | 84543.000 | Basic Life | 3/1/2023  |
| F | 32675.301 | Basic Life | 3/1/2023  |
| M | 48049.406 | Basic Life | 3/1/2023  |
| F | 35063.000 | Basic Life | 3/1/2023  |
| F | 37770.000 | Basic Life | 4/1/2023  |
| M | 47690.000 | Basic Life | 3/1/2023  |
| M | 47690.000 | Basic Life | 3/1/2023  |
| M | 62568.000 | Basic Life | 4/1/2023  |
| F | 48049.406 | Basic Life | 4/1/2023  |

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| M | 66976.000  | Basic Life | 4/1/2023 |
| F | 37770.000  | Basic Life | 4/1/2023 |
| M | 157000.000 | Basic Life | 4/1/2023 |
| M | 144842.296 | Basic Life | 4/1/2023 |
| M | 78409.975  | Basic Life | 4/1/2023 |
| M | 47690.000  | Basic Life | 4/1/2023 |
| F | 40832.305  | Basic Life | 4/1/2023 |
| F | 35063.000  | Basic Life | 4/1/2023 |
| F | 32675.301  | Basic Life | 4/1/2023 |
| M | 32675.301  | Basic Life | 4/1/2023 |
| F | 32675.301  | Basic Life | 4/1/2023 |
| F | 32675.301  | Basic Life | 4/1/2023 |
| F | 32675.301  | Basic Life | 4/1/2023 |
| F | 32675.301  | Basic Life | 4/1/2023 |
| F | 35063.000  | Basic Life | 4/1/2023 |
| F | 40832.000  | Basic Life | 5/1/2023 |
| M | 126986.125 | Basic Life | 4/1/2023 |
| F | 66976.000  | Basic Life | 4/1/2023 |
| M | 62568.000  | Basic Life | 5/1/2023 |
| M | 48049.406  | Basic Life | 5/1/2023 |
| F | 47690.000  | Basic Life | 5/1/2023 |
| M | 62568.000  | Basic Life | 5/1/2023 |
| F | 35063.000  | Basic Life | 5/1/2023 |
| M | 127064.000 | Basic Life | 5/1/2023 |
| M | 83721.000  | Basic Life | 5/1/2023 |
| M | 32531.200  | Basic Life | 5/1/2023 |
| F | 127064.000 | Basic Life | 5/1/2023 |
| F | 48049.000  | Basic Life | 5/1/2023 |
| F | 40832.000  | Basic Life | 5/1/2023 |
| F | 55105.000  | Basic Life | 5/1/2023 |
| F | 47690.000  | Basic Life | 5/1/2023 |
| M | 50074.500  | Basic Life | 5/1/2023 |
| M | 40832.000  | Basic Life | 5/1/2023 |
| M | 48049.000  | Basic Life | 6/1/2023 |
| F | 35063.000  | Basic Life | 6/1/2023 |
| F | 37770.000  | Basic Life | 6/1/2023 |
| M | 47690.000  | Basic Life | 6/1/2023 |
| M | 48049.000  | Basic Life | 6/1/2023 |
| F | 47690.000  | Basic Life | 6/1/2023 |
| F | 47690.000  | Basic Life | 6/1/2023 |
| M | 47690.000  | Basic Life | 6/1/2023 |
| M | 50074.500  | Basic Life | 6/1/2023 |
| M | 35063.000  | Basic Life | 6/1/2023 |
| F | 62770.000  | Basic Life | 6/1/2023 |
| F | 40832.000  | Basic Life | 6/1/2023 |
| M | 47690.000  | Basic Life | 6/1/2023 |
| M | 32675.000  | Basic Life | 6/1/2023 |

|   |            |            |          |
|---|------------|------------|----------|
| M | 47690.000  | Basic Life | 6/1/2023 |
| F | 40832.000  | Basic Life | 6/1/2023 |
| F | 32531.200  | Basic Life | 6/1/2023 |
| M | 400000.000 | Basic Life | 6/1/2023 |

**Exhibit 13 - Employee Supplemental Life Census as of 6/1/2023**

| Supplemental Life |            | 759                  |              |
|-------------------|------------|----------------------|--------------|
| Sex               | Annual Rt  | Descr                | Coverage Bgn |
| M                 | 66515.000  | Supplemental Life 2X | 1/1/2007     |
| F                 | 73526.000  | Supplemental Life 2X | 1/27/2011    |
| F                 | 66515.000  | Supplemental Life 2X | 1/1/2021     |
| F                 | 94690.516  | Supplemental Life 2X | 1/1/2020     |
| F                 | 61275.000  | Supplemental Life 2X | 1/1/2013     |
| F                 | 88398.000  | Supplemental Life 2X | 1/1/2009     |
| F                 | 62732.707  | Supplemental Life 1X | 1/1/2017     |
| F                 | 114212.109 | Supplemental Life 2X | 1/1/2007     |
| M                 | 89796.000  | Supplemental Life 1X | 2/1/2010     |
| F                 | 52303.000  | Supplemental Life 2X | 1/1/2023     |
| M                 | 112075.086 | Supplemental Life 2X | 12/26/2013   |
| M                 | 126652.330 | Supplemental Life 2X | 1/1/2020     |
| F                 | 63924.000  | Supplemental Life 2X | 1/1/2007     |
| M                 | 119502.945 | Supplemental Life 2X | 1/6/2009     |
| F                 | 166487.000 | Supplemental Life 2X | 8/9/2007     |
| M                 | 95540.000  | Supplemental Life 2X | 1/1/2020     |
| F                 | 56533.000  | Supplemental Life 2X | 1/1/2007     |
| F                 | 59684.141  | Supplemental Life 2X | 12/1/2006    |
| F                 | 51688.787  | Supplemental Life 2X | 1/1/2008     |
| F                 | 74431.793  | Supplemental Life 2X | 1/1/2021     |
| F                 | 80888.640  | Supplemental Life 2X | 1/1/2013     |
| F                 | 118943.260 | Supplemental Life 2X | 1/1/2007     |
| F                 | 61258.340  | Supplemental Life 2X | 2/17/2009    |
| F                 | 175209.811 | Supplemental Life 2X | 3/1/2023     |
| M                 | 89796.000  | Supplemental Life 2X | 1/1/2023     |
| F                 | 68671.793  | Supplemental Life 2X | 2/1/2020     |
| F                 | 128334.640 | Supplemental Life 2X | 3/2/2015     |
| M                 | 48577.000  | Supplemental Life 2X | 1/1/2011     |
| F                 | 66318.836  | Supplemental Life 1X | 1/1/2017     |
| M                 | 63924.000  | Supplemental Life 2X | 10/30/2009   |
| M                 | 108737.000 | Supplemental Life 2X | 1/1/2007     |
| M                 | 77856.000  | Supplemental Life 2X | 1/1/2007     |
| F                 | 63924.000  | Supplemental Life 2X | 1/1/2008     |
| M                 | 63924.000  | Supplemental Life 2X | 7/27/2018    |
| F                 | 56533.000  | Supplemental Life 2X | 1/1/2007     |
| M                 | 56439.768  | Supplemental Life 2X | 1/1/2022     |
| F                 | 60734.654  | Supplemental Life 2X | 1/1/2007     |
| F                 | 60808.646  | Supplemental Life 2X | 10/10/2022   |
| F                 | 72479.000  | Supplemental Life 2X | 1/1/2007     |
| F                 | 61275.000  | Supplemental Life 2X | 1/1/2020     |
| F                 | 77021.205  | Supplemental Life 2X | 1/1/2023     |
| F                 | 71610.702  | Supplemental Life 2X | 1/1/2007     |
| F                 | 95261.900  | Supplemental Life 2X | 1/1/2017     |
| M                 | 95897.000  | Supplemental Life 2X | 2/1/2020     |
| F                 | 78986.992  | Supplemental Life 2X | 1/1/2010     |

|   |            |                      |            |
|---|------------|----------------------|------------|
| F | 61275.000  | Supplemental Life 2X | 1/1/2007   |
| M | 122679.439 | Supplemental Life 2X | 1/1/2007   |
| M | 63924.000  | Supplemental Life 2X | 1/1/2023   |
| F | 56533.000  | Supplemental Life 2X | 1/1/2007   |
| M | 126174.000 | Supplemental Life 2X | 1/1/2020   |
| M | 66318.836  | Supplemental Life 2X | 1/1/2007   |
| F | 74344.705  | Supplemental Life 2X | 1/1/2007   |
| M | 71888.011  | Supplemental Life 2X | 10/1/2006  |
| F | 56533.000  | Supplemental Life 2X | 1/1/2007   |
| F | 56533.000  | Supplemental Life 2X | 1/1/2007   |
| M | 63924.000  | Supplemental Life 2X | 3/23/2022  |
| M | 73526.000  | Supplemental Life 2X | 1/1/2008   |
| M | 89796.000  | Supplemental Life 2X | 1/1/2009   |
| F | 161520.195 | Supplemental Life 2X | 1/1/2013   |
| M | 77437.283  | Supplemental Life 2X | 1/16/2019  |
| M | 86881.000  | Supplemental Life 2X | 1/1/2020   |
| F | 66141.142  | Supplemental Life 2X | 1/1/2010   |
| M | 79195.000  | Supplemental Life 2X | 1/1/2007   |
| F | 61275.000  | Supplemental Life 2X | 1/1/2009   |
| F | 127064.000 | Supplemental Life 2X | 1/1/2018   |
| M | 56105.839  | Supplemental Life 2X | 2/1/2023   |
| M | 131706.838 | Supplemental Life 2X | 1/1/2007   |
| M | 60309.134  | Supplemental Life 2X | 11/1/2017  |
| M | 81992.299  | Supplemental Life 2X | 1/1/2007   |
| F | 63924.000  | Supplemental Life 2X | 11/24/2020 |
| F | 79121.944  | Supplemental Life 2X | 7/6/2022   |
| M | 66318.836  | Supplemental Life 2X | 1/1/2010   |
| M | 112112.000 | Supplemental Life 2X | 1/1/2010   |
| M | 108737.000 | Supplemental Life 2X | 4/16/2020  |
| M | 43392.521  | Supplemental Life 1X | 6/1/2022   |
| M | 93182.981  | Supplemental Life 2X | 1/1/2008   |
| F | 66230.656  | Supplemental Life 2X | 1/1/2014   |
| M | 63924.000  | Supplemental Life 2X | 1/1/2007   |
| F | 56533.000  | Supplemental Life 2X | 1/1/2020   |
| M | 108737.000 | Supplemental Life 2X | 1/1/2020   |
| F | 127064.000 | Supplemental Life 1X | 5/1/2011   |
| M | 61275.000  | Supplemental Life 2X | 1/1/2007   |
| F | 60148.450  | Supplemental Life 2X | 1/1/2023   |
| M | 81754.784  | Supplemental Life 1X | 1/1/2022   |
| M | 56157.212  | Supplemental Life 2X | 1/1/2007   |
| M | 56439.768  | Supplemental Life 2X | 1/1/2010   |
| F | 79035.896  | Supplemental Life 2X | 1/1/2007   |
| M | 79195.000  | Supplemental Life 2X | 1/1/2009   |
| F | 36816.150  | Supplemental Life 2X | 6/1/2023   |
| M | 66515.000  | Supplemental Life 2X | 1/1/2007   |
| M | 89796.000  | Supplemental Life 2X | 1/1/2018   |
| M | 79195.000  | Supplemental Life 2X | 1/1/2017   |

|   |            |                      |            |
|---|------------|----------------------|------------|
| F | 48577.000  | Supplemental Life 2X | 1/1/2023   |
| M | 182463.463 | Supplemental Life 2X | 1/1/2009   |
| M | 66515.000  | Supplemental Life 2X | 1/1/2015   |
| F | 96128.093  | Supplemental Life 2X | 1/1/2010   |
| M | 95897.000  | Supplemental Life 2X | 1/1/2007   |
| M | 126174.000 | Supplemental Life 2X | 1/1/2011   |
| F | 56533.000  | Supplemental Life 2X | 10/24/2006 |
| M | 89796.000  | Supplemental Life 2X | 1/1/2019   |
| F | 45168.000  | Supplemental Life 2X | 12/28/2015 |
| M | 89796.000  | Supplemental Life 2X | 2/1/2020   |
| M | 66318.836  | Supplemental Life 2X | 12/3/2021  |
| F | 176632.000 | Supplemental Life 2X | 1/1/2007   |
| M | 63924.000  | Supplemental Life 2X | 6/19/2012  |
| F | 56533.000  | Supplemental Life 2X | 1/1/2020   |
| F | 87664.221  | Supplemental Life 2X | 5/19/2022  |
| M | 77856.000  | Supplemental Life 2X | 1/1/2020   |
| F | 52303.000  | Supplemental Life 2X | 1/1/2017   |
| M | 78966.820  | Supplemental Life 2X | 1/1/2022   |
| M | 86881.000  | Supplemental Life 1X | 1/1/2023   |
| F | 219063.000 | Supplemental Life 2X | 1/1/2017   |
| F | 61275.000  | Supplemental Life 2X | 2/24/2020  |
| M | 87018.417  | Supplemental Life 2X | 1/1/2007   |
| F | 79195.000  | Supplemental Life 2X | 12/10/2020 |
| F | 86840.756  | Supplemental Life 2X | 2/22/2023  |
| F | 80927.157  | Supplemental Life 2X | 1/1/2020   |
| M | 77896.146  | Supplemental Life 1X | 1/1/2023   |
| M | 104355.183 | Supplemental Life 2X | 1/1/2015   |
| M | 86881.000  | Supplemental Life 2X | 1/1/2013   |
| M | 48577.000  | Supplemental Life 2X | 6/26/2012  |
| F | 144842.296 | Supplemental Life 2X | 2/1/2007   |
| F | 127064.000 | Supplemental Life 2X | 1/1/2007   |
| M | 69004.792  | Supplemental Life 2X | 1/1/2010   |
| M | 72950.720  | Supplemental Life 2X | 1/1/2020   |
| F | 63924.000  | Supplemental Life 2X | 3/13/2008  |
| M | 175250.000 | Supplemental Life 2X | 1/1/2007   |
| M | 108737.000 | Supplemental Life 2X | 1/1/2023   |
| M | 94907.135  | Supplemental Life 2X | 1/1/2020   |
| F | 95897.000  | Supplemental Life 2X | 1/1/2013   |
| M | 63924.000  | Supplemental Life 2X | 9/4/2021   |
| F | 89701.920  | Supplemental Life 1X | 1/1/2007   |
| F | 126678.000 | Supplemental Life 2X | 1/1/2007   |
| F | 72479.000  | Supplemental Life 2X | 3/27/2014  |
| F | 88335.629  | Supplemental Life 2X | 1/1/2023   |
| F | 55617.788  | Supplemental Life 2X | 1/1/2007   |
| M | 66348.452  | Supplemental Life 2X | 1/1/2007   |
| M | 112112.000 | Supplemental Life 2X | 1/1/2016   |
| F | 61258.340  | Supplemental Life 2X | 11/11/2020 |

|   |            |                      |            |
|---|------------|----------------------|------------|
| F | 89796.000  | Supplemental Life 2X | 1/1/2021   |
| M | 77856.000  | Supplemental Life 2X | 11/16/2010 |
| M | 79035.896  | Supplemental Life 2X | 1/1/2007   |
| M | 108737.000 | Supplemental Life 2X | 1/1/2022   |
| M | 89796.000  | Supplemental Life 2X | 1/1/2007   |
| M | 80357.758  | Supplemental Life 2X | 1/1/2023   |
| F | 126652.330 | Supplemental Life 1X | 1/1/2016   |
| F | 35063.000  | Supplemental Life 2X | 1/1/2023   |
| F | 61275.000  | Supplemental Life 2X | 8/21/2008  |
| F | 52705.181  | Supplemental Life 2X | 1/1/2007   |
| F | 56533.000  | Supplemental Life 2X | 1/1/2007   |
| M | 127064.000 | Supplemental Life 2X | 1/1/2020   |
| M | 86829.550  | Supplemental Life 2X | 1/1/2020   |
| M | 143782.000 | Supplemental Life 2X | 1/1/2008   |
| F | 66151.517  | Supplemental Life 2X | 1/1/2008   |
| M | 120317.750 | Supplemental Life 2X | 1/1/2007   |
| M | 56439.768  | Supplemental Life 2X | 1/1/2007   |
| F | 56533.000  | Supplemental Life 2X | 12/1/2006  |
| F | 66515.000  | Supplemental Life 2X | 12/11/2020 |
| M | 95897.000  | Supplemental Life 2X | 1/1/2007   |
| M | 77856.000  | Supplemental Life 2X | 1/1/2007   |
| M | 77825.348  | Supplemental Life 2X | 1/1/2011   |
| F | 52303.000  | Supplemental Life 2X | 1/1/2020   |
| M | 136824.000 | Supplemental Life 2X | 1/1/2018   |
| M | 89796.000  | Supplemental Life 1X | 1/1/2022   |
| F | 56234.273  | Supplemental Life 2X | 1/1/2012   |
| F | 121605.000 | Supplemental Life 2X | 4/7/2022   |
| M | 60759.019  | Supplemental Life 2X | 6/7/2021   |
| F | 60966.678  | Supplemental Life 2X | 1/1/2007   |
| M | 77856.000  | Supplemental Life 2X | 1/1/2020   |
| M | 83118.750  | Supplemental Life 2X | 3/7/2017   |
| F | 72489.184  | Supplemental Life 2X | 5/19/2020  |
| F | 60734.654  | Supplemental Life 2X | 1/1/2007   |
| F | 63924.000  | Supplemental Life 2X | 10/1/2006  |
| F | 79127.942  | Supplemental Life 2X | 1/1/2023   |
| M | 72479.000  | Supplemental Life 2X | 12/21/2017 |
| M | 126986.125 | Supplemental Life 2X | 1/1/2007   |
| M | 102447.000 | Supplemental Life 2X | 1/1/2007   |
| M | 126652.330 | Supplemental Life 2X | 12/6/2022  |
| F | 84716.608  | Supplemental Life 2X | 9/11/2009  |
| F | 192499.378 | Supplemental Life 2X | 1/1/2023   |
| M | 60155.842  | Supplemental Life 2X | 1/1/2007   |
| F | 54918.150  | Supplemental Life 2X | 1/1/2015   |
| M | 79195.000  | Supplemental Life 2X | 1/1/2009   |
| F | 85028.555  | Supplemental Life 2X | 7/2/2015   |
| M | 66318.836  | Supplemental Life 1X | 1/1/2020   |
| M | 56533.000  | Supplemental Life 2X | 1/1/2007   |

|   |            |                      |            |
|---|------------|----------------------|------------|
| M | 85745.996  | Supplemental Life 2X | 1/1/2019   |
| F | 52303.000  | Supplemental Life 2X | 1/1/2007   |
| M | 128358.810 | Supplemental Life 2X | 1/1/2022   |
| M | 98180.786  | Supplemental Life 2X | 1/1/2022   |
| M | 103539.269 | Supplemental Life 2X | 1/1/2007   |
| F | 121605.000 | Supplemental Life 2X | 1/1/2023   |
| F | 218386.108 | Supplemental Life 2X | 1/1/2022   |
| M | 95897.000  | Supplemental Life 2X | 1/1/2007   |
| M | 77856.000  | Supplemental Life 2X | 1/1/2010   |
| F | 77856.000  | Supplemental Life 2X | 1/1/2023   |
| F | 51588.598  | Supplemental Life 2X | 1/1/2014   |
| F | 52303.000  | Supplemental Life 2X | 11/30/2020 |
| M | 76586.200  | Supplemental Life 2X | 1/4/2019   |
| M | 132164.000 | Supplemental Life 2X | 1/1/2020   |
| M | 66515.000  | Supplemental Life 2X | 10/25/2011 |
| F | 95897.000  | Supplemental Life 2X | 11/9/2007  |
| M | 66318.836  | Supplemental Life 2X | 1/1/2007   |
| F | 66318.836  | Supplemental Life 2X | 9/3/2009   |
| M | 48577.000  | Supplemental Life 2X | 1/1/2020   |
| M | 72271.370  | Supplemental Life 2X | 1/1/2015   |
| M | 89796.000  | Supplemental Life 2X | 11/5/2010  |
| M | 79195.000  | Supplemental Life 2X | 1/1/2020   |
| M | 72076.433  | Supplemental Life 2X | 1/1/2007   |
| F | 88335.629  | Supplemental Life 2X | 1/1/2007   |
| M | 102447.000 | Supplemental Life 2X | 9/29/2016  |
| M | 66515.000  | Supplemental Life 2X | 1/1/2007   |
| M | 108737.000 | Supplemental Life 2X | 1/1/2007   |
| M | 121518.753 | Supplemental Life 2X | 1/1/2007   |
| M | 89796.000  | Supplemental Life 2X | 1/1/2007   |
| M | 77856.000  | Supplemental Life 2X | 1/1/2016   |
| M | 185000.000 | Supplemental Life 2X | 1/1/2020   |
| M | 83746.372  | Supplemental Life 2X | 1/1/2007   |
| M | 108708.724 | Supplemental Life 2X | 1/1/2021   |
| M | 123088.035 | Supplemental Life 2X | 1/1/2022   |
| F | 112901.927 | Supplemental Life 2X | 1/1/2007   |
| F | 56105.839  | Supplemental Life 1X | 1/1/2017   |
| F | 56533.000  | Supplemental Life 2X | 12/5/2008  |
| M | 74018.189  | Supplemental Life 2X | 5/1/2023   |
| F | 56465.455  | Supplemental Life 2X | 1/1/2007   |
| M | 77856.000  | Supplemental Life 2X | 1/1/2021   |
| F | 64627.600  | Supplemental Life 2X | 6/19/2014  |
| M | 86625.738  | Supplemental Life 1X | 1/1/2022   |
| F | 56533.000  | Supplemental Life 2X | 1/1/2020   |
| F | 78966.820  | Supplemental Life 2X | 1/1/2021   |
| F | 118890.804 | Supplemental Life 2X | 1/1/2017   |
| M | 95080.430  | Supplemental Life 2X | 1/1/2023   |
| F | 63924.000  | Supplemental Life 2X | 1/1/2019   |



|   |            |                      |            |
|---|------------|----------------------|------------|
| M | 86881.000  | Supplemental Life 2X | 1/1/2007   |
| F | 63924.000  | Supplemental Life 2X | 7/20/2022  |
| F | 88335.629  | Supplemental Life 2X | 1/1/2019   |
| M | 83746.372  | Supplemental Life 2X | 1/1/2020   |
| M | 52303.000  | Supplemental Life 2X | 1/1/2007   |
| M | 136677.670 | Supplemental Life 2X | 1/1/2007   |
| M | 64359.402  | Supplemental Life 2X | 1/1/2007   |
| F | 78794.131  | Supplemental Life 2X | 1/1/2007   |
| F | 61258.340  | Supplemental Life 2X | 10/1/2011  |
| M | 60049.612  | Supplemental Life 2X | 4/1/2018   |
| F | 70219.439  | Supplemental Life 1X | 2/6/2023   |
| M | 47737.581  | Supplemental Life 2X | 1/1/2019   |
| M | 51547.359  | Supplemental Life 2X | 12/13/2021 |
| M | 63924.000  | Supplemental Life 2X | 1/1/2019   |
| F | 48798.874  | Supplemental Life 2X | 3/1/2017   |
| F | 40724.582  | Supplemental Life 2X | 6/1/2018   |
| F | 83021.356  | Supplemental Life 2X | 1/1/2014   |
| M | 45168.000  | Supplemental Life 2X | 12/15/2015 |
| M | 111777.916 | Supplemental Life 2X | 1/1/2021   |
| F | 76549.515  | Supplemental Life 2X | 12/4/2021  |
| F | 83167.114  | Supplemental Life 2X | 1/3/2020   |
| M | 89796.000  | Supplemental Life 2X | 12/19/2014 |
| F | 127064.000 | Supplemental Life 2X | 1/1/2020   |
| M | 103083.642 | Supplemental Life 2X | 1/1/2021   |
| F | 94168.106  | Supplemental Life 1X | 10/7/2020  |
| M | 63924.000  | Supplemental Life 2X | 1/1/2013   |
| F | 63924.000  | Supplemental Life 2X | 1/1/2021   |
| M | 193400.000 | Supplemental Life 2X | 1/1/2014   |
| M | 66318.836  | Supplemental Life 2X | 1/1/2009   |
| M | 65013.571  | Supplemental Life 1X | 12/11/2014 |
| F | 69177.706  | Supplemental Life 1X | 3/6/2015   |
| M | 66515.000  | Supplemental Life 2X | 7/1/2007   |
| F | 150861.976 | Supplemental Life 2X | 1/1/2022   |
| M | 66515.000  | Supplemental Life 2X | 1/1/2023   |
| F | 84732.609  | Supplemental Life 2X | 8/1/2007   |
| M | 120862.357 | Supplemental Life 2X | 8/1/2007   |
| F | 95540.000  | Supplemental Life 2X | 1/1/2021   |
| M | 66515.000  | Supplemental Life 2X | 10/1/2007  |
| F | 66515.000  | Supplemental Life 1X | 1/1/2019   |
| F | 52356.258  | Supplemental Life 1X | 1/1/2023   |
| F | 72217.562  | Supplemental Life 2X | 2/1/2011   |
| M | 72363.897  | Supplemental Life 2X | 12/1/2007  |
| F | 95540.000  | Supplemental Life 2X | 1/1/2022   |
| M | 100714.094 | Supplemental Life 2X | 1/1/2014   |
| M | 72479.000  | Supplemental Life 2X | 1/1/2008   |
| F | 76849.750  | Supplemental Life 2X | 1/1/2022   |
| F | 82509.294  | Supplemental Life 2X | 2/1/2008   |

|   |            |                      |           |
|---|------------|----------------------|-----------|
| M | 104338.739 | Supplemental Life 2X | 1/1/2015  |
| F | 63924.000  | Supplemental Life 2X | 1/1/2020  |
| M | 72479.000  | Supplemental Life 1X | 1/1/2023  |
| F | 66318.836  | Supplemental Life 2X | 1/1/2017  |
| M | 80458.291  | Supplemental Life 1X | 1/1/2022  |
| F | 66515.000  | Supplemental Life 2X | 9/1/2008  |
| M | 117141.795 | Supplemental Life 2X | 1/1/2020  |
| M | 72479.000  | Supplemental Life 2X | 1/1/2021  |
| M | 95897.000  | Supplemental Life 2X | 8/6/2021  |
| M | 45168.000  | Supplemental Life 2X | 1/1/2023  |
| F | 69706.659  | Supplemental Life 2X | 10/1/2008 |
| M | 76491.265  | Supplemental Life 2X | 2/1/2023  |
| M | 46375.259  | Supplemental Life 1X | 9/1/2022  |
| F | 56131.526  | Supplemental Life 2X | 10/1/2008 |
| M | 66318.836  | Supplemental Life 2X | 1/1/2021  |
| M | 83484.469  | Supplemental Life 1X | 1/1/2023  |
| M | 66515.000  | Supplemental Life 1X | 11/1/2008 |
| M | 64700.528  | Supplemental Life 2X | 1/1/2022  |
| F | 61275.000  | Supplemental Life 2X | 1/1/2020  |
| F | 65620.493  | Supplemental Life 2X | 1/1/2023  |
| F | 61275.000  | Supplemental Life 2X | 1/1/2016  |
| F | 127064.000 | Supplemental Life 2X | 1/1/2010  |
| M | 50632.433  | Supplemental Life 2X | 4/1/2009  |
| M | 121605.000 | Supplemental Life 2X | 1/1/2014  |
| F | 50386.494  | Supplemental Life 1X | 3/31/2014 |
| F | 58424.709  | Supplemental Life 2X | 2/11/2022 |
| M | 63924.000  | Supplemental Life 2X | 6/23/2014 |
| F | 42719.809  | Supplemental Life 2X | 1/1/2022  |
| M | 56533.000  | Supplemental Life 2X | 1/1/2023  |
| M | 78499.130  | Supplemental Life 2X | 1/1/2022  |
| M | 76238.381  | Supplemental Life 2X | 1/1/2023  |
| M | 63924.000  | Supplemental Life 2X | 1/1/2010  |
| F | 57040.358  | Supplemental Life 2X | 1/1/2010  |
| M | 77876.062  | Supplemental Life 2X | 4/24/2019 |
| M | 81727.110  | Supplemental Life 2X | 1/1/2012  |
| F | 71632.953  | Supplemental Life 2X | 1/1/2018  |
| M | 62878.279  | Supplemental Life 2X | 12/8/2020 |
| M | 131877.758 | Supplemental Life 2X | 4/26/2022 |
| F | 69082.070  | Supplemental Life 2X | 6/1/2010  |
| M | 193400.000 | Supplemental Life 2X | 1/1/2022  |
| F | 47891.500  | Supplemental Life 2X | 9/1/2011  |
| F | 58834.381  | Supplemental Life 2X | 1/1/2019  |
| M | 79195.000  | Supplemental Life 2X | 1/1/2020  |
| F | 64768.451  | Supplemental Life 2X | 2/1/2011  |
| M | 185000.000 | Supplemental Life 1X | 4/1/2011  |
| F | 72505.105  | Supplemental Life 2X | 1/1/2020  |
| M | 158094.972 | Supplemental Life 2X | 5/1/2011  |

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|---|------------|----------------------|------------|
| F | 140697.026 | Supplemental Life 1X | 4/1/2011   |
| M | 76676.660  | Supplemental Life 2X | 1/1/2013   |
| M | 117141.795 | Supplemental Life 2X | 1/1/2022   |
| F | 65289.860  | Supplemental Life 2X | 12/23/2021 |
| F | 66515.000  | Supplemental Life 2X | 1/1/2017   |
| F | 60276.595  | Supplemental Life 2X | 1/1/2022   |
| F | 49775.596  | Supplemental Life 2X | 12/2/2020  |
| M | 95897.000  | Supplemental Life 1X | 11/1/2011  |
| F | 51002.154  | Supplemental Life 2X | 1/1/2020   |
| F | 76721.778  | Supplemental Life 2X | 1/1/2020   |
| F | 52616.347  | Supplemental Life 2X | 3/1/2013   |
| M | 73225.883  | Supplemental Life 2X | 1/1/2020   |
| M | 77063.578  | Supplemental Life 2X | 1/1/2022   |
| M | 111726.975 | Supplemental Life 2X | 1/1/2022   |
| F | 48430.354  | Supplemental Life 2X | 12/16/2022 |
| M | 88679.355  | Supplemental Life 2X | 5/1/2023   |
| F | 57174.802  | Supplemental Life 2X | 9/1/2012   |
| M | 56533.000  | Supplemental Life 2X | 1/1/2019   |
| M | 63921.588  | Supplemental Life 2X | 1/1/2020   |
| M | 66196.886  | Supplemental Life 2X | 1/1/2021   |
| F | 135010.918 | Supplemental Life 2X | 2/6/2021   |
| F | 64212.549  | Supplemental Life 1X | 12/5/2022  |
| M | 102352.254 | Supplemental Life 2X | 1/1/2020   |
| F | 51274.512  | Supplemental Life 2X | 1/1/2017   |
| M | 176632.000 | Supplemental Life 2X | 1/1/2023   |
| F | 66917.943  | Supplemental Life 2X | 1/1/2022   |
| F | 75883.956  | Supplemental Life 2X | 11/1/2019  |
| M | 83857.000  | Supplemental Life 2X | 1/1/2023   |
| F | 59275.187  | Supplemental Life 2X | 9/6/2022   |
| M | 83244.851  | Supplemental Life 2X | 1/1/2022   |
| M | 52972.836  | Supplemental Life 2X | 1/7/2014   |
| M | 74079.811  | Supplemental Life 2X | 7/5/2019   |
| M | 48383.214  | Supplemental Life 2X | 1/1/2022   |
| M | 126986.125 | Supplemental Life 2X | 5/1/2013   |
| F | 88840.593  | Supplemental Life 2X | 5/1/2013   |
| F | 95582.110  | Supplemental Life 1X | 3/1/2020   |
| M | 62704.517  | Supplemental Life 2X | 7/1/2013   |
| M | 60848.492  | Supplemental Life 2X | 1/1/2018   |
| M | 94179.924  | Supplemental Life 2X | 1/1/2020   |
| F | 126652.330 | Supplemental Life 1X | 7/1/2013   |
| M | 54217.563  | Supplemental Life 2X | 12/1/2013  |
| F | 54054.626  | Supplemental Life 2X | 1/1/2019   |
| F | 56112.580  | Supplemental Life 2X | 1/1/2022   |
| M | 80350.713  | Supplemental Life 2X | 1/1/2016   |
| F | 76002.668  | Supplemental Life 2X | 10/1/2013  |
| M | 68644.903  | Supplemental Life 2X | 1/1/2018   |
| F | 52303.000  | Supplemental Life 2X | 11/1/2013  |

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|---|------------|----------------------|------------|
| F | 64999.898  | Supplemental Life 2X | 1/1/2019   |
| F | 88328.142  | Supplemental Life 2X | 1/1/2019   |
| M | 65068.476  | Supplemental Life 2X | 1/1/2023   |
| F | 63587.229  | Supplemental Life 2X | 1/1/2020   |
| M | 52303.000  | Supplemental Life 2X | 1/1/2020   |
| F | 82980.576  | Supplemental Life 2X | 1/1/2023   |
| M | 113125.738 | Supplemental Life 1X | 1/1/2020   |
| M | 88951.184  | Supplemental Life 2X | 1/1/2023   |
| F | 57669.062  | Supplemental Life 2X | 1/1/2017   |
| F | 53562.336  | Supplemental Life 2X | 9/29/2020  |
| M | 100959.435 | Supplemental Life 2X | 1/5/2015   |
| F | 74871.259  | Supplemental Life 2X | 3/6/2019   |
| F | 50563.319  | Supplemental Life 2X | 1/1/2023   |
| F | 55155.682  | Supplemental Life 2X | 1/1/2023   |
| M | 82999.946  | Supplemental Life 2X | 2/12/2021  |
| M | 53228.495  | Supplemental Life 2X | 6/1/2014   |
| M | 105497.959 | Supplemental Life 1X | 6/1/2014   |
| M | 61611.331  | Supplemental Life 1X | 1/1/2020   |
| M | 74722.286  | Supplemental Life 2X | 7/1/2014   |
| F | 60307.149  | Supplemental Life 2X | 1/1/2021   |
| M | 121605.000 | Supplemental Life 1X | 7/1/2014   |
| M | 61320.434  | Supplemental Life 2X | 10/26/2020 |
| M | 90033.322  | Supplemental Life 2X | 11/1/2016  |
| F | 59310.255  | Supplemental Life 1X | 8/1/2014   |
| F | 49529.223  | Supplemental Life 2X | 1/1/2020   |
| M | 59097.382  | Supplemental Life 2X | 4/6/2023   |
| F | 55534.361  | Supplemental Life 2X | 1/1/2018   |
| M | 89796.000  | Supplemental Life 2X | 1/1/2021   |
| M | 61011.421  | Supplemental Life 2X | 10/1/2014  |
| M | 66914.978  | Supplemental Life 2X | 1/1/2019   |
| M | 73378.294  | Supplemental Life 2X | 1/1/2019   |
| F | 58892.086  | Supplemental Life 2X | 2/1/2020   |
| M | 56285.647  | Supplemental Life 2X | 12/1/2014  |
| F | 57906.582  | Supplemental Life 2X | 12/1/2014  |
| M | 63924.000  | Supplemental Life 2X | 3/1/2021   |
| F | 57188.572  | Supplemental Life 2X | 1/1/2023   |
| M | 88943.398  | Supplemental Life 2X | 12/13/2021 |
| M | 38301.482  | Supplemental Life 2X | 7/12/2021  |
| F | 71916.732  | Supplemental Life 2X | 1/1/2015   |
| M | 66343.884  | Supplemental Life 1X | 2/1/2015   |
| M | 85539.413  | Supplemental Life 2X | 2/1/2021   |
| F | 86097.929  | Supplemental Life 2X | 1/1/2016   |
| F | 86174.196  | Supplemental Life 2X | 1/1/2021   |
| F | 51575.712  | Supplemental Life 2X | 1/1/2021   |
| M | 74812.954  | Supplemental Life 2X | 3/1/2015   |
| M | 120389.607 | Supplemental Life 2X | 1/1/2021   |
| F | 43520.747  | Supplemental Life 1X | 12/1/2015  |

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|---|------------|----------------------|-----------|
| F | 44895.878  | Supplemental Life 2X | 5/1/2022  |
| M | 61232.988  | Supplemental Life 2X | 5/1/2015  |
| F | 91190.989  | Supplemental Life 2X | 1/1/2016  |
| M | 60848.492  | Supplemental Life 2X | 5/1/2015  |
| F | 81777.961  | Supplemental Life 2X | 1/1/2017  |
| M | 54014.094  | Supplemental Life 2X | 1/1/2016  |
| F | 41700.647  | Supplemental Life 1X | 6/3/2021  |
| F | 127064.000 | Supplemental Life 2X | 1/1/2020  |
| F | 48427.257  | Supplemental Life 2X | 1/1/2018  |
| M | 214511.943 | Supplemental Life 1X | 8/1/2015  |
| F | 68811.326  | Supplemental Life 2X | 7/6/2022  |
| M | 72827.725  | Supplemental Life 2X | 9/1/2015  |
| F | 52899.625  | Supplemental Life 2X | 1/1/2020  |
| M | 60848.492  | Supplemental Life 2X | 9/1/2015  |
| M | 60848.492  | Supplemental Life 2X | 11/1/2015 |
| F | 60640.939  | Supplemental Life 1X | 1/1/2023  |
| F | 58775.373  | Supplemental Life 2X | 11/1/2015 |
| F | 81080.408  | Supplemental Life 1X | 3/1/2021  |
| M | 82942.634  | Supplemental Life 2X | 1/1/2020  |
| F | 132100.403 | Supplemental Life 2X | 1/1/2023  |
| M | 134174.875 | Supplemental Life 2X | 3/1/2020  |
| F | 59994.880  | Supplemental Life 2X | 1/1/2019  |
| F | 37770.000  | Supplemental Life 1X | 6/1/2023  |
| F | 127064.000 | Supplemental Life 2X | 1/1/2021  |
| M | 49662.173  | Supplemental Life 2X | 1/1/2020  |
| M | 41572.253  | Supplemental Life 2X | 1/1/2018  |
| F | 127064.000 | Supplemental Life 1X | 1/1/2020  |
| F | 90684.914  | Supplemental Life 2X | 1/1/2019  |
| M | 166876.051 | Supplemental Life 1X | 4/1/2016  |
| M | 65459.407  | Supplemental Life 2X | 1/1/2020  |
| M | 80612.140  | Supplemental Life 2X | 5/1/2016  |
| F | 67302.637  | Supplemental Life 2X | 1/1/2022  |
| F | 52050.890  | Supplemental Life 1X | 6/1/2016  |
| M | 84715.413  | Supplemental Life 2X | 1/1/2021  |
| F | 71501.205  | Supplemental Life 2X | 8/1/2016  |
| M | 86097.929  | Supplemental Life 2X | 3/1/2021  |
| F | 67273.556  | Supplemental Life 2X | 8/1/2016  |
| M | 54818.766  | Supplemental Life 2X | 1/1/2023  |
| F | 53917.231  | Supplemental Life 1X | 1/1/2021  |
| M | 83746.372  | Supplemental Life 2X | 10/1/2016 |
| M | 66318.836  | Supplemental Life 2X | 1/1/2018  |
| M | 109509.518 | Supplemental Life 2X | 4/1/2021  |
| M | 82783.507  | Supplemental Life 2X | 12/2/2020 |
| F | 38106.833  | Supplemental Life 2X | 6/1/2017  |
| F | 92127.334  | Supplemental Life 2X | 1/1/2020  |
| F | 89035.984  | Supplemental Life 2X | 1/1/2023  |
| M | 108261.791 | Supplemental Life 2X | 4/1/2021  |

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|---|------------|----------------------|-----------|
| F | 45164.967  | Supplemental Life 2X | 1/1/2017  |
| M | 93457.324  | Supplemental Life 2X | 1/1/2017  |
| F | 42292.826  | Supplemental Life 2X | 1/1/2017  |
| F | 56106.694  | Supplemental Life 2X | 1/1/2017  |
| F | 265154.048 | Supplemental Life 2X | 1/1/2020  |
| F | 44210.587  | Supplemental Life 2X | 2/1/2017  |
| M | 69032.000  | Supplemental Life 2X | 2/1/2023  |
| F | 45052.930  | Supplemental Life 2X | 7/1/2017  |
| F | 70483.917  | Supplemental Life 2X | 1/1/2023  |
| F | 42027.732  | Supplemental Life 2X | 3/1/2017  |
| F | 47208.312  | Supplemental Life 1X | 1/1/2023  |
| M | 87450.827  | Supplemental Life 2X | 3/1/2017  |
| M | 43369.364  | Supplemental Life 2X | 10/1/2018 |
| F | 47087.609  | Supplemental Life 2X | 3/1/2017  |
| M | 44324.093  | Supplemental Life 2X | 1/1/2018  |
| M | 82742.331  | Supplemental Life 2X | 4/1/2017  |
| F | 56055.674  | Supplemental Life 2X | 1/1/2021  |
| M | 81135.809  | Supplemental Life 2X | 4/1/2017  |
| M | 79176.211  | Supplemental Life 2X | 4/1/2017  |
| F | 41180.031  | Supplemental Life 2X | 4/1/2017  |
| M | 64498.038  | Supplemental Life 2X | 1/1/2020  |
| M | 39250.038  | Supplemental Life 2X | 2/1/2018  |
| M | 47740.080  | Supplemental Life 2X | 1/1/2023  |
| M | 74819.002  | Supplemental Life 2X | 5/1/2017  |
| M | 46965.544  | Supplemental Life 2X | 5/1/2017  |
| M | 65666.268  | Supplemental Life 2X | 5/1/2017  |
| F | 88786.903  | Supplemental Life 1X | 3/1/2023  |
| F | 128334.640 | Supplemental Life 2X | 1/1/2022  |
| F | 49807.701  | Supplemental Life 2X | 6/1/2017  |
| M | 75501.884  | Supplemental Life 1X | 12/8/2020 |
| M | 83499.407  | Supplemental Life 2X | 1/2/2021  |
| M | 55643.349  | Supplemental Life 1X | 1/1/2023  |
| M | 55643.349  | Supplemental Life 1X | 7/1/2017  |
| M | 55511.415  | Supplemental Life 2X | 8/1/2017  |
| M | 52194.460  | Supplemental Life 2X | 8/1/2017  |
| F | 47004.356  | Supplemental Life 2X | 8/1/2017  |
| M | 55511.499  | Supplemental Life 2X | 8/1/2017  |
| M | 55511.415  | Supplemental Life 2X | 8/1/2017  |
| M | 74812.954  | Supplemental Life 2X | 9/1/2017  |
| M | 77828.118  | Supplemental Life 2X | 9/1/2017  |
| F | 49927.491  | Supplemental Life 2X | 1/1/2019  |
| F | 85505.098  | Supplemental Life 2X | 1/1/2019  |
| F | 73991.793  | Supplemental Life 2X | 7/29/2021 |
| F | 54525.059  | Supplemental Life 2X | 10/1/2017 |
| M | 149951.595 | Supplemental Life 2X | 10/1/2017 |
| F | 95540.000  | Supplemental Life 2X | 3/29/2021 |
| F | 137720.316 | Supplemental Life 2X | 12/1/2017 |

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|---|------------|----------------------|------------|
| M | 72623.996  | Supplemental Life 1X | 12/1/2017  |
| F | 49132.192  | Supplemental Life 2X | 12/1/2017  |
| F | 39055.201  | Supplemental Life 1X | 3/1/2018   |
| F | 38686.702  | Supplemental Life 2X | 1/1/2023   |
| F | 61555.115  | Supplemental Life 2X | 9/1/2022   |
| F | 45954.811  | Supplemental Life 2X | 1/1/2022   |
| F | 65678.076  | Supplemental Life 2X | 1/1/2018   |
| F | 80318.374  | Supplemental Life 2X | 1/1/2018   |
| F | 47690.380  | Supplemental Life 1X | 5/1/2018   |
| F | 74796.656  | Supplemental Life 2X | 1/1/2018   |
| F | 50738.278  | Supplemental Life 2X | 1/1/2020   |
| F | 49151.874  | Supplemental Life 2X | 2/1/2018   |
| M | 54691.030  | Supplemental Life 1X | 2/1/2018   |
| F | 46164.117  | Supplemental Life 2X | 1/1/2023   |
| M | 61831.747  | Supplemental Life 2X | 9/28/2022  |
| F | 42355.337  | Supplemental Life 2X | 4/1/2018   |
| M | 50738.307  | Supplemental Life 2X | 4/1/2018   |
| M | 68992.796  | Supplemental Life 2X | 4/1/2018   |
| M | 41966.796  | Supplemental Life 2X | 4/1/2018   |
| M | 44843.933  | Supplemental Life 2X | 1/1/2020   |
| M | 76316.688  | Supplemental Life 2X | 5/1/2018   |
| M | 76316.688  | Supplemental Life 2X | 5/1/2018   |
| F | 100871.676 | Supplemental Life 1X | 5/1/2018   |
| M | 67060.045  | Supplemental Life 2X | 1/1/2020   |
| M | 89512.435  | Supplemental Life 1X | 1/1/2019   |
| M | 48151.227  | Supplemental Life 2X | 1/1/2020   |
| F | 43563.160  | Supplemental Life 2X | 12/29/2021 |
| M | 55796.135  | Supplemental Life 2X | 1/1/2023   |
| F | 42881.490  | Supplemental Life 2X | 2/1/2023   |
| M | 59477.292  | Supplemental Life 2X | 6/1/2018   |
| F | 43815.774  | Supplemental Life 2X | 1/1/2023   |
| M | 56198.544  | Supplemental Life 2X | 6/1/2018   |
| F | 81404.084  | Supplemental Life 2X | 6/1/2018   |
| F | 80765.908  | Supplemental Life 2X | 2/1/2019   |
| F | 69071.845  | Supplemental Life 1X | 7/1/2018   |
| M | 44803.869  | Supplemental Life 2X | 1/1/2020   |
| M | 58909.640  | Supplemental Life 2X | 11/19/2021 |
| M | 83486.887  | Supplemental Life 2X | 8/1/2018   |
| F | 71200.002  | Supplemental Life 2X | 8/1/2018   |
| F | 48265.789  | Supplemental Life 2X | 1/1/2023   |
| M | 51667.713  | Supplemental Life 2X | 10/1/2018  |
| M | 43449.764  | Supplemental Life 2X | 1/1/2019   |
| M | 96446.636  | Supplemental Life 2X | 10/1/2018  |
| M | 74803.267  | Supplemental Life 2X | 2/1/2020   |
| F | 79395.684  | Supplemental Life 2X | 11/1/2018  |
| F | 39846.970  | Supplemental Life 2X | 12/1/2018  |
| F | 50942.148  | Supplemental Life 2X | 12/1/2018  |

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| M | 53210.840  | Supplemental Life 2X | 3/27/2023 |
| F | 47773.044  | Supplemental Life 2X | 4/29/2022 |
| F | 41361.054  | Supplemental Life 2X | 1/1/2021  |
| F | 44278.601  | Supplemental Life 2X | 1/1/2021  |
| F | 44585.134  | Supplemental Life 1X | 1/1/2021  |
| M | 68906.394  | Supplemental Life 2X | 1/1/2019  |
| F | 48090.696  | Supplemental Life 2X | 4/1/2019  |
| F | 79923.428  | Supplemental Life 2X | 2/1/2019  |
| M | 53086.824  | Supplemental Life 2X | 3/1/2021  |
| M | 59693.409  | Supplemental Life 2X | 1/1/2021  |
| F | 45417.599  | Supplemental Life 2X | 2/1/2019  |
| M | 54382.638  | Supplemental Life 2X | 2/1/2019  |
| F | 46371.556  | Supplemental Life 2X | 12/8/2020 |
| M | 43954.086  | Supplemental Life 2X | 4/1/2019  |
| M | 52823.381  | Supplemental Life 2X | 1/1/2023  |
| F | 50348.946  | Supplemental Life 2X | 1/1/2021  |
| M | 55319.801  | Supplemental Life 2X | 1/1/2020  |
| F | 96973.804  | Supplemental Life 2X | 5/1/2019  |
| M | 45085.640  | Supplemental Life 2X | 5/1/2019  |
| F | 96973.804  | Supplemental Life 2X | 1/1/2022  |
| F | 45923.127  | Supplemental Life 2X | 7/1/2019  |
| M | 52665.319  | Supplemental Life 2X | 8/1/2019  |
| F | 51671.056  | Supplemental Life 2X | 1/1/2022  |
| F | 73811.899  | Supplemental Life 2X | 6/1/2019  |
| F | 39367.129  | Supplemental Life 2X | 1/1/2023  |
| F | 50175.139  | Supplemental Life 2X | 9/1/2019  |
| F | 53768.247  | Supplemental Life 1X | 1/1/2023  |
| M | 67060.045  | Supplemental Life 2X | 1/1/2021  |
| F | 40613.572  | Supplemental Life 2X | 1/1/2022  |
| F | 60382.172  | Supplemental Life 1X | 9/1/2019  |
| M | 52674.708  | Supplemental Life 1X | 10/1/2019 |
| F | 127064.000 | Supplemental Life 1X | 1/1/2020  |
| M | 56719.385  | Supplemental Life 2X | 3/1/2022  |
| M | 75287.250  | Supplemental Life 2X | 5/11/2023 |
| M | 51671.056  | Supplemental Life 1X | 10/1/2019 |
| M | 51589.997  | Supplemental Life 1X | 11/1/2019 |
| M | 71171.590  | Supplemental Life 2X | 1/1/2020  |
| M | 62568.000  | Supplemental Life 2X | 5/1/2023  |
| F | 39830.931  | Supplemental Life 2X | 9/1/2019  |
| M | 76127.715  | Supplemental Life 2X | 12/9/2021 |
| F | 77864.234  | Supplemental Life 1X | 1/1/2023  |
| F | 74491.084  | Supplemental Life 2X | 1/1/2021  |
| M | 83247.310  | Supplemental Life 2X | 12/1/2019 |
| F | 51477.935  | Supplemental Life 2X | 1/1/2022  |
| F | 57184.000  | Supplemental Life 1X | 12/1/2019 |
| M | 67023.000  | Supplemental Life 2X | 12/1/2019 |
| F | 175766.000 | Supplemental Life 1X | 1/1/2020  |



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|---|------------|----------------------|------------|
| M | 45386.468  | Supplemental Life 2X | 1/25/2021  |
| M | 89719.302  | Supplemental Life 1X | 1/1/2020   |
| F | 72675.924  | Supplemental Life 2X | 2/1/2020   |
| F | 42385.091  | Supplemental Life 2X | 1/1/2023   |
| F | 128334.640 | Supplemental Life 1X | 2/1/2020   |
| F | 94227.612  | Supplemental Life 2X | 3/1/2020   |
| M | 70564.778  | Supplemental Life 1X | 4/12/2023  |
| F | 36377.117  | Supplemental Life 2X | 3/1/2020   |
| F | 49147.565  | Supplemental Life 2X | 3/1/2020   |
| F | 127064.000 | Supplemental Life 1X | 3/1/2020   |
| F | 50881.626  | Supplemental Life 1X | 3/1/2020   |
| F | 73361.601  | Supplemental Life 2X | 4/1/2020   |
| F | 44074.812  | Supplemental Life 1X | 5/1/2020   |
| F | 63635.399  | Supplemental Life 2X | 2/1/2022   |
| F | 60414.410  | Supplemental Life 2X | 6/1/2020   |
| F | 50138.392  | Supplemental Life 1X | 6/1/2020   |
| F | 54419.579  | Supplemental Life 2X | 6/1/2020   |
| F | 53520.140  | Supplemental Life 1X | 6/1/2020   |
| F | 43330.428  | Supplemental Life 2X | 1/1/2021   |
| F | 62568.000  | Supplemental Life 2X | 1/1/2022   |
| F | 43722.811  | Supplemental Life 2X | 7/1/2020   |
| M | 143152.198 | Supplemental Life 2X | 11/22/2022 |
| F | 37334.302  | Supplemental Life 2X | 8/1/2020   |
| M | 51509.668  | Supplemental Life 2X | 8/1/2020   |
| M | 67339.497  | Supplemental Life 2X | 9/1/2020   |
| M | 71413.096  | Supplemental Life 2X | 8/1/2020   |
| M | 49147.565  | Supplemental Life 2X | 9/1/2020   |
| M | 50718.373  | Supplemental Life 2X | 9/1/2020   |
| M | 53254.294  | Supplemental Life 2X | 9/1/2020   |
| M | 39951.519  | Supplemental Life 1X | 9/1/2020   |
| F | 45559.940  | Supplemental Life 2X | 9/1/2020   |
| M | 94227.612  | Supplemental Life 2X | 10/1/2020  |
| F | 50637.346  | Supplemental Life 2X | 1/1/2023   |
| M | 50637.346  | Supplemental Life 2X | 11/1/2020  |
| M | 88383.910  | Supplemental Life 2X | 12/1/2020  |
| M | 48049.000  | Supplemental Life 2X | 5/1/2023   |
| M | 74487.075  | Supplemental Life 2X | 12/1/2020  |
| F | 38822.368  | Supplemental Life 2X | 1/1/2021   |
| M | 50187.539  | Supplemental Life 2X | 1/1/2021   |
| F | 50240.830  | Supplemental Life 2X | 2/1/2021   |
| F | 41536.835  | Supplemental Life 2X | 2/1/2021   |
| M | 50240.830  | Supplemental Life 2X | 2/1/2021   |
| F | 35063.000  | Supplemental Life 1X | 5/1/2023   |
| M | 87039.142  | Supplemental Life 2X | 3/1/2021   |
| M | 68613.488  | Supplemental Life 1X | 3/1/2021   |
| F | 34147.748  | Supplemental Life 2X | 3/1/2021   |
| M | 52629.049  | Supplemental Life 1X | 1/1/2022   |

|   |            |                      |           |
|---|------------|----------------------|-----------|
| M | 64202.794  | Supplemental Life 1X | 3/1/2021  |
| M | 70300.938  | Supplemental Life 2X | 4/1/2021  |
| M | 51031.534  | Supplemental Life 2X | 5/1/2021  |
| F | 127064.000 | Supplemental Life 2X | 5/1/2021  |
| F | 128334.640 | Supplemental Life 2X | 5/1/2021  |
| F | 50182.069  | Supplemental Life 2X | 6/1/2021  |
| M | 49576.681  | Supplemental Life 2X | 6/1/2021  |
| M | 45574.023  | Supplemental Life 2X | 7/1/2021  |
| F | 51968.865  | Supplemental Life 2X | 8/1/2021  |
| F | 44277.367  | Supplemental Life 1X | 8/1/2021  |
| F | 69071.845  | Supplemental Life 2X | 1/1/2022  |
| M | 50806.617  | Supplemental Life 1X | 8/1/2021  |
| F | 49376.252  | Supplemental Life 2X | 8/1/2021  |
| M | 87035.298  | Supplemental Life 2X | 8/1/2021  |
| F | 57755.734  | Supplemental Life 1X | 8/1/2021  |
| F | 93012.973  | Supplemental Life 1X | 9/1/2021  |
| M | 39913.428  | Supplemental Life 2X | 9/1/2021  |
| F | 39705.664  | Supplemental Life 2X | 9/1/2021  |
| M | 49147.565  | Supplemental Life 1X | 11/1/2021 |
| M | 83153.549  | Supplemental Life 2X | 11/1/2021 |
| M | 45574.023  | Supplemental Life 2X | 11/1/2021 |
| F | 49147.565  | Supplemental Life 2X | 11/1/2021 |
| F | 49147.565  | Supplemental Life 2X | 11/1/2021 |
| M | 42482.460  | Supplemental Life 2X | 12/1/2021 |
| M | 49006.192  | Supplemental Life 2X | 12/1/2021 |
| F | 48877.429  | Supplemental Life 2X | 1/1/2022  |
| F | 74257.953  | Supplemental Life 2X | 1/1/2022  |
| F | 39522.217  | Supplemental Life 2X | 1/1/2022  |
| F | 39193.052  | Supplemental Life 2X | 1/1/2022  |
| F | 48049.406  | Supplemental Life 2X | 1/1/2022  |
| M | 59212.747  | Supplemental Life 2X | 1/1/2023  |
| F | 51178.355  | Supplemental Life 1X | 3/23/2023 |
| F | 41630.835  | Supplemental Life 2X | 2/1/2022  |
| M | 65095.773  | Supplemental Life 2X | 2/1/2022  |
| M | 48648.518  | Supplemental Life 1X | 3/1/2022  |
| F | 39038.519  | Supplemental Life 1X | 3/1/2022  |
| F | 48648.518  | Supplemental Life 2X | 1/1/2023  |
| F | 41963.510  | Supplemental Life 2X | 3/1/2022  |
| F | 42061.804  | Supplemental Life 2X | 4/1/2022  |
| M | 70101.903  | Supplemental Life 2X | 4/1/2022  |
| M | 63862.030  | Supplemental Life 2X | 4/1/2022  |
| F | 33097.141  | Supplemental Life 1X | 4/1/2022  |
| F | 35588.831  | Supplemental Life 1X | 5/1/2022  |
| M | 48405.299  | Supplemental Life 2X | 5/1/2022  |
| F | 41426.692  | Supplemental Life 2X | 5/1/2022  |
| F | 33019.066  | Supplemental Life 2X | 5/1/2022  |
| M | 50825.565  | Supplemental Life 1X | 5/1/2022  |

|   |            |                      |           |
|---|------------|----------------------|-----------|
| F | 37770.000  | Supplemental Life 2X | 5/1/2022  |
| F | 37770.000  | Supplemental Life 2X | 5/1/2022  |
| F | 33136.021  | Supplemental Life 2X | 5/1/2022  |
| F | 37770.000  | Supplemental Life 2X | 6/1/2022  |
| F | 41274.725  | Supplemental Life 1X | 6/1/2022  |
| F | 32940.991  | Supplemental Life 2X | 6/1/2022  |
| F | 58218.294  | Supplemental Life 2X | 6/1/2022  |
| M | 67859.312  | Supplemental Life 1X | 1/1/2023  |
| F | 40832.000  | Supplemental Life 1X | 6/1/2022  |
| F | 48162.080  | Supplemental Life 2X | 7/1/2022  |
| M | 41191.132  | Supplemental Life 2X | 1/1/2023  |
| M | 50570.185  | Supplemental Life 2X | 7/1/2022  |
| F | 35378.770  | Supplemental Life 1X | 7/1/2022  |
| F | 52770.921  | Supplemental Life 2X | 7/1/2022  |
| F | 40832.000  | Supplemental Life 1X | 8/1/2022  |
| M | 48047.625  | Supplemental Life 1X | 8/1/2022  |
| M | 70902.235  | Supplemental Life 1X | 8/1/2022  |
| F | 32675.301  | Supplemental Life 2X | 1/1/2023  |
| F | 40832.305  | Supplemental Life 2X | 8/1/2022  |
| M | 47933.168  | Supplemental Life 1X | 9/1/2022  |
| F | 64743.238  | Supplemental Life 2X | 9/1/2022  |
| F | 44462.291  | Supplemental Life 1X | 9/1/2022  |
| F | 35197.003  | Supplemental Life 2X | 9/1/2022  |
| M | 50074.447  | Supplemental Life 2X | 10/1/2022 |
| M | 35063.000  | Supplemental Life 2X | 2/1/2023  |
| F | 37770.000  | Supplemental Life 1X | 10/1/2022 |
| F | 48049.000  | Supplemental Life 1X | 11/1/2022 |
| M | 48049.406  | Supplemental Life 2X | 11/1/2022 |
| M | 67023.265  | Supplemental Life 2X | 11/1/2022 |
| F | 66976.000  | Supplemental Life 2X | 11/1/2022 |
| M | 110222.388 | Supplemental Life 2X | 12/1/2022 |
| F | 32531.100  | Supplemental Life 1X | 12/1/2022 |
| F | 32675.301  | Supplemental Life 1X | 12/1/2022 |
| F | 37770.000  | Supplemental Life 1X | 12/1/2022 |
| F | 47690.000  | Supplemental Life 1X | 1/1/2023  |
| F | 35063.000  | Supplemental Life 1X | 1/1/2023  |
| M | 50074.447  | Supplemental Life 2X | 1/1/2023  |
| F | 50074.447  | Supplemental Life 1X | 1/1/2023  |
| M | 66976.000  | Supplemental Life 2X | 1/1/2023  |
| M | 60673.800  | Supplemental Life 2X | 2/10/2023 |
| F | 44239.000  | Supplemental Life 1X | 1/1/2023  |
| M | 65695.985  | Supplemental Life 2X | 2/1/2023  |
| F | 37770.000  | Supplemental Life 2X | 2/1/2023  |
| M | 67023.265  | Supplemental Life 2X | 2/1/2023  |
| F | 44239.000  | Supplemental Life 2X | 2/1/2023  |
| M | 65695.985  | Supplemental Life 2X | 3/1/2023  |
| M | 62568.000  | Supplemental Life 2X | 4/1/2023  |

|   |            |                      |          |
|---|------------|----------------------|----------|
| M | 47690.000  | Supplemental Life 2X | 4/1/2023 |
| M | 32675.301  | Supplemental Life 2X | 4/1/2023 |
| F | 32675.301  | Supplemental Life 2X | 4/1/2023 |
| M | 126986.125 | Supplemental Life 1X | 4/1/2023 |
| M | 62568.000  | Supplemental Life 2X | 5/1/2023 |
| M | 127064.000 | Supplemental Life 2X | 5/1/2023 |
| F | 47690.000  | Supplemental Life 1X | 5/1/2023 |
| M | 47690.000  | Supplemental Life 1X | 6/1/2023 |
| M | 400000.000 | Supplemental Life 1X | 6/1/2023 |

**Exhibit 14 - Dependent Life Census as of 6/1/2023**

| <b>Dependent Life</b> | <b>169</b>       |                              |                     |
|-----------------------|------------------|------------------------------|---------------------|
| <b>Sex</b>            | <b>Annual Rt</b> | <b>Descr</b>                 | <b>Coverage Bgn</b> |
| F                     | 94690.516        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 61275.000        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 68671.793        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 128334.640       | Supplemental Life Child(ren) | 10/1/2022           |
| M                     | 77856.000        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 63924.000        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 78986.992        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 74344.705        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 83747.510        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 66318.836        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 66318.836        | Supplemental Life Child(ren) | 1/1/2022            |
| M                     | 108737.000       | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 60148.450        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 56439.768        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 63924.000        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 76758.755        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 56533.000        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 63924.000        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 61258.340        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 87664.221        | Supplemental Life Child(ren) | 8/1/2022            |
| M                     | 77856.000        | Supplemental Life Child(ren) | 8/1/2022            |
| M                     | 87018.417        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 86840.756        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 77896.146        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 104355.183       | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 127064.000       | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 63924.000        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 108737.000       | Supplemental Life Child(ren) | 9/1/2022            |
| M                     | 94907.135        | Supplemental Life Child(ren) | 8/1/2022            |
| M                     | 63924.000        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 193400.000       | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 56533.000        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 87853.547        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 56533.000        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 63155.849        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 56234.273        | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 77856.000        | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 72489.184        | Supplemental Life Child(ren) | 1/1/2021            |
| M                     | 72479.000        | Supplemental Life Child(ren) | 1/1/2021            |
| M                     | 102447.000       | Supplemental Life Child(ren) | 8/1/2022            |
| F                     | 54918.150        | Supplemental Life Child(ren) | 1/1/2019            |
| F                     | 85028.555        | Supplemental Life Child(ren) | 8/1/2022            |
| M                     | 128358.810       | Supplemental Life Child(ren) | 1/1/2019            |
| M                     | 98180.786        | Supplemental Life Child(ren) | 8/1/2022            |
| M                     | 76586.200        | Supplemental Life Child(ren) | 1/1/2019            |

|   |            |                              |           |
|---|------------|------------------------------|-----------|
| M | 66318.836  | Supplemental Life Child(ren) | 1/1/2021  |
| F | 66318.836  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 174712.650 | Supplemental Life Child(ren) | 8/1/2022  |
| M | 123088.035 | Supplemental Life Child(ren) | 8/1/2022  |
| F | 127064.000 | Supplemental Life Child(ren) | 1/1/2019  |
| F | 56465.455  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 64627.600  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 63924.000  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 86881.000  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 60049.612  | Supplemental Life Child(ren) | 8/1/2022  |
| F | 70219.439  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 76549.515  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 127064.000 | Supplemental Life Child(ren) | 1/1/2020  |
| M | 103083.642 | Supplemental Life Child(ren) | 1/1/2019  |
| F | 69177.706  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 66515.000  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 52356.258  | Supplemental Life Child(ren) | 9/1/2022  |
| F | 72204.194  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 72479.000  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 56131.526  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 44239.000  | Supplemental Life Child(ren) | 12/1/2022 |
| F | 79378.552  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 76238.381  | Supplemental Life Child(ren) | 1/1/2020  |
| F | 75209.777  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 58834.381  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 63924.000  | Supplemental Life Child(ren) | 8/1/2022  |
| M | 117141.795 | Supplemental Life Child(ren) | 8/1/2022  |
| F | 66515.000  | Supplemental Life Child(ren) | 7/1/2020  |
| F | 74860.067  | Supplemental Life Child(ren) | 8/1/2022  |
| F | 71489.828  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 52616.347  | Supplemental Life Child(ren) | 1/1/2023  |
| M | 77063.578  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 61808.980  | Supplemental Life Child(ren) | 1/1/2023  |
| F | 57174.802  | Supplemental Life Child(ren) | 8/1/2022  |
| F | 75035.647  | Supplemental Life Child(ren) | 1/1/2023  |
| M | 176632.000 | Supplemental Life Child(ren) | 4/1/2021  |
| F | 62374.772  | Supplemental Life Child(ren) | 1/1/2019  |
| M | 83857.000  | Supplemental Life Child(ren) | 1/1/2023  |
| F | 59275.187  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 66515.000  | Supplemental Life Child(ren) | 8/1/2022  |
| M | 94179.924  | Supplemental Life Child(ren) | 8/1/2022  |
| F | 54054.626  | Supplemental Life Child(ren) | 7/1/2022  |
| M | 68644.903  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 64999.898  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 88328.142  | Supplemental Life Child(ren) | 1/1/2019  |
| F | 82980.576  | Supplemental Life Child(ren) | 4/1/2021  |
| F | 51674.642  | Supplemental Life Child(ren) | 1/1/2020  |

|   |            |                              |          |
|---|------------|------------------------------|----------|
| F | 57669.062  | Supplemental Life Child(ren) | 1/1/2019 |
| F | 80588.133  | Supplemental Life Child(ren) | 8/1/2022 |
| F | 60307.149  | Supplemental Life Child(ren) | 8/1/2022 |
| M | 66914.978  | Supplemental Life Child(ren) | 1/1/2019 |
| M | 74820.289  | Supplemental Life Child(ren) | 1/1/2019 |
| M | 54014.094  | Supplemental Life Child(ren) | 9/1/2021 |
| F | 132100.403 | Supplemental Life Child(ren) | 1/1/2019 |
| F | 37770.000  | Supplemental Life Child(ren) | 6/1/2023 |
| F | 127064.000 | Supplemental Life Child(ren) | 2/1/2021 |
| F | 127064.000 | Supplemental Life Child(ren) | 1/1/2020 |
| F | 41115.323  | Supplemental Life Child(ren) | 1/1/2021 |
| M | 51964.742  | Supplemental Life Child(ren) | 1/1/2019 |
| F | 60262.271  | Supplemental Life Child(ren) | 8/1/2022 |
| F | 265154.048 | Supplemental Life Child(ren) | 1/1/2020 |
| F | 47289.289  | Supplemental Life Child(ren) | 1/1/2019 |
| M | 44324.093  | Supplemental Life Child(ren) | 1/1/2019 |
| F | 41180.031  | Supplemental Life Child(ren) | 1/1/2019 |
| M | 47740.080  | Supplemental Life Child(ren) | 1/1/2023 |
| M | 46965.544  | Supplemental Life Child(ren) | 8/1/2022 |
| M | 55643.349  | Supplemental Life Child(ren) | 1/1/2019 |
| M | 59685.863  | Supplemental Life Child(ren) | 1/1/2019 |
| F | 49927.491  | Supplemental Life Child(ren) | 1/1/2020 |
| M | 55105.001  | Supplemental Life Child(ren) | 2/1/2021 |
| F | 54525.059  | Supplemental Life Child(ren) | 8/1/2022 |
| F | 45954.811  | Supplemental Life Child(ren) | 1/1/2019 |
| M | 45163.272  | Supplemental Life Child(ren) | 8/1/2022 |
| F | 50738.278  | Supplemental Life Child(ren) | 9/1/2020 |
| M | 59477.292  | Supplemental Life Child(ren) | 4/1/2023 |
| M | 40010.741  | Supplemental Life Child(ren) | 8/1/2021 |
| F | 54143.708  | Supplemental Life Child(ren) | 1/1/2023 |
| M | 58909.640  | Supplemental Life Child(ren) | 4/1/2023 |
| F | 48265.789  | Supplemental Life Child(ren) | 1/1/2022 |
| M | 53210.840  | Supplemental Life Child(ren) | 4/1/2023 |
| F | 53210.840  | Supplemental Life Child(ren) | 1/1/2019 |
| F | 48090.696  | Supplemental Life Child(ren) | 1/1/2019 |
| F | 45417.599  | Supplemental Life Child(ren) | 2/1/2019 |
| F | 38896.581  | Supplemental Life Child(ren) | 1/1/2023 |
| F | 46547.804  | Supplemental Life Child(ren) | 6/1/2019 |
| F | 50348.946  | Supplemental Life Child(ren) | 1/1/2021 |
| F | 45923.127  | Supplemental Life Child(ren) | 1/1/2020 |
| F | 40613.572  | Supplemental Life Child(ren) | 1/1/2020 |
| F | 39830.931  | Supplemental Life Child(ren) | 9/1/2019 |
| M | 51003.009  | Supplemental Life Child(ren) | 2/1/2020 |
| F | 53775.489  | Supplemental Life Child(ren) | 3/1/2020 |
| M | 44398.234  | Supplemental Life Child(ren) | 4/1/2020 |
| F | 44074.812  | Supplemental Life Child(ren) | 5/1/2020 |
| F | 63635.399  | Supplemental Life Child(ren) | 2/1/2022 |

|   |           |                              |           |
|---|-----------|------------------------------|-----------|
| F | 54419.579 | Supplemental Life Child(ren) | 6/1/2022  |
| F | 53350.000 | Supplemental Life Child(ren) | 8/1/2022  |
| F | 50637.346 | Supplemental Life Child(ren) | 10/1/2020 |
| F | 72740.253 | Supplemental Life Child(ren) | 1/1/2021  |
| M | 50491.425 | Supplemental Life Child(ren) | 12/1/2020 |
| M | 74487.075 | Supplemental Life Child(ren) | 1/1/2023  |
| F | 34147.748 | Supplemental Life Child(ren) | 3/1/2021  |
| M | 70300.938 | Supplemental Life Child(ren) | 1/1/2023  |
| M | 50806.617 | Supplemental Life Child(ren) | 8/1/2021  |
| F | 49376.252 | Supplemental Life Child(ren) | 8/1/2021  |
| M | 42766.072 | Supplemental Life Child(ren) | 10/1/2021 |
| F | 51433.621 | Supplemental Life Child(ren) | 12/1/2021 |
| F | 74257.953 | Supplemental Life Child(ren) | 1/1/2022  |
| F | 39038.519 | Supplemental Life Child(ren) | 3/1/2022  |
| F | 33097.141 | Supplemental Life Child(ren) | 4/1/2022  |
| F | 33136.021 | Supplemental Life Child(ren) | 1/1/2023  |
| M | 41863.566 | Supplemental Life Child(ren) | 6/1/2022  |
| F | 48162.080 | Supplemental Life Child(ren) | 7/1/2022  |
| M | 70902.235 | Supplemental Life Child(ren) | 8/1/2022  |
| F | 41117.110 | Supplemental Life Child(ren) | 8/1/2022  |
| F | 64743.238 | Supplemental Life Child(ren) | 1/1/2023  |
| F | 40832.000 | Supplemental Life Child(ren) | 9/1/2022  |
| F | 44462.291 | Supplemental Life Child(ren) | 9/1/2022  |
| M | 48049.406 | Supplemental Life Child(ren) | 12/1/2022 |
| F | 47690.000 | Supplemental Life Child(ren) | 1/1/2023  |
| F | 35063.000 | Supplemental Life Child(ren) | 1/1/2023  |
| F | 37770.000 | Supplemental Life Child(ren) | 1/1/2023  |
| F | 50074.447 | Supplemental Life Child(ren) | 1/1/2023  |
| M | 35063.000 | Supplemental Life Child(ren) | 2/1/2023  |
| M | 65695.985 | Supplemental Life Child(ren) | 3/1/2023  |



**Exhibit 15 - Spouse Life Census as of 6/1/2023**

| <b>Spouse Life</b> | <b>192</b>       |                          |                     |
|--------------------|------------------|--------------------------|---------------------|
| <b>Sex</b>         | <b>Annual Rt</b> | <b>Descr</b>             | <b>Coverage Bgn</b> |
| M                  | 66515.000        | Supplemental Life Spouse | 1/1/2006            |
| F                  | 62732.707        | Supplemental Life Spouse | 1/1/2007            |
| F                  | 114212.109       | Supplemental Life Spouse | 1/1/2014            |
| M                  | 95540.000        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 56533.000        | Supplemental Life Spouse | 1/1/2006            |
| M                  | 95897.000        | Supplemental Life Spouse | 1/1/2009            |
| F                  | 118943.260       | Supplemental Life Spouse | 1/1/2019            |
| F                  | 61258.340        | Supplemental Life Spouse | 1/1/2007            |
| M                  | 56439.768        | Supplemental Life Spouse | 5/1/2022            |
| M                  | 330834.722       | Supplemental Life Spouse | 1/1/2007            |
| F                  | 61275.000        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 77021.205        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 95261.900        | Supplemental Life Spouse | 1/1/2019            |
| M                  | 68338.692        | Supplemental Life Spouse | 1/1/2014            |
| M                  | 126174.000       | Supplemental Life Spouse | 5/1/2022            |
| F                  | 79195.000        | Supplemental Life Spouse | 1/1/2016            |
| M                  | 71888.011        | Supplemental Life Spouse | 12/1/2006           |
| F                  | 56533.000        | Supplemental Life Spouse | 7/1/2006            |
| F                  | 56533.000        | Supplemental Life Spouse | 1/1/2008            |
| M                  | 79195.000        | Supplemental Life Spouse | 1/1/2020            |
| M                  | 77856.000        | Supplemental Life Spouse | 1/1/2020            |
| M                  | 93182.981        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 66230.656        | Supplemental Life Spouse | 1/1/2014            |
| M                  | 81754.784        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 95080.430        | Supplemental Life Spouse | 1/1/2020            |
| M                  | 89796.000        | Supplemental Life Spouse | 1/1/2021            |
| F                  | 219063.000       | Supplemental Life Spouse | 1/1/2020            |
| F                  | 61275.000        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 79195.000        | Supplemental Life Spouse | 1/1/2006            |
| M                  | 48577.000        | Supplemental Life Spouse | 1/1/2017            |
| F                  | 144842.296       | Supplemental Life Spouse | 1/1/2020            |
| M                  | 175250.000       | Supplemental Life Spouse | 12/1/2022           |
| F                  | 89701.920        | Supplemental Life Spouse | 1/1/2007            |
| M                  | 59490.758        | Supplemental Life Spouse | 1/1/2014            |
| M                  | 76461.429        | Supplemental Life Spouse | 1/1/2015            |
| M                  | 66515.000        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 126174.000       | Supplemental Life Spouse | 1/1/2019            |
| M                  | 56439.768        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 66515.000        | Supplemental Life Spouse | 1/1/2020            |
| F                  | 52303.000        | Supplemental Life Spouse | 1/1/2020            |
| M                  | 89796.000        | Supplemental Life Spouse | 1/1/2012            |
| F                  | 121605.000       | Supplemental Life Spouse | 1/1/2006            |
| M                  | 83118.750        | Supplemental Life Spouse | 7/1/2015            |
| F                  | 63924.000        | Supplemental Life Spouse | 12/1/2006           |
| M                  | 79195.000        | Supplemental Life Spouse | 1/1/2020            |

|   |            |                          |           |
|---|------------|--------------------------|-----------|
| F | 52303.000  | Supplemental Life Spouse | 5/1/2006  |
| F | 218386.108 | Supplemental Life Spouse | 1/1/2020  |
| M | 95897.000  | Supplemental Life Spouse | 1/1/2020  |
| F | 77856.000  | Supplemental Life Spouse | 1/1/2020  |
| M | 54918.150  | Supplemental Life Spouse | 1/1/2014  |
| F | 56533.000  | Supplemental Life Spouse | 1/1/2023  |
| F | 112901.927 | Supplemental Life Spouse | 1/1/2019  |
| F | 63924.000  | Supplemental Life Spouse | 1/1/2006  |
| F | 88335.629  | Supplemental Life Spouse | 1/1/2019  |
| M | 83746.372  | Supplemental Life Spouse | 1/1/2019  |
| M | 136677.670 | Supplemental Life Spouse | 1/1/2006  |
| F | 78794.131  | Supplemental Life Spouse | 1/1/2020  |
| M | 51547.359  | Supplemental Life Spouse | 10/1/2011 |
| M | 45168.000  | Supplemental Life Spouse | 1/1/2012  |
| M | 111777.916 | Supplemental Life Spouse | 1/1/2012  |
| F | 83167.114  | Supplemental Life Spouse | 1/1/2023  |
| M | 63924.000  | Supplemental Life Spouse | 1/1/2020  |
| M | 66318.836  | Supplemental Life Spouse | 1/1/2016  |
| M | 66515.000  | Supplemental Life Spouse | 1/1/2018  |
| M | 63924.000  | Supplemental Life Spouse | 1/1/2020  |
| F | 67573.279  | Supplemental Life Spouse | 1/1/2023  |
| M | 117141.795 | Supplemental Life Spouse | 1/1/2020  |
| F | 82509.294  | Supplemental Life Spouse | 11/1/2022 |
| F | 66318.836  | Supplemental Life Spouse | 9/1/2022  |
| F | 66515.000  | Supplemental Life Spouse | 9/1/2008  |
| M | 83484.469  | Supplemental Life Spouse | 1/1/2019  |
| F | 58424.709  | Supplemental Life Spouse | 7/1/2017  |
| M | 63924.000  | Supplemental Life Spouse | 7/1/2014  |
| M | 55720.940  | Supplemental Life Spouse | 1/1/2022  |
| F | 112112.000 | Supplemental Life Spouse | 1/1/2023  |
| M | 77876.062  | Supplemental Life Spouse | 1/1/2020  |
| F | 56059.876  | Supplemental Life Spouse | 1/1/2021  |
| M | 54553.599  | Supplemental Life Spouse | 1/1/2020  |
| F | 64768.451  | Supplemental Life Spouse | 1/1/2019  |
| M | 51050.206  | Supplemental Life Spouse | 1/1/2012  |
| M | 140697.026 | Supplemental Life Spouse | 1/1/2022  |
| F | 66394.042  | Supplemental Life Spouse | 1/1/2020  |
| M | 117141.795 | Supplemental Life Spouse | 1/1/2020  |
| F | 52303.000  | Supplemental Life Spouse | 1/1/2019  |
| F | 49775.596  | Supplemental Life Spouse | 1/1/2020  |
| M | 95897.000  | Supplemental Life Spouse | 1/1/2018  |
| F | 48315.803  | Supplemental Life Spouse | 1/1/2020  |
| M | 63924.000  | Supplemental Life Spouse | 1/1/2014  |
| M | 42421.665  | Supplemental Life Spouse | 1/1/2022  |
| M | 51644.078  | Supplemental Life Spouse | 9/1/2012  |
| M | 75992.850  | Supplemental Life Spouse | 1/1/2019  |
| F | 53123.537  | Supplemental Life Spouse | 1/2/2020  |

|   |            |                          |           |
|---|------------|--------------------------|-----------|
| M | 71171.590  | Supplemental Life Spouse | 7/1/2013  |
| M | 52435.710  | Supplemental Life Spouse | 11/1/2015 |
| F | 126652.330 | Supplemental Life Spouse | 6/1/2021  |
| M | 65068.476  | Supplemental Life Spouse | 1/1/2020  |
| M | 113125.738 | Supplemental Life Spouse | 2/1/2014  |
| F | 82363.669  | Supplemental Life Spouse | 1/1/2023  |
| M | 105497.959 | Supplemental Life Spouse | 6/1/2014  |
| M | 121605.000 | Supplemental Life Spouse | 7/1/2014  |
| M | 49994.992  | Supplemental Life Spouse | 8/1/2014  |
| M | 61320.434  | Supplemental Life Spouse | 1/1/2023  |
| M | 56285.647  | Supplemental Life Spouse | 1/1/2022  |
| M | 38301.482  | Supplemental Life Spouse | 1/1/2020  |
| F | 71916.732  | Supplemental Life Spouse | 1/1/2022  |
| M | 84715.413  | Supplemental Life Spouse | 1/1/2020  |
| F | 43520.747  | Supplemental Life Spouse | 1/1/2016  |
| F | 91190.989  | Supplemental Life Spouse | 1/1/2016  |
| M | 60848.492  | Supplemental Life Spouse | 1/1/2017  |
| F | 58775.373  | Supplemental Life Spouse | 1/1/2020  |
| M | 49662.173  | Supplemental Life Spouse | 1/1/2020  |
| M | 95452.054  | Supplemental Life Spouse | 1/1/2021  |
| F | 56166.308  | Supplemental Life Spouse | 1/1/2023  |
| M | 41572.253  | Supplemental Life Spouse | 1/1/2019  |
| F | 90684.914  | Supplemental Life Spouse | 1/1/2023  |
| M | 166876.051 | Supplemental Life Spouse | 1/1/2020  |
| M | 60262.271  | Supplemental Life Spouse | 1/1/2019  |
| M | 51628.499  | Supplemental Life Spouse | 1/1/2018  |
| M | 60152.484  | Supplemental Life Spouse | 1/1/2019  |
| M | 91504.254  | Supplemental Life Spouse | 1/1/2020  |
| M | 63269.728  | Supplemental Life Spouse | 1/1/2020  |
| F | 89035.984  | Supplemental Life Spouse | 1/1/2023  |
| F | 45164.967  | Supplemental Life Spouse | 1/1/2017  |
| M | 93457.324  | Supplemental Life Spouse | 1/1/2020  |
| M | 69032.000  | Supplemental Life Spouse | 2/1/2023  |
| F | 45052.930  | Supplemental Life Spouse | 1/1/2019  |
| F | 88786.903  | Supplemental Life Spouse | 1/1/2019  |
| M | 55643.349  | Supplemental Life Spouse | 1/1/2020  |
| M | 52194.460  | Supplemental Life Spouse | 1/1/2020  |
| F | 48674.237  | Supplemental Life Spouse | 12/1/2020 |
| M | 77828.118  | Supplemental Life Spouse | 9/1/2017  |
| M | 149951.595 | Supplemental Life Spouse | 10/1/2017 |
| F | 38686.702  | Supplemental Life Spouse | 1/1/2020  |
| F | 61555.115  | Supplemental Life Spouse | 1/1/2023  |
| F | 74796.656  | Supplemental Life Spouse | 8/1/2021  |
| F | 56389.751  | Supplemental Life Spouse | 4/1/2023  |
| M | 63490.943  | Supplemental Life Spouse | 2/1/2018  |
| M | 50738.307  | Supplemental Life Spouse | 4/1/2018  |
| M | 48151.227  | Supplemental Life Spouse | 1/1/2022  |

|   |            |                          |           |
|---|------------|--------------------------|-----------|
| M | 56198.544  | Supplemental Life Spouse | 6/1/2018  |
| F | 81404.084  | Supplemental Life Spouse | 1/1/2020  |
| M | 43449.764  | Supplemental Life Spouse | 1/1/2019  |
| F | 44585.134  | Supplemental Life Spouse | 7/1/2019  |
| F | 96973.804  | Supplemental Life Spouse | 5/1/2019  |
| F | 46882.539  | Supplemental Life Spouse | 6/1/2019  |
| F | 96973.804  | Supplemental Life Spouse | 1/1/2020  |
| F | 39367.129  | Supplemental Life Spouse | 1/1/2023  |
| F | 127064.000 | Supplemental Life Spouse | 1/1/2020  |
| F | 74084.464  | Supplemental Life Spouse | 1/1/2020  |
| M | 75851.422  | Supplemental Life Spouse | 7/1/2020  |
| F | 175766.000 | Supplemental Life Spouse | 1/1/2020  |
| F | 51886.276  | Supplemental Life Spouse | 1/1/2020  |
| F | 32675.301  | Supplemental Life Spouse | 11/1/2022 |
| F | 42434.710  | Supplemental Life Spouse | 5/1/2022  |
| M | 51224.748  | Supplemental Life Spouse | 1/1/2023  |
| F | 44182.243  | Supplemental Life Spouse | 3/1/2020  |
| F | 50881.626  | Supplemental Life Spouse | 3/1/2020  |
| F | 42432.313  | Supplemental Life Spouse | 10/1/2020 |
| F | 43330.428  | Supplemental Life Spouse | 1/1/2021  |
| M | 143152.198 | Supplemental Life Spouse | 7/1/2020  |
| F | 37334.302  | Supplemental Life Spouse | 8/1/2020  |
| M | 67339.497  | Supplemental Life Spouse | 9/1/2020  |
| F | 41536.835  | Supplemental Life Spouse | 2/1/2021  |
| F | 42607.903  | Supplemental Life Spouse | 1/1/2023  |
| F | 36587.908  | Supplemental Life Spouse | 11/1/2021 |
| F | 35063.000  | Supplemental Life Spouse | 5/1/2023  |
| M | 87039.142  | Supplemental Life Spouse | 3/1/2021  |
| F | 39493.097  | Supplemental Life Spouse | 5/1/2021  |
| M | 49612.059  | Supplemental Life Spouse | 1/1/2022  |
| F | 39705.664  | Supplemental Life Spouse | 9/1/2021  |
| F | 45766.435  | Supplemental Life Spouse | 9/1/2021  |
| F | 41320.242  | Supplemental Life Spouse | 1/1/2022  |
| M | 51058.230  | Supplemental Life Spouse | 3/1/2022  |
| M | 70101.903  | Supplemental Life Spouse | 4/1/2022  |
| M | 48405.299  | Supplemental Life Spouse | 5/1/2022  |
| M | 67859.312  | Supplemental Life Spouse | 6/1/2022  |
| M | 40832.305  | Supplemental Life Spouse | 8/1/2022  |
| F | 50450.006  | Supplemental Life Spouse | 8/1/2022  |
| F | 38529.285  | Supplemental Life Spouse | 2/1/2023  |
| F | 41040.487  | Supplemental Life Spouse | 8/1/2022  |
| F | 43092.578  | Supplemental Life Spouse | 1/1/2023  |
| F | 35197.003  | Supplemental Life Spouse | 9/1/2022  |
| F | 48049.406  | Supplemental Life Spouse | 10/1/2022 |
| M | 40832.305  | Supplemental Life Spouse | 10/1/2022 |
| M | 91525.000  | Supplemental Life Spouse | 1/1/2023  |
| F | 74780.736  | Supplemental Life Spouse | 2/1/2023  |

|   |            |                          |          |
|---|------------|--------------------------|----------|
| F | 47690.000  | Supplemental Life Spouse | 2/1/2023 |
| F | 44239.000  | Supplemental Life Spouse | 2/1/2023 |
| F | 37770.000  | Supplemental Life Spouse | 4/1/2023 |
| M | 157000.000 | Supplemental Life Spouse | 4/1/2023 |
| M | 126986.125 | Supplemental Life Spouse | 4/1/2023 |
| F | 40832.000  | Supplemental Life Spouse | 6/1/2023 |

**Exhibit 16 - Dependent and Spouse Life Census as of 6/1/23**

| <b>Dependent and Spouse Life</b> |                  |                               | 461                 |
|----------------------------------|------------------|-------------------------------|---------------------|
| <b>Sex</b>                       | <b>Annual Rt</b> | <b>Descr</b>                  | <b>Coverage Bgn</b> |
| F                                | 73526.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 66515.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 52303.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 112075.086       | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 63924.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 119502.945       | Supp Life Spouse & Child(ren) | 9/1/2020            |
| F                                | 166487.000       | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 51688.787        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 74431.793        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 80888.640        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 89796.000        | Supp Life Spouse & Child(ren) | 12/1/2022           |
| F                                | 66318.836        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 63924.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 102447.000       | Supp Life Spouse & Child(ren) | 1/1/2023            |
| M                                | 108737.000       | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 63924.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 56533.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 78828.669        | Supp Life Spouse & Child(ren) | 1/1/2023            |
| F                                | 60734.654        | Supp Life Spouse & Child(ren) | 5/1/2023            |
| M                                | 76870.600        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 60808.646        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 89796.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 89796.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 61275.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 122679.439       | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 66318.836        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 63924.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 73526.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 161520.195       | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 143782.000       | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 86881.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 89796.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| F                                | 61275.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 89796.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| M                                | 73526.000        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 131706.838       | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 60309.134        | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 81992.299        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 79121.944        | Supp Life Spouse & Child(ren) | 1/1/2021            |
| M                                | 112112.000       | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 108737.000       | Supp Life Spouse & Child(ren) | 1/1/2020            |
| M                                | 43392.521        | Supp Life Spouse & Child(ren) | 6/1/2022            |
| M                                | 63924.000        | Supp Life Spouse & Child(ren) | 1/1/2019            |
| F                                | 56533.000        | Supp Life Spouse & Child(ren) | 2/1/2023            |
| M                                | 108737.000       | Supp Life Spouse & Child(ren) | 1/1/2020            |

|   |            |                               |           |
|---|------------|-------------------------------|-----------|
| F | 127064.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 61275.000  | Supp Life Spouse & Child(ren) | 2/1/2023  |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 65696.400  | Supp Life Spouse & Child(ren) | 5/1/2023  |
| F | 79035.896  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 79195.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 66515.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 79195.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 48577.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 182463.463 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 66515.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 96128.093  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 95897.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 126174.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 66318.836  | Supp Life Spouse & Child(ren) | 7/1/2021  |
| F | 176632.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 78966.820  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 66318.836  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 86881.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 80927.157  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 86881.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 79195.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 69004.792  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 72950.720  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 131342.916 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 9/1/2021  |
| F | 72479.000  | Supp Life Spouse & Child(ren) | 12/1/2020 |
| F | 88335.629  | Supp Life Spouse & Child(ren) | 11/1/2022 |
| M | 66348.452  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 112112.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77856.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 79035.896  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 108737.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 80357.758  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 52705.181  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 143782.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 66151.517  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 120317.750 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 54279.231  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 95897.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77856.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77825.348  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 136824.000 | Supp Life Spouse & Child(ren) | 1/1/2020  |

|   |            |                               |           |
|---|------------|-------------------------------|-----------|
| F | 60966.678  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77856.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 64985.337  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 79127.942  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 126986.125 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 126652.330 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 192499.378 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 66318.836  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 85745.996  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 103539.269 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 121605.000 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 77856.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 52303.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 132164.000 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 95897.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 79195.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 48577.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 72271.370  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 79195.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 72076.433  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 88335.629  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 102447.000 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 66515.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 108737.000 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 121518.753 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77856.000  | Supp Life Spouse & Child(ren) | 11/1/2022 |
| M | 73447.863  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 83746.372  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 108708.724 | Supp Life Spouse & Child(ren) | 6/1/2020  |
| F | 57256.998  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77856.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 56533.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 78966.820  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 95080.430  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 106520.631 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 48798.874  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 40724.582  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 83021.356  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 126652.330 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 94168.106  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 193400.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |



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|---|------------|-------------------------------|-----------|
| M | 66318.836  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 65013.571  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 63112.892  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 66515.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 150861.976 | Supp Life Spouse & Child(ren) | 12/1/2020 |
| F | 84732.609  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 95540.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 72479.000  | Supp Life Spouse & Child(ren) | 3/1/2023  |
| M | 72363.897  | Supp Life Spouse & Child(ren) | 5/1/2021  |
| F | 95540.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 100714.094 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 72479.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 76849.750  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 67324.465  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 104338.739 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 80458.291  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 73526.000  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 72479.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 95897.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 69706.659  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 76491.265  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 72273.859  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 66318.836  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 66515.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 64700.528  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 61275.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 71833.958  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 95079.821  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 61275.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 127064.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 50632.433  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 66515.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 86881.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 47888.676  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 150344.000 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 56533.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 78499.130  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 81727.110  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 71632.953  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 62878.279  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 97114.205  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 131877.758 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 69082.070  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 79195.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 95897.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 185000.000 | Supp Life Spouse & Child(ren) | 1/1/2019  |

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|---|------------|-------------------------------|-----------|
| F | 72505.105  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 64789.986  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 76676.660  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 91901.418  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 48577.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 65289.860  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 60276.595  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 67600.986  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 56716.801  | Supp Life Spouse & Child(ren) | 1/1/2021  |
| F | 76721.778  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 136138.001 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 73225.883  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 71171.590  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 111726.975 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 48430.354  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 88679.355  | Supp Life Spouse & Child(ren) | 1/1/2021  |
| M | 56533.000  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 60047.721  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 63921.588  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 66196.886  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 51274.512  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 85692.199  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 85539.413  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 75883.956  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 83244.851  | Supp Life Spouse & Child(ren) | 10/1/2021 |
| M | 52972.836  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 74079.811  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 126986.125 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 88840.593  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 95582.110  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 62704.517  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 60848.492  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 77132.391  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 56112.580  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 75687.727  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 103430.415 | Supp Life Spouse & Child(ren) | 1/1/2020  |
| M | 52303.000  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 58094.057  | Supp Life Spouse & Child(ren) | 1/1/2020  |
| F | 126652.330 | Supp Life Spouse & Child(ren) | 1/1/2019  |
| M | 88951.184  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 53562.336  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 74871.259  | Supp Life Spouse & Child(ren) | 1/1/2021  |
| M | 49982.466  | Supp Life Spouse & Child(ren) | 6/1/2023  |
| F | 50563.319  | Supp Life Spouse & Child(ren) | 1/1/2022  |
| F | 55155.682  | Supp Life Spouse & Child(ren) | 1/1/2019  |
| F | 87049.940  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 82999.946  | Supp Life Spouse & Child(ren) | 9/1/2021  |

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|---|------------|-------------------------------|----------|
| M | 53228.495  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 61611.331  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 74722.286  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 49529.223  | Supp Life Spouse & Child(ren) | 4/1/2019 |
| M | 89796.000  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 61011.421  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 85539.413  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| M | 71200.002  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 73378.294  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 58892.086  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 57906.582  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 63924.000  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| F | 60866.630  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 60848.492  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 66343.884  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 85539.413  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 53640.973  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 86097.929  | Supp Life Spouse & Child(ren) | 4/1/2023 |
| F | 86174.196  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 51575.712  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 51285.586  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 120389.607 | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 61232.988  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 60848.492  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 81777.961  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 115025.023 | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 127064.000 | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 52831.826  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 68811.326  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 52899.625  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 60848.492  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 72729.525  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 81080.408  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 55024.015  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 54359.951  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 59994.880  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 58960.837  | Supp Life Spouse & Child(ren) | 1/1/2022 |
| M | 65459.407  | Supp Life Spouse & Child(ren) | 7/1/2020 |
| M | 80612.140  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 67302.637  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 52050.890  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 63146.290  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 84715.413  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 71501.205  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 86097.929  | Supp Life Spouse & Child(ren) | 4/1/2022 |
| F | 271179.963 | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 67273.556  | Supp Life Spouse & Child(ren) | 1/1/2020 |

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|---|------------|-------------------------------|----------|
| M | 79911.415  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| F | 53917.231  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 83746.372  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 66318.836  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 109509.518 | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 82783.507  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 38106.833  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 92127.334  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 66279.615  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 42292.826  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 70483.917  | Supp Life Spouse & Child(ren) | 1/1/2022 |
| F | 42027.732  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 47208.312  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 87450.827  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| M | 82742.331  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 56055.674  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| M | 79176.211  | Supp Life Spouse & Child(ren) | 5/1/2023 |
| M | 64498.038  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 74819.002  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 65666.268  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 75501.884  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 55511.415  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 64246.488  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 72623.996  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 55511.415  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 74812.954  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 85505.098  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 48949.062  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 95540.000  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 57854.084  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| F | 49132.192  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 39055.201  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 80318.374  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 47690.380  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 49151.874  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 71247.802  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 42355.337  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 41966.796  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 44843.933  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 43563.160  | Supp Life Spouse & Child(ren) | 6/1/2023 |
| M | 55796.135  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 42881.490  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 43815.774  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 54143.708  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 44803.869  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 83486.887  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 71200.002  | Supp Life Spouse & Child(ren) | 1/1/2020 |

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|---|------------|-------------------------------|----------|
| F | 46260.952  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 96446.636  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 74803.267  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 79395.684  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| M | 53210.840  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| F | 50942.148  | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 42788.973  | Supp Life Spouse & Child(ren) | 1/1/2022 |
| F | 44278.601  | Supp Life Spouse & Child(ren) | 2/1/2020 |
| F | 79923.428  | Supp Life Spouse & Child(ren) | 2/1/2019 |
| M | 59693.409  | Supp Life Spouse & Child(ren) | 2/1/2019 |
| F | 43552.581  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| F | 64155.660  | Supp Life Spouse & Child(ren) | 2/1/2019 |
| M | 140697.026 | Supp Life Spouse & Child(ren) | 1/1/2019 |
| F | 46371.556  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 43954.086  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 55319.801  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 151854.727 | Supp Life Spouse & Child(ren) | 5/1/2019 |
| M | 45085.640  | Supp Life Spouse & Child(ren) | 5/1/2019 |
| M | 48716.341  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| M | 59647.485  | Supp Life Spouse & Child(ren) | 7/1/2021 |
| F | 77783.170  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 52665.319  | Supp Life Spouse & Child(ren) | 8/1/2019 |
| F | 51671.056  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| F | 73811.899  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 67060.045  | Supp Life Spouse & Child(ren) | 1/1/2021 |
| M | 50606.969  | Supp Life Spouse & Child(ren) | 7/1/2022 |
| M | 52674.708  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 75287.250  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 51589.997  | Supp Life Spouse & Child(ren) | 1/1/2022 |
| M | 71171.590  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 62568.000  | Supp Life Spouse & Child(ren) | 5/1/2023 |
| F | 77864.234  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 74491.084  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| M | 67023.000  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 38904.028  | Supp Life Spouse & Child(ren) | 3/1/2020 |
| M | 89719.302  | Supp Life Spouse & Child(ren) | 1/1/2020 |
| F | 72675.924  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| F | 42385.091  | Supp Life Spouse & Child(ren) | 1/1/2023 |
| F | 128334.640 | Supp Life Spouse & Child(ren) | 2/1/2020 |
| M | 70564.778  | Supp Life Spouse & Child(ren) | 5/1/2023 |
| F | 38722.701  | Supp Life Spouse & Child(ren) | 2/1/2020 |
| F | 36377.117  | Supp Life Spouse & Child(ren) | 3/1/2020 |
| F | 49147.565  | Supp Life Spouse & Child(ren) | 6/1/2021 |
| F | 127064.000 | Supp Life Spouse & Child(ren) | 3/1/2020 |
| F | 73361.601  | Supp Life Spouse & Child(ren) | 4/1/2020 |
| F | 49302.308  | Supp Life Spouse & Child(ren) | 5/1/2020 |
| F | 60414.410  | Supp Life Spouse & Child(ren) | 6/1/2020 |

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|---|------------|-------------------------------|-----------|
| F | 65374.881  | Supp Life Spouse & Child(ren) | 1/1/2022  |
| F | 62568.000  | Supp Life Spouse & Child(ren) | 7/1/2020  |
| F | 41581.526  | Supp Life Spouse & Child(ren) | 7/1/2020  |
| F | 68826.137  | Supp Life Spouse & Child(ren) | 9/1/2020  |
| F | 37334.302  | Supp Life Spouse & Child(ren) | 8/1/2020  |
| M | 71413.096  | Supp Life Spouse & Child(ren) | 8/1/2020  |
| M | 50718.373  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 53254.294  | Supp Life Spouse & Child(ren) | 9/1/2020  |
| F | 45559.940  | Supp Life Spouse & Child(ren) | 9/1/2020  |
| M | 94227.612  | Supp Life Spouse & Child(ren) | 10/1/2020 |
| M | 88383.910  | Supp Life Spouse & Child(ren) | 12/1/2020 |
| F | 38822.368  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 50187.539  | Supp Life Spouse & Child(ren) | 1/1/2021  |
| M | 50240.830  | Supp Life Spouse & Child(ren) | 2/1/2021  |
| F | 50122.906  | Supp Life Spouse & Child(ren) | 3/1/2021  |
| M | 52629.049  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 51031.534  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 128334.640 | Supp Life Spouse & Child(ren) | 5/1/2021  |
| F | 50182.069  | Supp Life Spouse & Child(ren) | 6/1/2021  |
| M | 49576.681  | Supp Life Spouse & Child(ren) | 6/1/2021  |
| M | 45574.023  | Supp Life Spouse & Child(ren) | 7/1/2021  |
| M | 49678.742  | Supp Life Spouse & Child(ren) | 7/1/2021  |
| F | 51968.865  | Supp Life Spouse & Child(ren) | 8/1/2021  |
| F | 60155.897  | Supp Life Spouse & Child(ren) | 8/1/2021  |
| F | 69071.845  | Supp Life Spouse & Child(ren) | 8/1/2021  |
| F | 57755.734  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 93012.973  | Supp Life Spouse & Child(ren) | 9/1/2021  |
| M | 39913.428  | Supp Life Spouse & Child(ren) | 9/1/2021  |
| F | 94223.450  | Supp Life Spouse & Child(ren) | 10/1/2021 |
| M | 83153.549  | Supp Life Spouse & Child(ren) | 11/1/2021 |
| M | 43252.650  | Supp Life Spouse & Child(ren) | 11/1/2021 |
| M | 49006.192  | Supp Life Spouse & Child(ren) | 12/1/2021 |
| M | 42234.821  | Supp Life Spouse & Child(ren) | 1/1/2022  |
| F | 48049.406  | Supp Life Spouse & Child(ren) | 1/1/2022  |
| M | 59212.747  | Supp Life Spouse & Child(ren) | 2/1/2022  |
| F | 51178.355  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 41630.835  | Supp Life Spouse & Child(ren) | 2/1/2022  |
| M | 65095.773  | Supp Life Spouse & Child(ren) | 2/1/2022  |
| F | 59099.440  | Supp Life Spouse & Child(ren) | 3/1/2022  |
| F | 41963.510  | Supp Life Spouse & Child(ren) | 3/1/2022  |
| M | 81102.851  | Supp Life Spouse & Child(ren) | 4/1/2022  |
| F | 38381.115  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 63862.030  | Supp Life Spouse & Child(ren) | 4/1/2022  |
| M | 50825.565  | Supp Life Spouse & Child(ren) | 5/1/2022  |
| F | 37770.000  | Supp Life Spouse & Child(ren) | 6/1/2022  |
| M | 33521.136  | Supp Life Spouse & Child(ren) | 5/1/2023  |
| M | 64600.333  | Supp Life Spouse & Child(ren) | 6/1/2022  |

|   |            |                               |           |
|---|------------|-------------------------------|-----------|
| F | 48612.449  | Supp Life Spouse & Child(ren) | 6/1/2022  |
| F | 40832.000  | Supp Life Spouse & Child(ren) | 6/1/2022  |
| M | 41191.132  | Supp Life Spouse & Child(ren) | 7/1/2022  |
| M | 50570.185  | Supp Life Spouse & Child(ren) | 7/1/2022  |
| M | 48047.625  | Supp Life Spouse & Child(ren) | 8/1/2022  |
| F | 32675.301  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 40832.305  | Supp Life Spouse & Child(ren) | 8/1/2022  |
| M | 35682.837  | Supp Life Spouse & Child(ren) | 9/1/2022  |
| M | 47933.168  | Supp Life Spouse & Child(ren) | 9/1/2022  |
| F | 35187.810  | Supp Life Spouse & Child(ren) | 9/1/2022  |
| M | 50074.447  | Supp Life Spouse & Child(ren) | 10/1/2022 |
| M | 102810.000 | Supp Life Spouse & Child(ren) | 10/1/2022 |
| F | 37770.000  | Supp Life Spouse & Child(ren) | 10/1/2022 |
| F | 48049.000  | Supp Life Spouse & Child(ren) | 11/1/2022 |
| F | 48049.406  | Supp Life Spouse & Child(ren) | 12/1/2022 |
| M | 48049.406  | Supp Life Spouse & Child(ren) | 11/1/2022 |
| M | 67023.265  | Supp Life Spouse & Child(ren) | 11/1/2022 |
| F | 37770.000  | Supp Life Spouse & Child(ren) | 2/1/2023  |
| M | 62770.000  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 110222.388 | Supp Life Spouse & Child(ren) | 12/1/2022 |
| F | 127064.000 | Supp Life Spouse & Child(ren) | 1/1/2023  |
| F | 32531.100  | Supp Life Spouse & Child(ren) | 12/1/2022 |
| M | 50074.447  | Supp Life Spouse & Child(ren) | 12/1/2022 |
| F | 32675.301  | Supp Life Spouse & Child(ren) | 12/1/2022 |
| F | 37770.000  | Supp Life Spouse & Child(ren) | 12/1/2022 |
| F | 47690.000  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 40832.305  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 70374.428  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 66976.000  | Supp Life Spouse & Child(ren) | 1/1/2023  |
| M | 65695.985  | Supp Life Spouse & Child(ren) | 2/1/2023  |
| M | 40832.305  | Supp Life Spouse & Child(ren) | 2/1/2023  |
| M | 71544.415  | Supp Life Spouse & Child(ren) | 3/1/2023  |
| M | 47690.000  | Supp Life Spouse & Child(ren) | 4/1/2023  |
| F | 32675.301  | Supp Life Spouse & Child(ren) | 4/1/2023  |
| F | 32675.301  | Supp Life Spouse & Child(ren) | 4/1/2023  |
| M | 62568.000  | Supp Life Spouse & Child(ren) | 5/1/2023  |
| F | 35063.000  | Supp Life Spouse & Child(ren) | 5/1/2023  |
| F | 62770.000  | Supp Life Spouse & Child(ren) | 6/1/2023  |
| M | 47690.000  | Supp Life Spouse & Child(ren) | 6/1/2023  |
| M | 400000.000 | Supp Life Spouse & Child(ren) | 6/1/2023  |

**Exhibit 17 - Life Experience Report**

**COLLIN COUNTY**

| Policy:              |            |                  |                    | Policy:              |                    |                  |  |
|----------------------|------------|------------------|--------------------|----------------------|--------------------|------------------|--|
| Eff Date: 01/01/2019 |            |                  |                    | Eff Date: 01/01/2019 |                    |                  |  |
| Product: Life        |            |                  |                    | Product: Vol Life    |                    |                  |  |
| Year/Month           | Enrollment | Premium          | Claims             | Enrollment           | Premium            | Claims           |  |
| 2019/01              | 1,533      | \$21,416         | \$0                | 802                  | \$24,285           | \$0              |  |
| 2019/02              | 1,527      | \$11,653         | \$69,000           | 811                  | \$24,505           | \$0              |  |
| 2019/03              | 1,531      | \$11,683         | \$0                | 810                  | \$24,243           | \$5,000          |  |
| 2019/04              | 1,539      | \$11,697         | \$0                | 811                  | \$24,243           | \$0              |  |
| 2019/05              | 1,540      | \$11,718         | \$9,000            | 811                  | \$23,794           | \$0              |  |
| 2019/06              | 1,531      | \$11,600         | \$5,000            | 810                  | \$23,527           | \$0              |  |
| 2019/07              | 1,535      | \$11,626         | \$0                | 814                  | \$23,539           | \$0              |  |
| 2019/08              | 1,529      | \$11,625         | \$0                | 812                  | \$23,512           | \$0              |  |
| 2019/09              | 1,523      | \$11,587         | \$0                | 813                  | \$23,284           | \$0              |  |
| 2019/10              | 1,545      | \$11,956         | \$0                | 821                  | \$23,740           | \$0              |  |
| 2019/11              | 1,547      | \$11,845         | \$0                | 820                  | \$23,561           | \$0              |  |
| 2019/12              | 1,540      | \$11,789         | \$127,000          | 820                  | \$23,334           | \$102,000        |  |
| 2020/01              | 1,542      | \$11,826         | \$0                | 819                  | \$23,868           | \$0              |  |
| 2020/02              | 1,549      | \$12,085         | \$0                | 820                  | \$25,605           | \$0              |  |
| 2020/03              | 1,569      | \$12,208         | \$0                | 829                  | \$25,112           | \$0              |  |
| 2020/04              | 1,566      | \$12,193         | \$0                | 825                  | \$25,009           | \$0              |  |
| 2020/05              | 1,570      | \$12,163         | \$0                | 826                  | \$24,964           | \$0              |  |
| 2020/06              | 1,569      | \$12,169         | \$0                | 829                  | \$24,943           | \$0              |  |
| 2020/07              | 1,578      | \$12,264         | \$0                | 830                  | \$24,771           | \$0              |  |
| 2020/08              | 1,572      | \$12,200         | \$0                | 830                  | \$24,781           | \$0              |  |
| 2020/09              | 1,583      | \$12,281         | \$115,000          | 832                  | \$24,837           | \$0              |  |
| 2020/10              | 1,581      | \$12,371         | \$5,000            | 833                  | \$25,163           | \$0              |  |
| 2020/11              | 1,592      | \$12,416         | \$10,000           | 833                  | \$25,004           | \$0              |  |
| 2020/12              | 1,582      | \$12,347         | \$0                | 831                  | \$27,607           | \$0              |  |
| 2021/01              | 1,608      | \$12,620         | \$253,000          | 836                  | \$24,065           | \$113,000        |  |
| 2021/02              | 1,592      | \$12,486         | \$0                | 828                  | \$26,464           | \$0              |  |
| 2021/03              | 1,598      | \$12,514         | \$0                | 836                  | \$26,189           | \$0              |  |
| 2021/04              | 1,584      | \$12,424         | \$0                | 834                  | \$25,948           | \$0              |  |
| 2021/05              | 1,564      | \$12,269         | \$135,000          | 823                  | \$25,875           | \$0              |  |
| 2021/06              | 1,558      | \$12,215         | \$0                | 823                  | \$25,773           | \$0              |  |
| 2021/07              | 1,546      | \$12,125         | \$123,000          | 816                  | \$25,412           | \$0              |  |
| 2021/08              | 1,543      | \$12,098         | \$0                | 813                  | \$25,312           | \$0              |  |
| 2021/09              | 1,542      | \$12,079         | \$115,000          | 814                  | \$25,363           | \$0              |  |
| 2021/10              | 1,540      | \$12,237         | \$10,000           | 810                  | \$25,710           | \$0              |  |
| 2021/11              | 1,534      | \$12,191         | \$5,000            | 801                  | \$25,254           | \$0              |  |
| 2021/12              | 1,537      | \$12,218         | \$0                | 244                  | \$2,060            | \$0              |  |
| 2022/01              | 1,535      | \$18,310         | \$84,000           | 795                  | \$32,745           | \$105,000        |  |
| 2022/02              | 1,536      | \$18,301         | \$0                | 792                  | \$32,308           | \$0              |  |
| 2022/03              | 1,537      | \$18,277         | \$0                | 790                  | \$55,038           | \$0              |  |
| 2022/04              | 1,531      | \$18,184         | \$142,000          | 788                  | \$31,585           | \$122,000        |  |
| 2022/05              | 1,543      | \$18,257         | \$0                | 790                  | \$31,535           | \$0              |  |
| 2022/06              | 1,562      | \$18,423         | \$0                | 793                  | \$31,508           | \$0              |  |
| 2022/07              | 1,555      | \$18,335         | \$5,000            | 793                  | \$31,500           | \$0              |  |
| 2022/08              | 1,569      | \$18,414         | \$0                | 787                  | \$31,276           | \$0              |  |
| 2022/09              | 1,567      | \$18,370         | \$0                | 783                  | \$31,175           | \$0              |  |
| 2022/10              | 1,582      | \$18,161         | \$0                | 831                  | \$27,607           | \$0              |  |
| 2022/11              | 1,566      | \$18,557         | \$0                | 771                  | \$31,357           | \$0              |  |
| 2022/12              | 1,564      | \$18,513         | \$5,000            | 764                  | \$31,219           | \$0              |  |
| 2023/01              | 1,578      | \$19,103         | \$232,000          | 761                  | \$31,663           | \$243,000        |  |
| 2023/02              | 1,581      | \$19,124         | \$10,000           | 764                  | \$31,583           | \$0              |  |
| 2023/03              | 1,586      | \$19,165         | \$0                | 760                  | \$31,487           | \$0              |  |
| 2023/04              | 1,590      | \$19,165         | \$146,000          | 758                  | \$31,487           | \$0              |  |
| <b>Total:</b>        |            | <b>\$740,853</b> | <b>\$1,605,000</b> |                      | <b>\$1,395,725</b> | <b>\$690,000</b> |  |

| <b>Life</b>                  |                    | <b>VTL</b>                   |                  |
|------------------------------|--------------------|------------------------------|------------------|
| Paid Claims                  | \$1,605,000        | Paid Claims                  | \$690,000        |
| IBNR                         | \$35,313           | IBNR                         | \$40,494         |
| <b>Total Incurred Claims</b> | <b>\$1,640,313</b> | <b>Total Incurred Claims</b> | <b>\$730,494</b> |
| Incurred Loss Ratio          | 221%               | Incurred Loss Ratio          | 52%              |
| Expense & Commission         | 16.00%             | Expense & Commission         | 28.50%           |
| Premium Tax                  | 1.70%              | Premium Tax                  | 1.80%            |
| <b>Total:</b>                | <b>239.11%</b>     | <b>Total:</b>                | <b>82.64%</b>    |



# Exhibit 18 - Waiver Status Report

Waiver of Premium and Extension of Coverage

Collin County

Period: 01/01/2019 to 05/04/2023

Run Date: 05/04/2023

| Claim Number | Member ID | Claimant Last Name | Claimant First Name | Claimant Gender | Subgroup | Claimant DOB | Benefit Type             | Claim Notice Date | Disability Start Date | Claim Status | Benefit Amount | Effective Date | Termination Date |
|--------------|-----------|--------------------|---------------------|-----------------|----------|--------------|--------------------------|-------------------|-----------------------|--------------|----------------|----------------|------------------|
|              |           |                    |                     |                 | 001A     |              | Waiver of Premium - Life | 02/26/2020        | 01/17/2020            | Closed       | \$115,000      | 05/01/2020     | 05/24/2021       |

## **INFORMATION REGARDING** **CONFLICT OF INTEREST QUESTIONNAIRE**

During the 79<sup>th</sup> Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84<sup>th</sup> Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

[http://www.ethics.state.tx.us/filinginfo/conflict\\_forms.htm](http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm)

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytexas.gov/government/Pages/officials.aspx>

At the time of this solicitation being released, the following are known to be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department:

Cynthia Jacobson, Director Of Human Resources

Erica Johnson, Assistant Director of Human Resources

Angela Hoelsing, Senior Benefits Representative of Human Resources

Purchasing:

Michelle Charnoski, NIGP-CPP, CPPB – Purchasing Agent

Marci Chrismon, CPPB - Asst. Purchasing Agent

Michelle Michaelis, CTPM – Senior Buyer

Commissioners Court:

Chris Hill – County Judge

Susan Fletcher – Commissioner Precinct No. 1

Cheryl Williams – Commissioner Precinct No. 2

Darrell Hale – Commissioner Precinct No. 3

Duncan Webb – Commissioner Precinct No. 4

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

**Request for Taxpayer  
 Identification Number and Certification**

**Give Form to the  
 requester. Do not  
 send to the IRS.**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

|  |   |
|--|---|
| <p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>  |   |
| <p><b>2</b> Business name/disregarded entity name, if different from above</p>   |   |
| <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 <input type="checkbox"/> C Corporation                 <input type="checkbox"/> S Corporation                 <input type="checkbox"/> Partnership                 <input type="checkbox"/> Trust/estate             </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____             </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ► _____             </p> | <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>  | Requester's name and address (optional)   |
| <p><b>6</b> City, state, and ZIP code</p>  |   |
| <p><b>7</b> List account number(s) here (optional)</p>   |   |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|   |  |
|---|--|
| <b>Social security number</b>                         |  |
| [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ]       |  |
| <b>or</b>   |  |
| <b>Employer identification number</b>                 |  |
| [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |  |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ► | Date ► |
|------------------|----------------------------|--------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*