

Collin County, TX

## REQUEST FOR PROPOSAL

2024-335

## SHORT- AND LONG-TERM DISABILITY

RELEASE DATE: August 20, 2024

RESPONSE DEADLINE: September 19, 2024, 2:00 pm

Please refer to the project timeline in this document for all important deadlines.

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### Attachments:

A - Attachment\_A\_Disability\_RFP\_Questionnairev3

B - Attachment\_B\_-\_Disability\_Questionnaire

C - Attachment\_C\_Disability\_Pricing\_Information

D - Exhibit\_1\_-\_Short-Term\_Disability\_Plan\_Document\_(1) (1)

E - Exhibit\_2\_-\_Long-Term\_Disability\_Plan\_Document\_Class\_1\_(1)

F - Exhibit\_3\_-\_Long-Term\_Disability\_Plan\_Document\_Class\_2 (1)

G - Exhibit\_4\_-\_Short-\_and\_Long-Term\_Disability\_Rates (1)

H - Exhibit\_5\_-\_Short-\_and\_Long-Term\_Disability\_Experience\_Report\_(2020-May\_2024) (1)

I - Exhibit 6 - Short- and Long-Term Disability Census - May 2024

K - Exhibit 7 - Short Term Disability Count by Month

L - LEGAL\_NOTICE\_TEMPLATE-RFP-2024-335

M - Exceptions

N - CIQ\_-3-22-24

O - W-9\_rev\_2018-3-22-24

## 1. INTRODUCTION

### 1.1. SUMMARY

Collin County is searching for a vendor to provide group benefits administration/insurance for Collin County's Short- and Long-Term Disability Programs.

### 1.2. TIMELINE

RFP Released:	August 20, 2024
Deadline for Submission of Questions:	September 4, 2024, 2:00pm
Response Submission Deadline:	September 19, 2024, 2:00pm
Award of RFP:	October 29, 2024

## 2. PURPOSE/SCOPE OF WORK

### 2.1. Overview:

To provide group benefits administration/insurance for Collin County's Short- and Long-Term Disability Programs. Short term disability is to be proposed on a self-insured and administrative services only basis. Long term disability is to be proposed on a fully insured basis

### 2.2. Background:

Collin County provides full-time employees short-term and long-term disability benefits at no cost to the employee (fully paid by the County). Dearborn National dba Blue Cross Blue Shield is the current administrator for both short-term and long-term disability plans. Our short-term disability plan is self-insured, and our long-term disability plan is fully-insured. Collin County employees contribute to Social Security.

Active full-time employees, including elected officials, of Collin County are eligible to participate in the Collin County Short-Term and Long-Term Disability Programs. County employees contribute to Social Security. State, part-time, temporary, intern, contract employees, and volunteers are not eligible to participate.

Short-term and long-term disability coverage becomes effective on the first day of the month following ninety (90) days of service.

There are 1,697 employees enrolled in short-term and long-term disability as of May 2024.

Short-Term Disability Plan Design – no changes in over fifteen (15) years

Benefit	Coverage
Waiting Period – Sick	14-day elimination period, benefits begin day 15
Waiting Period – Accident	14-day elimination period, benefits begin day 15
Benefit Amount	67% of gross monthly income
Benefit Duration	26 weeks

Long-Term Disability – no changes over last fifteen (15) years

Benefit	Coverage
Waiting Period	180 days
Benefit Amount	67% of gross monthly income to a maximum monthly benefit of \$15,000
Benefit Duration	Determined by age when disability begins

#### Maximum Benefit Duration

If an employee's period of disability starts before the date they reach age 61, it will end the last day of the calendar month in which they reach age 65.

If an employee's period of disability starts on or after they reach age 61, it will end with the expiration of the number of months of disability, after the elimination period is met, based on the following schedule:

Maximum Benefit Duration Schedule	
Age at Disability	Months of Disability
61 but less than 62	48 months
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and older	12 months

### 3. INSURANCE REQUIREMENTS

- A. 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.

- A. **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

- B. **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

- iii. **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
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- iv. **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
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- v. **Umbrella/Excess Liability** insurance

Each Occurrence/Aggregate	\$1,000,000
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- B. With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

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

3. All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.
  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.
  5. All copies of Certificates of Insurance shall reference the project/contract number.
- C. All insurance shall be purchased from an insurance company that meets the following requirements:
1. A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.
- D. 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:
1. Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.
  2. Sets forth the notice of cancellation or termination to Collin County.

## 4. EVALUATION

The award of the contract shall be made to the responsible Proposer whose proposal is determined to be the lowest and best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the RFP in accordance with Local Government Code 262.030. The County reserves the right to determine the suitability of proposals based on all of these criteria.

The evaluation committee will review all proposals received by the proposal due date as part of a documented evaluation process. For each decision point in the process, the County will evaluate Proposers according to specific criteria and will elevate a certain number of Proposers to compete against each other.

The County will use a competitive process based upon “selection levels”. The County recognizes that if a Proposer fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining Proposers or to elevate another Proposer that was not elevated before. The following describes the selection levels.

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. Those Proposers who do not meet all the requirements for the RFP may, at the discretion of the County, be contacted to submit the missing information. Proposers must submit information within two business days. Proposers may be disqualified if RFPs are incomplete or noncompliant. Proposers should carefully read the information contained herein and submit a complete response to all requirements and questions as directed. Completed proposals will be elevated to Level 2.

The evaluation committee will conduct a detailed assessment of all completed proposals. Criteria evaluated in Level 2 is outlined in the table below. 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.

The evaluation committee may hear oral presentations (if desired) in Level 3. Proposers are cautioned, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the Proposer simply to provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the Proposers to present and the majority of time dedicated to addressing questions from the evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting Proposers will be notified of time and date. Proposals may be re-evaluated on criteria in previous levels.

Proposers who are susceptible of receiving the award will be elevated to Level 5 for Best and Final Offer. Proposals may be re-evaluated on criteria in previous levels. Based on the information collected in this phase, a single Proposer will be identified as the finalist for contract negotiations. If a contract cannot be reached after a period deemed reasonable by the County, it reserves the right to contact any of the other Proposers that have submitted proposals and enter into negotiations with them.



## LEVEL 2

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	<b>Detailed Proposal Assessment- Length of rate for services proposed</b>  Referenced in Attachment C	Points Based	25 (20% of Total)
2.	<b>Detailed Proposal Assessment- Capability/willingness to provide benefit plan as described in proposal</b>  Referenced in Attachment A	Points Based	25 (20% of Total)
3.	<b>Detailed Proposal Assessment-Financial stability, security, and disability insurance coverage experience</b>  Referenced in Attachment B	Points Based	20 (16% of Total)
4.	<b>Detailed Proposal Assessment-Extent of electronic capability, such as electronic billing, enrollment, websites</b>  Referenced in Attachment A	Points Based	15 (12% of Total)
5.	<b>Detailed Proposal Assessment-Demonstrated effectiveness of services provided to other companies, including but not limited to references, that are similar in size to Collin County</b>  Referenced in Attachment B	Points Based	10 (8% of Total)
6.	<b>Detailed Proposal Assessment-Capability to secure and securely transmit Collin County insured's data</b>  Referenced in Attachment A and B	Points Based	5 (4% of Total)
7.	<b>Detailed Proposal Assessment-Pricing</b>  Referenced in Attachment C. Ensure you list all fees associated with coverage including hourly rates for your services, as well as any proposed fee schedule you would like to have considered	Points Based	25 (20% of Total)

## LEVEL 3

No.	Evaluation Criteria	Scoring Method	Weight (Points)
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1.	<p><b>Oral Presentations (Optional by County)</b></p> <p>The evaluation committee may hear oral presentations (if desired). Proposers are cautioned, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the Proposer simply to provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the Proposer to present and the majority of time dedicated to addressing questions from the evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting Proposers will be notified of time and date.</p> <p>Oral presentations may be given to Commissioners Court should Commissioners Court so desire. Offerors are cautioned, however, that oral presentations are at the sole discretion of Commissioners Court, and Commissioners Court is not obligated to request a presentation. The County reserves the right to bypass any oral presentations.</p>	Points Based	10 <i>(100% of Total)</i>
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## 5. GENERAL INSTRUCTIONS

### Definitions

- A. Offeror: refers to submitter.
  - B. Vendor/Contractor/Provider: refers to a Successful Vendor/Contractor/Service Provider.
  - C. Submittal: refers to those documents required to be submitted to Collin County, by an Offeror.
  - D. RFP: refers to Request for Proposal.
  - E. CSP: refers to Competitive Sealed Proposal
- A. If Offeror does not wish to submit an offer at this time, please submit a No Bid.
  - B. Awards shall be made not more than ninety (90) days after the time set for opening of Submittals.
  - C. Collin County is always conscious and extremely appreciative of your time and effort in preparing your Submittal.
  - D. Collin County exclusively uses OpenGov eProcurement Portal 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.
  - E. 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.
  - F. 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.
  - G. 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.
  - H. Submittals via email, oral, telegraphic or telephonic will not be accepted. RFPs and CSPs may be submitted in electronic format via [Collin County eProcurement Portal](#).
  - I. All RFPs and CSPs submitted electronically via [Collin County eProcurement Portal](#). shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the RFP and/or CSP.

- J. 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.
- K. 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.
- L. Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.
- M. 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 eProcurement Portal](#).
  - 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. <https://procurement.opengov.com/portal/collincountytx> 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.
- N. All materials and services shall be subject to Collin County approval.
- O. 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.
- P. Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.
- Q. 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.

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

1. have adequate financial resources, or the ability to obtain such resources as required;
2. be able to comply with the required or proposed delivery/completion schedule;
3. have a satisfactory record of performance;
4. have a satisfactory record of integrity and ethics;
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.

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

T. 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.

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

V. 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.

W. 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.

X. 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.

## 6. TERMS OF CONTRACT

- A. 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.
- B. 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.
- C. No public official shall have interest in the contract, in accordance with Local Government Code Title 5, Subtitle C, Chapter 171.
- D. 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.
- E. Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.
- F. 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.
- G. 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.
- H. 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.
- I. 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.

- J. 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.
- K. If a contract, resulting from a Collin County RFP/CSP is for the execution of a public work, the following shall apply:
  - 1. In accordance with Government Code 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. In accordance with Government Code 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).
- L. 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.
- M. 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.
- N. Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.
- O. 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.

- P. 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.
- Q. 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.
- R. Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:
  - 1. Collin County Purchase Order Number;
  - 2. Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;
  - 3. Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.
- S. Payment will be made in accordance with Government Code, Title 10, Subtitle F, Chapter 2251.
- T. All warranties shall be stated as required in the Uniform Commercial Code.
- U. 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.
- V. The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- W. 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.
- X. 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.
- Y. 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.



- Z. 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.
- AA. 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.
- BB. 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.
- CC. 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.
- DD. 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.
- EE. 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.
- FF. 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.

GG. 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.

HH. Delays and Extensions of Time when applicable:

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/Engineer may determine.
  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.
- II. 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.

- JJ. 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.
- KK. 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.
- LL. 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.

## 7. PROPOSAL FORMAT

### 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.

- A. Proposals may be submitted online via <https://procurement.opengov.com/portal/collincountytx/projects/97227>. Electronic submissions are preferred.
- B. If submitting manually, 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.

It shall be the responsibility of the contractor 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:

- A. Title Page: Title page shall show the RFP subject, the Proposer's name, the name, address, and telephone number of a contact person, and the date of the proposal.
- B. Transmittal Letter: Proposer shall include a signed letter briefly addressing:
  - the Proposer's understanding of the short- and long-term disability coverage being requested,
  - the commitment to provide the coverage and services required,
  - the length of time the organization has provided short- and long-term disability services, and
  - a statement explaining why the Proposer believes itself to be best qualified to provide the coverage and services detailed within this RFP.

3. 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 – Disability Questionnaire
- Attachment B –Disability Questionnaire
- Attachment C – Disability Pricing Information

COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.

## 7.2. EXECUTIVE SUMMARY

Contractor shall define the management summary to include the following:

- A. Provide a detailed outline of the competitive advantages of your proposal.
- B. Summarize the key points of the proposal for non-technical, executive review.
- C. Please detail any differences between Collin County's current program and the program you offer. If no differences are noted in the executive summary, your program will be deemed to be consistent with Collin County's current program
- D. Sample Policy:
  - The Proposer shall submit with their proposal a sample of the policy that would be issued to Collin County if their proposal is selected. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.
  - 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 control over any policy language.
  - Please provide samples of your current short-term and long-term disability claim forms and any other pertinent forms.

## 7.3. PROPOSED PROJECT TEAM/STAFF QUALIFICATIONS/ EXPERIENCE/CREDENTIALS

- A. 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 the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector and how many years of experience they have managing public sector accounts.

- B. 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.

## 7.4. 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.

A copy of the Proposer's cyber coverage.

## 7.5. SIMILAR PROJECTS INVOLVED WITH

Provide a list of other similar projects that you are involved with currently or will be involved with during the duration of this project.

## 7.6. REFERENCES

Provide a minimum of three (3) references. Include the following information for each reference, the name and address of the organization, as well as the name, position, email and telephone number of the contact in the referred organization. References with similar projects and users are preferred to include the following:

- A. Describe the services provided, the start date, months to complete and the total cost of project.
- B. Organizations that have at least 1,000 insureds, who have terminated disability coverage with your organization in the last six (6) months.
- C. Organizations who have added disability coverage with your organization between December 2023, and May 2024
- D. Describe the three (3) top public sector clients similar to Collin County (using employee size as the primary criteria) who have had coverage for at least one (1) year.

If there have been fewer than three (3) terminations in the last six (6) months, please provide information on the last three (3) terminated clients.

## 7.7. ADDITIONAL INFORMATION

- A. Please include any additional information that 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.
- B. 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.
- C. Each provider may only submit one (1) proposal. Collin County will not accept multiple proposals from a provider (i.e. ABC Company and DEF Company cannot both submit a GHI Company proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.
- D. A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company. Each proposal must be fully responsive. If more than one proposal for an administrator/insurance company is received, the proposal submitted directly by the administrator/insurance company shall be given preference. If more than one response is received for the same insurance company from different brokers, the first complete response received that meets responding requirements will be given preference. Collin County does not have a broker.
- E. 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 in Attachment C – Disability Pricing Information.
- F. 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 that are being paid

COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.

## 7.8. REQUIREMENTS

Contractor shall respond to all requirements in Attachment A and B Requirements.

- A. Requirements that require a detailed response shall be submitted as an attachment titled "Detailed Response to Requirements". The responses shall be in order and include the reference numbers within

this document. Acknowledgement of response on this sheet is required and reference of location of response shall be referenced in the comment section of this document.

- B. Any responses that are answered as a yes mean that the system will fully comply with no setup required, configurable with no changes to source code, or are provided with reporting tool. If the functionality is not available at this time the response shall be answered as no and shall be included in your proposal as "exceptions" with further explanation. Refer to Section 7.0 of the specifications for more details on Exceptions.



## 8. VENDOR RESPONSE

In accordance with the directions below, contractor shall provide a response for each item in this section 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: 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.

### 1. EXECUTIVE SUMMARY

Contractor shall define the management summary to include the following:

- A. Provide a detailed outline of the competitive advantages of your proposal.
- B. Summarize the key points of the proposal for non-technical, executive review.
- C. Please detail any differences between Collin County’s current program and the program you offer. If no differences are noted in the executive summary, your program will be deemed to be consistent with Collin County’s current program
- D. Sample Policy:
  - The Proposer shall submit with their proposal a sample of the policy that would be issued to Collin County if their proposal is selected. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.
  - 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 control over any policy language.
  - Please provide samples of your current short-term and long-term disability claim forms and any other pertinent forms.

#### 1.1. *Provide a detailed outline of the competitive advantage of your proposal.\**

\*Response required

**1.2. *Summarize the key points of the proposal for non-technical, executive review. \****

\*Response required

**1.3. *Please detail any differences between Collin County's current program and the program you offer\****

If no differences are noted in the executive summary, your program will be deemed to be consistent with Collin County's current program.

\*Response required

**1.4. *Provide a sample of the policy that would be issued to Collin County if their proposal is selected.\****

Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.

\*Response required

**1.5. *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 control over any policy language.

\*Response required

**1.6. *Provide samples of your current short-term and long-term disability claim forms and any other pertinent forms. \****

\*Response required

**2. PROPOSED PROJECT TEAM/STAFF QUALIFICATIONS/ EXPERIENCE/ CREDENTIALS**

**2.1. *Project Team/Staff\****

- A. 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 the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector and how many years of experience they have managing public sector accounts.
- B. 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.

\*Response required

**3. FINANCIAL INFORMATION**

*3.1. Provide copies of your last two (2) audited financials including balance sheets and income statements.\**

\*Response required

*3.2. Provide plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.\**

\*Response required

*3.3. Provide a copy of the Proposer's errors and omissions coverage. \**

Including, but not limited to, configuration notes, MS Visio diagrams, as-built drawings and other installation materials.

\*Response required

*3.4. Provide a copy of the Proposer's cyber coverage. \**

\*Response required

## **4. SIMILAR PROJECTS INVOLVED WITH**

*4.1. Provide a list of other similar projects that you are involved with currently or will be involved with during the duration of this project.\**

\*Response required

## **5. REFERENCES**

Provide a minimum of three (3) references other than Collin County. Include the following information for each reference, the name and address of the organization, as well as the name, position, email and telephone number of the contact in the referred organization. References with similar projects and users are preferred to include the following:

- A. Describe the services provided, the start date, months to complete and the total cost of project.
- B. Organizations that have at least 1,000 insureds, who have terminated disability coverage with your organization in the last six (6) months.
- C. Organizations who have added disability coverage with your organization between December 2023, and May 2024
- D. Describe the three (3) top public sector clients similar to Collin County (using employee size as the primary criteria) who have had coverage for at least one (1) year.

If there have been fewer than three (3) terminations in the last six (6) months, please provide information on the last three (3) terminated clients.

### **5.1.      *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.

Provide references from three (3) of your agency's customers from the past five (5) years for services that are similar in scope, size, and complexity to the services described in this RFP, other than Collin County. Provide the following information for each customer.

Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail, Time period in which work was performed.

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.

\*Response required

### **5.2.      *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.

Provide references from three (3) of your agency's customers from the past five (5) years for services that are similar in scope, size, and complexity to the services described in this RFP, other than Collin County. Provide the following information for each customer.

Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail, Time period in which work was performed.

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.

\*Response required

### **5.3.      *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.

Provide references from three (3) of your agency's customers from the past five (5) years for services that are similar in scope, size, and complexity to the services described in this RFP, other than Collin County. Provide the following information for each customer.

Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail, Time period in which work was performed.

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.

\*Response required

## 6. ADDITIONAL INFORMATION

- A. Please include any additional information that 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.
- B. 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.
- C. Each provider may only submit one (1) proposal. Collin County will not accept multiple proposals from a provider (i.e. ABC Company and DEF Company cannot both submit a GHI Company proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.
- D. A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company. Each proposal must be fully responsive. If more than one proposal for an administrator/insurance company is received, the proposal submitted directly by the administrator/insurance company shall be given preference. If more than one response is received for the same insurance company from different brokers, the first complete response received that meets responding requirements will be given preference. Collin County does not have a broker.
- E. The offeror 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 in Attachment C – Disability Pricing Information.
- F. 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 that are being paid

COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.

## 6.1. *Additional Information Included*

## 7. REQUIREMENTS

Contractor shall respond to all requirements in Attachment A and B Requirements.

- A. Requirements that require a detailed response shall be submitted as an attachment titled "Detailed Response to Requirements". The responses shall be in order and include the reference numbers within this document. Acknowledgement of response on this sheet is required and reference of location of response shall be referenced in the comment section of this document.
- B. Any responses that are answered as a yes mean that the system will fully comply with no setup required, configurable with no changes to source code, or are provided with reporting tool. If the functionality is not available at this time the response shall be answered as no and shall be included in your proposal as "exceptions" with further explanation. Refer to Section 7.0 of the specifications for more details on Exceptions.

7.1. *Requirements that require a detailed response shall be submitted as an attachment titled "Detailed Response to Requirements". The responses shall be in order and include the reference numbers within this document. Acknowledgement of response on this sheet is required and reference of location of response shall be referenced in the comment section of this document. \**

\*Response required

7.2. *Any responses that are answered as a yes mean that the system will fully comply with no setup required, configurable with no changes to source code, or are provided with reporting tool. If the functionality is not available at this time the response shall be answered as no and shall be included in your proposal as "exceptions" with further explanation. Refer to Section 7.0 of the specifications for more details on Exceptions.*

## 8. OTHER QUESTIONS/DOCUMENTS

### 8.1. *Pricing Proposal\**

Contractor shall state pricing by submitting Attachment C- Disability Pricing Information with their proposal.

\*Response required

### 8.2. *EXCEPTIONS\**

Please download the below documents, complete, and upload.

- [Exceptions.docx](#)

\*Response required

### 8.3. *Notice\**

Collin County exclusively uses OpenGov eProcurement Portal 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 confirm

\*Response required

### 8.4. *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 List authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and/or offers in response to this solicitation.

\*Response required

### 8.5. *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 confirm

\*Response required

### 8.6. *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".

\*Response required

### 8.7. *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

\*Response required

#### **8.8.        *Debarment Certifications\****

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 confirm

\*Response required

#### **8.9.        *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 confirm

\*Response required

#### **8.10.      *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 confirm

\*Response required

#### **8.11.      *Anti-Collusion Statement\****

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 confirm

\*Response required

#### **8.12. 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.

☐ Please confirm

\*Response required

#### **8.13. Notification Survey\***

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?

\*Response required

#### **8.14. Conflict Of Interest Questionnaire\***

### **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:

<https://www.ethics.state.tx.us/forms/conflict/>

The vendor acknowledges by doing business or seeking to do business with Collin County that they have been notified of the requirements under Chapter 176 of the Texas Local Government Code and that they are 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:  
<https://www.collincountytx.gov/Contact/county-officials>

At the time of this solicitation being released, the following are known to be involved in the planning, recommending, selecting, and/or contracting for the attached procurement:

**Department:**

Cynthia Jacobson-Director of Human Resources  
Erica Johnson-Assistant Director of Human Resources  
Angie Hoelsing-Risk Manager, Human Resources  
Bernie Grijalva-Human Resources Generalist

**Purchasing:**

Michelle Charnoski, NIGP-CPP, CPPB – Purchasing Agent  
Marci Chrismon, CPPB – Assistant Purchasing Agent  
Cory Rogers-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

**8.15. Offeror Acknowledgment\***

Offeror acknowledges that they understand the specifications, any and all addenda, agrees to the terms and conditions, and can provide the minimum requirements stated herein. Offeror acknowledges they have read the document in its entirety and is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in the statement submitted resulting from Offeror's failure to do so. If statement is accepted, offeror further certifies and agrees to furnish any and all services upon conditions in the specifications of the Statement of Qualifications.

☐ Please confirm

\*Response required

**8.16. Critical Infrastructure Affirmation\***

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 confirm

\*Response required

**8.17. *Energy Company Boycotts\****

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.

\*Response required

**8.18. *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:

- A. 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 confirm

\*Response required

## Attachment A - Disability 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 (7.0) 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	Will the Offeror administer the plan as outlined in Collin County's existing benefits documentation? Describe any deviations to the plan in Section 8.2 - Exceptions.			
2	The Offeror agrees that if they are selected to administer the County's plan, their responses to the questionnaire will be considered part of their contractual responsibilities?			
3	The Offeror agrees to list and clearly detail any coverage or service that will not be provided as requested in writing in section 8.2 Exception? It is imperative that any exclusions, limitations, or any other exceptions be clearly outlined and detailed.			
4	The Offeror agrees if no exceptions or alternate responses are listed in Section 8.2 - Exceptions, 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 the response? The Offeror will be held strictly responsible for all items contained in the specific requirements.			
5	The Offeror agrees to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed at no additional cost? Proposals submitted will be presumed to be in compliance with all applicable laws.			
6	The Offeror agrees to make system adjustments as necessary to comply with current and future legislation at no additional cost?			
7	The Offeror agrees 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 any person as a result of the negligent, reckless, or willful acts of omissions by the Offeror's organization, its officers, agents or employees?			
8	The Offeror agrees not to give away or sell employee data, even "de-identified" data, with or without employee consent? If no, must specify what data is being sold/given away in Section 8.0.			
9	The Offeror agrees to be fully responsible for preparation and dissemination of any information to be sent to the IRS such as 1099 forms and provide copies of information filed with the IRS to the County if requested?			

10	The Offeror agrees if penalties are assessed because of incorrect or late filings to the IRS by the Offeror, they will be responsible for any such assessments and will hold the County harmless?			
11	The Offeror agrees to offer Collin County the right to audit claim processing service, records, and other relevant activity associated with its plan participants?			
12	The results from audit requests will help measure performance guarantees. The Offeror agrees to accept these findings?			
13	The Offeror acknowledges that they comply with HIPAA standards, have security measures, and have cyber insurance to protect Collin County and the data maintained in their electronic systems?			
14	The Offeror's current systems that have access to Collin County insured's confidential health data have an automatic logoff capability?			
15	If the Offeror's current systems that have access to Collin County insured's confidential health data have an automatic logoff capability, is it required?			
16	Does the Offeror support multi-factor authentication for the County to access confidential health data?			
17	Is multi-factor authentication to access confidential health data required?			
18	Will Collin County administrators in the Offeror's system have the ability to download and store confidential health			
19	Will the Offeror communicate Collin County insured's confidential health information in secured e-mail?			
20	The Offeror agrees that in order to prevent loss of coverage for a participant because of a transfer of insurance carriers, coverage will be provided for participants who are not actively at work due to sickness or injury as long as the prior group insurance policy insured them and the cost of their insurance under the prior group insurance policy has been paid or will be paid within the currently established 60-day grace period?			
21	The Offeror agrees to be responsible for all claims incurred on or after the effective date of 01/01/2025, and within the contract period? This includes claims which occurred during the contract period but are filed after the contract has ended.			
22	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?			
23	The Offeror agrees to notify the County at least one hundred and twenty (120) days prior to any change to the policy or condition that effects services?			
24	The Offeror agrees any claims that are not paid in accordance with the plan due to an error or negligence by the Offeror shall not be charged to Collin County? In the event of overpayment, the Offeror shall be responsible for all collections, plan reimbursement expenses, legal expenses, and any penalties or late fees charged to Collin County or the member, resulting from the error or negligence.			
25	The Offeror agrees to be responsible for preparing and updating necessary administrative documents including a SPD at no additional cost? These documents shall include a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures.			
26	The Offeror agrees to submit the administrative manual to Collin County within sixty (60) days after the contract becomes effective? Subsequent changes should be submitted within thirty (30) days of change.			
27	The Offeror agrees to provide SPD booklets and certificates of coverage at no additional cost in printed and electronic format? SPDs can be made electronically available to the employer and be mailed to an employee only upon request.			

28	The Offeror agrees that any written communications regarding plan administration issues sent to Collin County will be mailed within two (2) days of the day listed on the letter?			
29	The Offeror agrees to make changes to their forms as requested by Collin County?			
30	The Offeror agrees not to send written materials to employees without the review and approval by Collin County unless a prior written release has been received?			
31	The Offeror agrees to be responsible for receiving and evaluating claims?			
32	Does the Offeror require a long-term disability claimant to apply for Social Security Disability benefits due to their illness or injury?			
33	The Offeror agrees to pay short-term disability claims at least two (2) times per month?			
34	The Offeror agrees to pay long-term disability claims at least one (1) time per month?			
35	The Offeror agrees to notify the County before payment is made to an employee?			
36	The Offeror agrees to notify the County each time the approval dates of a claim change?			
37	The Offeror agrees to coordinate benefit payment dates with Collin County prior to issuing payment to the claimant?			
38	If benefits are denied, the Offeror agrees to provide both the County and the employee a written letter indicating the exact reason for the denial as well as the appeal process and timeframes?			
40	Does a disability claim submission automatically generate a claim for waiver of premium? If not, describe in detail the process for generating a claim for waiver of premium in Section 8.2- Exceptions.			
41	The Offeror agrees not to limit coverage for mental health or any specific medical condition? If not, detail the specific medical conditions and limits in Section 8.2- Exceptions.			
42	The Offeror agrees that all covered employees 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".			
43	The Offeror agrees to provide coverage for employees 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?			
44	The Offeror agrees to provide coverage for employees in a paid status (such as PTO, CTO, jury duty, administrative leave, or compensatory time)?			
45	The Offeror agrees to provide coverage for employees on an unpaid absence of one year or less in which the individual remains employed?			
46	The Offeror agrees to provide coverage for employees on family and medical leave?			
47	The Offeror agrees to provide coverage for employees on workers' compensation leave?			
48	The Offeror agrees to provide coverage for employees who have exhausted their family and medical leave entitlement but are still receiving compensation from Collin County?			
49	The Offeror agrees to provide coverage for employees on military leave immediately upon their return without a waiting period?			
50	For an employee on short-term disability at the time the Offeror assumes the contract, the Offeror agrees to cover the insured on long-term disability once they become eligible?			
51	The Offeror agrees to provide coverage for future new hires and rehires after satisfaction of the County's chosen waiting period?			
52	The Offeror agrees to provide coverage for future qualifying participants after satisfaction of the County's chosen waiting period? Continuous employment in a regular position with Collin County (such as a part-time employee) counts towards the waiting period.			

53	If coverage is denied due to an unintentional error or omission on the part of Collin County, the Offeror agrees to still provide coverage if coverage would have been provided had the unintentional error or omission not occurred?			
54	The Offeror agrees the elimination period for short-term disability due to injury or illness will be 14 calendar days with benefit payments beginning on the 15th day?			
55	Collin County treats maternity/pregnancy like other medical conditions. The elimination period begins on the day of delivery unless there are medical complications and a physician's statement indicating the medical necessity for absence is submitted in which case, the elimination period begins on the first day the employee is medically unable to work. The Offeror agrees to administer the plan accordingly?			
56	The Offeror agrees the maximum benefit period for short-term disability claims will be 26 weeks including the elimination period?			
57	The Offeror agrees the elimination period for long-term disability will be the first 180 calendar days of a period of disability?			
58	The Offeror agrees to be responsible for the complete calculation of payable benefits?			
59	The Offeror agrees a claimant's pre-disability weekly earnings will be based on the employee's base pay?			
60	The Offeror agrees bonuses will not be included in the pre-disability weekly earnings?			
61	The Offeror agrees overtime pay will not be included in the pre-disability weekly earnings?			
62	The Offeror agrees shift differential will not be included in the pre-disability weekly earnings?			
63	The Offeror agrees any other extra compensation will not be included in the pre-disability weekly earnings?			
64	The Offeror agrees the scheduled monthly benefit for long-term disability will be 67% of pre-disability earnings?			
65	The Offeror agrees to continue to use the County's current long-term disability maximum benefit duration schedule as outlined in Section 2.2 of this RFP?			
66	County employees participate in the Texas County and District Retirement System as well as contribute to Social Security Insurance. It continues to be our intent that neither short-term nor long-term disability benefits will be offset by any payments received by the participant from the County's retirement plan (similar to a private sector 401k). The plan is currently being administered this way. The Offeror agrees to administer the plan accordingly?			
67	With our current policy, BlueCross BlueShield prepares, draws, and mails the checks to the employee. The Offeror agrees to be responsible for the preparation, drawing, and mailing of the checks?			
68	Does the Offeror administer any mandatory vocational or physical rehabilitation programs? If so, describe them in Attachment B - #1.3.			
69	Do Does the Offeror administer any voluntary vocational or physical rehabilitation programs? If so, describe them in Attachment B - #1.3.			
70	Does the Offeror offer an Employee Assistance Program (EAP)?			
71	Most out-of-network charges are not covered by our plan. The Offeror agrees the EAP will coordinate with physicians/counselors within our medical provider's network (currently UnitedHealthcare)?			
72	Is access to the EAP limited to disability plan participants?			
73	Is access to the EAP extended to dependents?			
74	Are there any available reporting functions for the employer regarding the EAP, e.g., number of calls per month, number of referrals, aggregate issues addressed, average length of time on a call, customer satisfaction surveys, etc. based solely on Collin County data? If so, please provide an example of the reports in Attachment B - #4.5.			
75	Will the Offeror provide statistics on average claim processing time and accuracy based only on our organization?			

76	The Offeror agrees to provide Collin County with statistical reporting information on both short-term and long-term disability claims separately?			
77	The Offeror agrees to provide the following reports on at least a monthly basis:			
	A) Claims Status			
	B) Most Recent Checks Issued (including claimant's name and one other unique identifier such as date of birth)			
	C) Claims to Pay			
	D) Claims in Non-Payment Status			
	E) Payment Detail (including claimant's name and one other unique identifier such as date of birth)			
78	Are there reports available that identify overpayments?			
79	The Offeror agrees to, at any time during the contract/agreement, supply necessary ad hoc reports including current and historical data (as determined by Collin County), such as participant reports, experience reports, and claims paid reports at no cost to Collin County? Provision of such data will be provided according to the specifics requested by Collin County and shall be provided within ten (10) business days of the request.			
80	Should the nature of additional ad hoc reports warrant compensation beyond the bounds of this contract, The Offeror agrees 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 in writing prior to creation, Collin County will not be responsible for the cost of producing the report.			
81	The Offeror agrees to provide a robust, turn-key administrative website that Collin County can access to perform tasks such as:			
	Submit claims			
	Check claims status that includes insured's name, claim number, date of disability, and approved through date			
	Paid claim summaries including status of return to work efforts			
	Submit paperwork for insured such as employer statement			
	Update insured's return to work status			
	Billing information			
82	The Offeror agrees to provide County employees training that is necessary to run reports through the employer website? This also includes any other training related to the provider's services that might be requested by the plan administrator. Any costs associated with training must be clearly listed in Attachment C - Pricing Information.			
83	Can claimants submit claims information via the internet?			
84	The Offeror agrees that Collin County may have a new account manager assigned to the account at any time, for any reason?			
85	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?			
86	Will the County have a dedicated claims analyst that the Human Resources department can contact with questions and issues with claims? If not, indicate what is required to have a dedicated claims analyst in Section 8.2 - Exceptions.			
87	The Offeror agrees to respond to telephone calls and e-mail communications from the Collin County Human Resources department within one (1) business day?			



88	Will the Offeror provide County employees access to a customer service representative at a minimum of between 8:00 am and 7:00 pm central standard time Monday through Saturday? If representatives are not available between these hours, please provide information on their availability in Section 7 - Exceptions.			
89	The Offeror agrees should an employee need to leave a message for customer service, a customer service representative will return the call to the employee within four (4) business hours?			
90	Collin County self-bills based upon eligible employee count. The Offeror agrees to accept Collin County's self-billing each month and that any billing-related documents will be provided to Collin County in electronic format?			
91	Collin County has a standard process for payment of all Offerors which requires a 60-day payment grace period from due date of payment. The Offeror agrees to the 60-day grace period?			
92	The Offeror agrees that payment may be made by either wire or check?			
93	The Offeror agrees to notify Collin County of any billing/payment issues within one hundred twenty (120) days from the date the check was submitted to the Offeror and that notice will be made in writing?			
94	The Offeror agrees any billing/payment issues presented to the County after the one hundred twenty (120) day date will not be owed?			
95	The Offeror agrees annual renewal rates will be provided to the County a minimum of one hundred and twenty (120) days prior to each renewal?			
96	The Offeror agrees that changes in premium may only be instituted on a policy anniversary date?			
97	The Offeror agrees when the contract period ends they will be responsible for administering any ongoing short-term and long-term disability claims through to completion of each claim?			
98	The Offeror agrees 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?			
99	The Offeror agrees that Collin County reserves the right to cancel the contract at any time for any reason and that if the contract is cancelled by Collin County, services will terminate after a 30-day termination notice has been provided by Collin County?			

# ATTACHMENT B – DISABILITY 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. 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 (7.0) 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.

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 Provide the following financial information:

Financial Strength	
S/P Rating	
AM Best Rating	

1.2 Identify by court and case number any 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, which have been filed in the last five years.

**Answer:**

1.3 List and describe any programs that are available as part of your short-term and long-term disability programs such as retraining, return to work, or vocational or physical rehabilitation programs that are either mandatory or voluntary. If there is a cost associated with the program, please list the cost in Attachment C – Disability Pricing Information.

1.3.1 Include any supplemental documents/brochures about the programs.

**Answer:**

- 1.4 Detail information you would require from Collin County in order to provide SPD booklets and certificates of insurance. If there is an additional cost, that must be notated in Attachment C – Disability Pricing Information.

**Answer:**

- 1.5 The County will establish a banking account for short-term disability claims and the Offeror will be given authority to draw funds for benefit payment from this account. The County will keep one week of funds, based upon previous claim levels, in the account. Please state any special banking arrangements required.

**Answer:**

## **2. SECURITY**

- 2.1. How does your organization ensure secure e-mail exchanges, especially when pertaining to confidential health information?

**Answer:**

- 2.2. Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your organization.

**Answer:**

- 2.3. Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your subcontractors.

**Answer:**

- 2.4. Describe your process for notifying the County and affected individuals of a data breach of Collin County insured's confidential health data.

**Answer:**

- 2.5. Describe where you will store Collin County insured's confidential health information (in the United States of America, cloud, local data center, etc.) and how confidentiality will be assured both on and off site.

**Answer:**

- 2.6. Describe how you will secure Collin County insured's confidential health data while being stored at your facility.

**Answer:**

- 2.7. Are the backups of Collin County insured's confidential health data encrypted, and if so, what type of encryption is used?

**Answer:**

- 2.8. Describe how you will ensure Collin County insured's confidential health information is encrypted while data is being transferred.

**Answer:**

- 2.8.1. What versions of Secure Socket Layer/TLS does your system support that the County will use to access insured's confidential health data?

**Answer:**

- 2.9. Describe how you handle password resets for Collin County insured's who access their confidential health data.

**Answer:**

- 2.10. In the event access to your site is unavailable, what steps will you take to notify the insured of progress towards resolving the issue?

**Answer:**

- 2.10.1. What steps should the insured take during this time?

**Answer:**

- 2.11. In the event that Collin County selects a different administrator for these services in the future, how will you securely transfer the Collin County insured's data to the new administrator?

**Answer:**

- 2.12. If you assume these services for an existing administrator, how will you securely receive Collin County insured's data from the current provider?

**Answer:**

### **3. DISABILITY PROCESSES AND DEFINITIONS QUESTIONS**

- 3.1. Specify your average claim processing time.

**Answer:**

- 3.2. Specify the average time between when a claim is approved and the first benefit payment is issued to the claimant.

**Answer:**

- 3.3. Describe how you determine if a claimant is eligible for benefits.

**Answer:**

- 3.3.1. Do these procedures differ between short-term and long-term disability claims? If so, describe the differences.

**Answer:**

- 3.3.2. Describe how you would handle a claim where the insured was released to perform their job on a part-time basis for a limited period.

**Answer:**

- 3.3.3. Describe how you would handle a claim where the insured was released to perform their job on a part-time basis permanently.

**Answer:**

- 3.3.4. Are there any limitations which apply to short or long-term disability coverage due to a mental health incapacity?

**Answer:**

- 3.3.5. Describe how you would handle a claim where the insured was diagnosed with a disability before their short-term disability coverage was effective but their first day missed was after the coverage effective date. (Please assume the disability is one that would be covered by your plan.)

**Answer:**

- 3.4. Describe the information that you will request from Collin County in order to process claims. If there is a specific form, provide a copy of the form.

**Answer:**

- 3.4.1. Describe any additional information or materials you may require in order to process claims for payment. If there are specific forms, provide a copy of the forms.

**Answer:**

- 3.5. If you offer a website that Collin County employees can access related to their benefits, please list services that are provided electronically such as covered benefits, eligibility, claim status, and claim history.

**Answer:**

3.5.1. Is there a demo site available the County can review? If so, please provide the information for the County to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

**Answer:**

3.6. If claimants can submit claims information via a website, describe the type of information that can be accessed/updated.

**Answer:**

3.7. Describe the waiver of premium process.

**Answer:**

3.7.1. Under what circumstances is the premium waived?

**Answer:**

3.7.2. What party is responsible for initiating the process?

**Answer:**

3.7.3. How will Collin County be notified when waiver of premium for a claimant is approved?

**Answer:**

3.8. How often will you recertify a disability for continuation of benefits?

**Answer:**

3.8.1. Describe how you determine if it is medically necessary for a claimant to be absent from work.

**Answer:**

3.9. If the claimant experiences a subsequent absence due to a recurrent disability, describe how you handle the new claim.

**Answer:**

3.9.1. If an individual goes out again for the same medical condition, after what time period would it be considered a new claim?

**Answer:**

3.10. Describe the quality controls, auditing, and peer review mechanisms in place for your claim processing departments.

**Answer:**

3.10.1. Do you use internal or independent/outside auditors?

**Answer:**

3.10.2. How frequently do the audits occur?

**Answer:**

3.10.3. What specifically is audited?

**Answer:**

3.11. Describe your fraud detection unit or program.

**Answer:**

3.11.1. What percent of short-term disability claims submitted were denied as a result of misrepresentation and/or fraud over the last three years?

Claims Denied Due to Misrepresentation/Fraud	
Year	Percentage
2023	
2022	
2021	

3.11.2. What percent of long-term disability claims submitted were denied as a result of misrepresentation and/or fraud over the last three years?

Claims Denied Due to Misrepresentation/Fraud	
Year	Percentage
2023	
2022	
2021	

3.12. Identify if you have an 'own occupation' or 'any occupation' provision. Discuss in detail how this provision would impact an employee including time limits.

**Answer:**

3.13. Detail the types of wages that are excluded from the short-term and long-term disability calculations.

**Answer:**

3.13.1. Detail the plan's offsets with other benefits.

**Answer:**

3.14. How do you avoid making duplicate payments to a participant for the same claim?

**Answer:**

3.14.1. If duplicate payments or overpayments are made, what are your procedures for recovery of the overpayments or duplicate payments?

**Answer:**

3.14.2. How will Collin County be notified if an overpayment is made?

**Answer:**

3.14.3. Are there reports available that identify overpayments? Please provide a sample report.

**Answer:**

3.15. Describe the appeal procedures in place for plan participants when a claim is denied.

**Answer:**

3.15.1. What percent of short-term disability claims were denied in the last three years?

Short-Term Disability Claims Denied	
Year	Percentage
2023	
2022	
2021	

3.15.2. What percent of long-term disability claims were denied in the last three years?

Long-Term Disability Claims Denied	
Year	Percentage
2023	
2022	
2021	

#### 4. **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

4.1. Currently, an Employee Assistance Program (EAP) is included in our plan at no additional charge. If you provide access to an EAP, what is the design of the EAP? Provide an overall description of the EAP plan offered. If there is a charge for the EAP, it must be notated in Attachment C – Disability Pricing



Information. NOTE: This is an optional benefit being considered. Collin County reserves the right to elect or decline this benefit after the contract for services has been awarded.

**Answer:**

- 4.2. How does a covered individual contact the EAP if they need assistance?

**Answer:**

- 4.3. What hours is the EAP's 800 number accessible during the day/week?

**Answer:**

- 4.4. List any topics (marital issues, financial issues, grief, etc.) that are excluded from the EAP program?

**Answer:**

- 4.5. If you are able to provide client-specific aggregate reporting, please provide samples of the reports.

**Answer:**

## 5. **CUSTOMER SERVICE**

- 5.1. If you offer a website that Collin County Human Resources staff can access related to employee benefits, please list services that are provided electronically such as covered benefits, eligibility, claim status, ability to update an insured's status, and claim history.

**Answer:**

- 5.1.1. Is there a demo site available the County can review? If so, please provide the information for the County to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

**Answer:**

- 5.2. Collin County expects the statistical reports to be provided on at least a monthly basis. These reports include Claims Status, Most Recent Checks Issued, Claims to Pay, Claims in Non-Payment Status, and Payment Detail. List any additional report you provide.

**Answer:**

- 5.2.1. 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.

**Answer:**

- 5.3. How do you communicate business changes including changes in processes and staff?

**Answer:**

5.3.1. How far in advance will changes be communicated to Collin County?

**Answer:**

5.4. Describe the performance guarantees for short-term disability you will provide to Collin County.

**Answer:**

5.5. Describe the performance guarantees for long-term disability you will provide to Collin County.

**Answer:**

## **6. TRANSITION QUESTIONS**

6.1. Provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action. The Offeror should detail any information required from Collin County in order to provide these. Any additional cost that may be incurred as a result should be notated in Attachment C – Disability Pricing Information.

**Answer:**

6.2. What, if any, information is needed from Collin County or the prior carrier to ensure a seamless transition for those individuals that may already be receiving short-term or long-term disability benefit payments?

**Answer:**

6.3. What transition challenges would you expect might be encountered, and how do you propose you will handle those challenges?

**Answer:**

6.4. List and describe any benefit coverage or payment arrangement responsibilities that would change as a result of transitioning to your organization and when those changes would occur.

**Answer:**

6.5. Describe the procedures that are followed when a contract terminates. What additional penalties or charges would apply as a result of a contract termination on the anniversary date? Off anniversary/early termination? Any additional cost that may be incurred as a result should be notated in Attachment C – Disability Pricing Information.

**Answer:**

# ATTACHMENT C – DISABILITY 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 Short-Term Disability Insurance Administration – Claims Administration Only  
**Quote coverage at 67% and for a \$15 weekly minimum and \$2,500 weekly maximum.**

	2025	2026	2027	2028	2029	2030	2031
67%/\$2,500 weekly maximum	\$	\$	\$	\$	\$	\$	\$
Other (specify)							

- 1.1.1 Clearly indicate the method of calculating the increase for each period in your response from 1.1.

**Answer:**

- 1.2 Long-term Disability Insurance Administration – Claims Administration Only  
**Quote monthly premium rate per \$100 of covered payroll; Coverage at 67% and for a \$100 weekly minimum and \$2,500 weekly maximum.**

	2025	2026	2027	2028	2029	2030	2031
67%/\$2,500 weekly maximum	\$	\$	\$	\$	\$	\$	\$
Other (specify)							

1.2.1 Clearly indicate the method of calculating the increase for each period in your response from 1.2.

**Answer:**

1.3 Long-term Disability Insurance Administration – Claims Administration Only

**Quote monthly premium rate per \$100 of covered payroll; Coverage at 67% and for a \$100 weekly minimum and \$3,750 weekly maximum.**

	2025	2026	2027	2028	2029	2030	2031
67%/\$3,750 weekly maximum	\$	\$	\$	\$	\$	\$	\$
Other (specify)							

1.3.1 Clearly indicate the method of calculating the increase for each period in your response from 1.3.

**Answer:**

1.4 If the Employee Assistance Program fee is not included in the administration fee for short or long-term disability, specify the fee here.

	2025	2026	2027	2028	2029	2030	2031
Employee Assistance Program	\$	\$	\$	\$	\$	\$	\$

1.5 Indicate the fee for programs listed in Attachment B – Disability Questionnaire # 1.3.

	2025	2026	2027	2028	2029	2030	2031
Other (specify)	\$	\$	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$	\$	\$

# **Exhibit 1**

## **Short-Term Disability Benefits**

*Employee Summary Plan Description (SPD)*

**Group Name: Collin County Government**

**Group Number: F024952**

**Class: Administrative Services Only (ASO)**

## **SUMMARY PLAN DESCRIPTION**

The Plan Sponsor, Collin County Government (referred to as the Employer) establishes this Short Term Disability Plan (referred to as the Plan) for certain Plan Participants (referred to as Employees) for injury and sickness while the employee is participating in the Plan. The Employer has full responsibility for payment of any benefits due according to the terms and conditions of the Plan.

Dearborn Life Insurance Company is the Claims Administrator under this arrangement. As the Claims Administrator, it administers the benefits under the Plan. The claims office address is:

Dearborn Life Insurance Company™  
701 East 22nd Street  
Lombard, Illinois 60148  
1-800-348-4512

If you have any questions about your Plan, you should contact the Plan Administrator.

<p><b>Benefit Booklet</b></p> <p><b>Group Short Term Disability Plan</b></p>
--

**Group Name:** Collin County Government

**Group Number:** F024952

**Class:** Administrative Services Only (ASO)

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## ***SCHEDULE OF BENEFITS***

<b><i>Employer:</i></b>	<b>Collin County Government</b>
<b><i>Group Number:</i></b>	<b>F024952</b>
<b><i>Plan Effective Date:</i></b>	January 1, 2020 - Revised
<b><i>Plan:</i></b>	Short Term Disability Plan
<b><i>Eligible Class:</i></b>	All active, full-time <i>Employees</i> of the <i>Policyholder</i> who have completed the <i>Waiting Period</i> and are <i>Actively at Work</i> for the <i>Employer</i> and all Elected Officials during their term of office are eligible for participation. A full-time <i>Employee</i> is one who regularly works a minimum of 30 hours per week for the <i>Employer</i> . Part-time, seasonal, and temporary employees are not eligible.
<b><i>Eligibility Waiting Period:</i></b>	First of the month coincident with or next following 90 days
<b><i>STD Weekly Benefit:</i></b>	67% of <i>Your Weekly Earnings</i>
<b><i>Elimination Period:</i></b>	14 days - <i>Injury</i> 14 days – <i>Sickness</i>
<b><i>STD Benefits will begin the greater of:</i></b>	a.) The completion of the Elimination Period; b.) When compensation payments from any Salary Continuation (including PTO), Sick Leave Benefits or Vacation Pay end.
<b><i>Day Benefits Begin:</i></b>	Day 15 of Disability due to <i>Injury</i> Day 15 of Disability due to <i>Sickness</i>
<b><i>Maximum Period Payable:</i></b>	26 weeks including the <i>Elimination Period</i> or until benefits become payable under the Long Term Disability plan, whichever occurs first

## ***ELIGIBILITY AND EFFECTIVE DATE PROVISIONS***

### **Who is eligible to participate in this Plan?**

All *Employees* and Elected Officials who belong to an eligible class and work the minimum number of hours as set forth in the *Schedule of Benefits* in this booklet are eligible. An *Employee* must be *Actively at Work* to be eligible.

### **When does *Your* participation in the Plan become effective?**

If *You* are an eligible *Employee*, *Your* participation will become effective on the date indicated in the *Schedule of Benefits*, provided *You* are *Actively at Work* on that day.

*You* must be *Actively at Work* for *Your* participation to become effective.

### **If *You* are not *Actively at Work*, when does participation become effective?**

If *You* are absent from *Active Work* on the date *Your* participation would otherwise become effective; and *Your* absence is caused by an injury, illness or layoff, *Your* effective date for any initial participation will be deferred until the first day *You* return to *Active Work*.

However, *You* will be considered *Actively at Work* on any day that is not *Your* regularly scheduled work day (including but not limited to a weekend, vacation or holiday) if *You* were *Actively at Work* on the immediately preceding scheduled work day and *You* were:

1. not *Hospital Confined*; or
2. disabled due to an *Injury or Sickness*.

### **Who pays for *Your* participation?**

The *Employer* pays the entire cost for *Your* participation.

### **Eligibility after *You* Terminate Employment**

If *Your* participation ends due to termination of employment, *You* must meet all the requirements of a new *Employee* if *You* are rehired at a later date.

## ***SHORT TERM DISABILITY BENEFITS***

### **How is *Disability* defined?**

*Disability* or *Disabled* means that *You* satisfy the definition of either *Total Disability* or *Partial Disability* and *You* are receiving *Appropriate and Regular Care* for *Your* condition from a *Doctor*.

Unless periods of *Disability* are separated by *Your* return to *Active Work* for at least 14 consecutive days, successive periods of *Disability* resulting from injuries received in any one *Accident* or from any one *Sickness* or related *Sicknesses* will be considered one period of *Disability*.

### **How is *Total Disability* defined?**

*Total Disability* or *Totally Disabled* means that due to *Sickness* or *Injury* *You* are continuously unable to perform the *Material and Substantial Duties* of *Your Regular Occupation*, and *Your Disability Earnings*, if any, are less than 20% of *Your* pre-disability *Weekly Earnings*.

## **How is Partial Disability defined?**

***Partial Disability*** or ***Partially Disabled*** means that:

1. During the *Elimination Period* You are able to perform some but not all of the *Material & Substantial Duties* of Your Regular Occupation; and
2. After the *Elimination Period*, due to *Injury* or *Sickness*, You are able to perform some but not all of the *Material and Substantial Duties of Your Regular Occupation*, and Your *Disability Earnings*, if any, are at least 20% but less than or equal to 80% of Your pre-disability *Weekly Earnings*.

You will no longer be considered Partially Disabled when You are able to increase Your current earnings by increasing the number of hours You work or the number of duties You perform in Your Regular Occupation but You do not do so.

## **Loss of Professional License or Certification**

If You require a professional license or certification for Your occupation, loss of that professional license or certification does not in and of itself constitute *Disability*.

## **What is the Elimination Period and how is it satisfied?**

The *Elimination Period* is a period of continuous *Disability* which must be satisfied before You are eligible to receive benefits. It is shown in the *Schedule of Benefits* and begins on Your *Date of Disability*.

If You temporarily recover and return to work, Your *Disability* will be treated as continuous if You return to work for a period of less than or equal to one-half the *Elimination Period* rounded up to the next whole number, not to exceed 14 days. The days that You are not *Disabled* will not count toward Your *Elimination Period*.

If You return to work for a period greater than one-half the *Elimination Period*, or 14 days, whichever is less, and become *Disabled* again, You will have to begin a new *Elimination Period*.

## **Can You satisfy Your Elimination Period if You are working?**

You can satisfy Your *Elimination Period* if You are working, provided You meet the definition of *Disability*.

## **What Disability Benefit are You eligible to receive?**

If You are *Disabled* and receiving *Appropriate and Regular Care* for Your condition from a *Doctor* while participating in the Plan, You are eligible to receive one of the following at any given time:

1. an *STD Weekly Benefit*; or
2. a *Work Incentive Benefit*.

While You are *Disabled*, You might be eligible to receive one or the other of the above, but You cannot receive more than one of these benefits at the same time.

## **What is Your STD Weekly Benefit and how is it calculated?**

Your *STD Weekly Benefit* will be based on Your *Weekly Earnings* as reported by Your Employer. An *STD Weekly Benefit* will be payable after the end of the *Elimination Period* if You are *Disabled*.

Your *Net STD Weekly Benefit* amount will be calculated as follows:

1. Multiply Your *Weekly Earnings* by 67%. This is Your *Gross STD Weekly Benefit*.
2. Subtract the *Deductible Sources of Income* from Your *Gross STD Weekly Benefit*. The resulting figure is Your *Net STD Weekly Benefit*.

If a benefit is payable for less than one week, *STD Weekly Benefit* payments will be made at a daily rate of 1/7<sup>th</sup> the weekly benefit.

If *You* are receiving any compensation from *Your Employer*, including, but not limited to:

1. *Salary Continuation*;
2. sick leave benefits; or
3. vacation pay.

*STD Weekly Benefit* payments will not begin until such compensation payments cease.

### **Can *You* work and still receive benefits?**

While *Partially Disabled*, *You* may qualify for the Work Incentive Benefit.

### **What is the Work Incentive Benefit and how is it calculated?**

*You* will receive a Work Incentive Benefit if *You* are *Partially Disabled* and *Gainfully Employed* after the end of the *Elimination Period*, or after a period during which *You* received *STD Weekly Benefits*.

The Work Incentive Benefit/*Partial Disability* Benefit will be the *Employee's* Pre-disability Earnings minus his *Partial Disability* income.

The payment of a Work Incentive Benefit, combined with *Your STD Weekly Benefit*, will not extend the *Maximum Period Payable*, as shown on the *Schedule of Benefits*.

### **What are the Deductible Sources of Income?**

*Your Gross STD Weekly Benefit* will be reduced by:

1. Disability benefits paid, payable or for which *You* are eligible under:
  - a. any state compulsory disability benefit *Act* or *Law*.
  - b. any group insurance plan provided by or through the *Employer*.
  - c. any State Teachers Retirement System, Public Employees Retirement System or School Employees Retirement System not including Texas County and District Retirement System.
  - d. the Social Security *Act*, including any amounts for which *Your* dependents may qualify because of *Your Disability*.
  - e. the Canada Pension Plan, Quebec Pension Plan, or any other similar disability or pension plan or act.
  - f. the Canada Old Age Security Act.
  - g. any Workers' Compensation or Occupational Disease *Act* or *Law*, or any other *Law* which provides compensation for an occupational *Injury* or *Sickness*.
2. Retirement benefits paid under the Social Security Act including any amounts for which *Your* dependents may qualify because of *Your* retirement;

Denial of Workers' Compensation will not result in the payment of benefits under the Plan if *Your Disability* resulted from an occupational *Sickness* or *Injury*. Benefits are also not payable under the Plan if *You* are entitled to participate in Workers' Compensation and choose not to do so.

3. *Disability* benefits paid under any No Fault Auto Motor Vehicle coverage;
4. Amounts received from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise, not to exceed 50% of the net settlement.

**Act or Law** means the original enactment of the law or act and all amendments.

***Proration of Lump Sum Awards***

If any Deductible Source of Income described above is paid in a single sum through compromise settlement or as an advance on future liability, *We* will determine the amount of reduction to *Your Gross STD Weekly Benefit* as follows:

1. *We* will divide the amount paid by the number of weeks for which the settlement or advance was provided; or
2. If the number of weeks for which the settlement or advance is made is not known, *We* will divide the amount of the settlement or advance by the expected remaining number of weeks for which *We* will provide benefits for *Your Disability* based on the Proof of *Disability* which *We* have, subject to a maximum of 26 weeks.

***What other sources of income are not deductible?***

*Your Gross STD Weekly Benefit* under the Plan will not be reduced by any of the following:

1. deferred compensation arrangements such as 401(k), 403(b) or 457 plans;
2. credit disability insurance;
3. pension plans for partners;
4. military pension and Disability income plans;
5. franchise disability income plans;
6. individual disability income plans;
7. a retirement plan from another employer;
8. profit sharing plans;
9. thrift or savings plans;
10. individual retirement account (IRA);
11. tax sheltered annuity (TSA);
12. stock ownership plan;
13. any amounts received by *You* from the Texas County and District Retirement System.

***What happens if Your Deductible Sources of Income increase?***

The *Net STD Weekly Benefit* will not be further reduced for subsequent cost-of-living increases which are paid, payable, or for which *You* or *Your* dependents are eligible under any Deductible Source of Income shown above.

***How long will You receive benefits?***

*You* will receive a payment for each week of *Disability* up to the *Maximum Period Payable* as shown in the *Schedule of Benefits*. Payment of benefits is also subject to any benefit duration limitation pertaining to *Your Disability*. *Your* benefits will cease on the earliest of:

1. the date this Plan terminates;
2. the date this Plan no longer available for *Your* class;
3. the date *You* are no longer *Disabled*;
4. the end of the *Maximum Period Payable*;
5. the date on which *You* return to work for the *Employer* in any capacity, unless as part of the *Work Incentive Benefit*;
6. the date on which *You* begin to receive benefits under any retirement plan sponsored by the *Employer*; or
7. the date *You* die.

#### **What happens if *Your Disability* recurs?**

If *Disability* for which benefits were payable ends but recurs due to the same or related causes less than 14 days after the end of a prior *Disability*, it will be considered a resumption of the prior *Disability*. Such recurrent *Disability* shall be subject to the provisions of the Plan that were in effect at the time the prior *Disability* began.

*Disability* which recurs more than 14 days after the end of a prior *Disability* is subject to:

1. a new *Elimination Period*;
2. a new *Maximum Period Payable*; and
3. the other provisions of the Plan that are in effect on the date the *Disability* recurs.

*Disability* must recur while *You* are participating in the Plan.

## ***EXCLUSIONS AND LIMITATIONS***

#### **What are the exclusions and limitations under the Plan?**

The Plan does not cover any loss or *Disability* caused by, resulting from, arising out of or substantially contributed to, directly or indirectly, by any one or more of the following:

1. loss of professional license, occupational license or certification;
2. commission of, participation in, or an attempt to commit an assault or felony;
3. intentionally self-inflicted injuries;
4. attempted suicide, regardless of mental capacity;
5. *Cosmetic Surgery* except when required due to *Injury* or *Sickness*;
6. Occupational *Injury* or *Sickness*;
7. participation in a war, declared or undeclared, or any act of war.

Furthermore:

1. Benefits are not payable if *Your Disability Earnings* exceed 80% of *Your* pre-disability *Weekly Earnings*.
2. Benefits are not payable if *You* are able to return to work in *Your Regular Occupation* on a part-time basis but *You* do not.

3. Benefits are not payable for any period during which *You* are confined to a penal or correctional institution if the period of confinement exceeds 30 days.

## ***TERMINATION OF PLAN PARTICIPATION***

### **When will *Your* participation in the Plan terminate?**

*Your* participation will terminate on the earliest of the following dates:

1. the date on which the Plan is terminated; or
2. the date *You*:
  - a. are no longer a member of a class eligible to participate, or
  - b. are retired or pensioned, or
  - c. are no longer *Actively at Work* because of a leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute.

If you are no longer *Actively at Work* as a result of layoff or leave of absence and you are *Totally Disabled* on the date layoff or leave of absence begins, *We* will pay disability benefits up to the maximum period set forth in the *Schedule of Benefits*.

Termination of the Plan will not affect *Your* claim for a loss which began while the Plan was in force.

## ***FILING A CLAIM***

### **What are the Claim Filing Requirements?**

#### **Initial Notice of Claim**

*You* should notify the Claims Administrator of *Your* claim as soon as possible, so that the Claims Administrator may make a timely decision on *Your* claim. *Your Employer* can assist *You* with the appropriate telephone number and address of the Claims Administrator's Claim Department. *You* must send the Claims Administrator written notice of *Your Disability* within 30 days of the *Date of Disability*, or as soon as reasonably possible. Notice may be sent to the Claim Department at the address shown on the claim form.

#### **Telephonic Claim Notification**

In lieu of written Proof of Claim, the Claims Administrator may accept telephonic notice and Proof. All time limits applicable to the filing of Proof of Disability and commencement of Legal Actions shall apply to notice and proof filed by telephone or other means acceptable to the Claims Administrator.

#### **Time Limit for Filing *Your* Claim**

*You* must furnish the Claims Administrator with written proof of loss within 30 days after *Your* last day worked.

#### **Proof of *Disability***

The following items, supplied at *Your* expense, must be a part of *Your* Proof of loss. Failure to provide complete Proof of loss may delay, suspend or terminate *Your* benefits.

1. The date *Your Disability* began;
2. The cause of *Your Disability*;

3. The prognosis of *Your Disability*;
4. Proof that *You* are receiving *Appropriate and Regular Care* for *Your* condition from a *Doctor*, who is someone other than *You* or a member of *Your* immediate family, whose specialty or expertise is the most appropriate for *Your* disabling condition(s) according to *Generally Accepted Medical Practice*.
5. Objective medical findings which support *Your Disability*. Objective medical findings include but are not limited to tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for *Your* disabling condition(s).
6. The extent of *Your Disability*, including restrictions and limitations which are preventing *You* from performing *Your Regular Occupation*.
7. Appropriate documentation of *Your Weekly Earnings*.
8. If *You* were contributing to the premium cost, the *Employer* must supply proof of *Your* appropriate payroll deductions.
9. The name and address of any hospital or health care facility where *You* have been treated for *Your Disability*.
10. If applicable, proof of incurred costs covered under other benefit provisions under the Plan.

### **Continuing Proof of Disability**

*You* may be asked to submit proof that *You* continue to be *Disabled* and are continuing to receive *Appropriate and Regular Care* of a *Doctor*. Requests of this nature will only be made as often as reasonably necessary. If required, this will be at *Your* expense and must be received within 45 days of the

Claims Administrator's request. Failure to comply with such a request may delay, suspend or terminate *Your* benefits.

### **Examination**

At the Plan Administrator's expense, the Claims Administrator has the right to have *You* examined as often as reasonably necessary while the claim continues. Failure to comply with this examination may result in denial, suspension or termination of benefits, unless the Claims Administrator agrees *You* have a valid and acceptable reason for not complying.

### **Authorization and Documentation *You* will be asked to supply**

*You* will be required to provide signed authorization for the Claims Administrator to obtain and release all reasonably necessary medical, financial or other non-medical information in support of *Your Disability* claim. Failure to submit this information may deny, suspend or terminate *Your* benefits.

*You* will be required to supply proof that *You* have applied for other Deductible Sources of Income such as Workers' Compensation or Social Security *Disability* benefits, when applicable.

*You* will be required to notify the Claims Administrator when *You* receive or are awarded other Deductible Sources of Income. *You* must provide the nature of the Deductible Source of Income, the amount received, the period to which the benefit applies, and the duration of the benefit if it is being paid in installments.

### **Time of Payment of Claim**

As soon as the Claims Administrator has all necessary substantiating documentation for *Your Disability* claim, *Your* benefit will be paid at least as frequently as once every two weeks, as long as *You* continue to qualify for it.



Benefits will be paid to *You* unless otherwise indicated. If *You* die while *Your* claim is open, any due and unpaid *Disability* benefit will be paid to the surviving person or persons in the first of the following classes of successive preference beneficiaries: *Your*: 1) *Spouse*; 2) children including legally adopted children; 3) parents; or 4) *Your* estate.

If any benefit is payable to an estate, a minor or a person not competent to give a valid release, the Plan may pay up to \$1,000 to any relative or beneficiary of *Yours* whom may be entitled to this amount. The Plan will be discharged to the extent of such payment made in good faith.

### **Can *You* assign *Your* benefits?**

*Your* benefits are not assignable, which means that *You* may not transfer *Your* benefits to anyone else.

### **What will happen if a claim is overpaid?**

A claim overpayment can occur when *You* receive a retroactive payment from a *Deductible Source of Income*, when an error is inadvertently made in the calculation of *Your* claim; or if fraud occurs. The overpayment amount equals the amount paid in excess of the amount that should have been paid under the Plan.

The Plan has the right to recover from *You* any amount that is an overpayment of benefits under the Plan. *You* must refund to the Plan the overpaid amount. The Plan may also, without forfeiting its right to collect an overpayment through any means legally available, recover all or any portion of an overpayment by reducing or withholding future benefit payments.

In an overpayment situation, the Plan Administrator will determine the method by which the repayment is made. *You* will be required to sign an agreement which details the source of the overpayment, the total amount that will be recovered and the method of recovery.

## ***UNIFORM PROVISIONS***

### **Clerical Error**

Clerical error or omission by the Claims Administrator to the Plan Sponsor will not:

1. prevent *You* from receiving coverage, if *You* are entitled to coverage under the terms of the Plan; or
2. cause coverage to begin or coverage to continue for *You* when the coverage would not otherwise be effective.

If the Plan Sponsor gives the Claims Administrator information about *You* that is incorrect, the Claims Administrator will use the facts to decide whether *You* have coverage under the Plan and in what amounts.

## ***DEFINITIONS***

The following are key words and phrases used in this certificate. When these words and phrases, or forms of them, are used, they are capitalized and italicized in the text. As *You* read this Benefit Booklet, refer to these definitions.

***Accident or Accidental*** means a sudden, unexpected event that was not reasonably foreseeable.

***Actively at Work or Active Work*** means that *You* must be:

1. 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
2. An Employee in a paid status such as paid time off (PTO), catastrophic time off (CTO), jury duty, administrative leave, or compensatory leave; or
3. An Employee on an unpaid absence of one year or less in which the individual remains employed; or
4. An Employee on family and medical leave; or
5. An Employee who has exhausted their Family and Medical Leave entitlement but is still receiving compensation from Collin County; or
6. An Employee who is on an approved leave of absence which may be paid or unpaid of six months or less; or
7. An Employee who is on leave through Workers' Compensation; or
8. An Employee who is utilizing 15 day required military leave; or
9. An Employee who did not continue coverage while on military or FMLA leave but has since returned to work; or
10. An Employee whose coverage is required by State or federal law.

For Elected Officials, ***Actively at Work*** means *You* are actively serving *Your* term in office.

***Act or Law*** means the original enactment of the law or act and all amendments.

***Appropriate and Regular Care*** means that *You* are regularly visiting a *Doctor* as frequently as medically required to meet *Your* basic health needs. The effect of the care should be of demonstrable medical value for *Your* disabling condition(s) to effectively attain and/or maintain *Maximum Medical Improvement*.

***Cosmetic Surgery*** means any procedure which is directed at improving a person's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.

***Date of Disability*** means the date the Claims Administrator determines that *You* are *Disabled*.

***Disability Earnings*** means the wage or salary *You* earn from *Gainful Employment* after a *Disability* begins. Any lump sum payment will be prorated, based on the time over which it accrued or the period for which it was paid.

If *Your Disability Earnings* routinely fluctuate widely from week to week, the Claims Administrator may average *Your Disability Earnings* over the most recent three weeks to determine if *Your* claim should continue. If the Claims Administrator averages *Your Disability Earnings*, *Your* claim will not be terminated unless the average of *Your Disability Earnings* from the last three weeks exceeds 80% of *Your Weekly Earnings*.

**Doctor** means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither *You* nor a member of *Your* immediate family. A licensed medical practitioner is a *Doctor* if applicable state law requires that such practitioners be recognized for purposes of certification of *Disability*, and the treatment provided by the practitioner is within the scope of his or her license.

**Elimination Period** means the number of calendar days at the beginning of a continuous period of *Disability* for which no benefits are payable. The *Elimination Period* is shown in the *Schedule of Benefits*.

**Employee** means an *Actively at Work* full-time employee whose principal employment is with the *Employer*, at the *Employer's* usual place of business or such place(s) that the *Employer's* normal course of business may require, who is *Actively at Work* for the minimum hours per week as stated in the *Schedule of Benefits* and is reported on the *Employer's* records for Social Security and withholding tax purposes. The term *Employee* shall also include an Elected Official of the *Policyholder*.

**Employer** means the person, firm, or institution named in the Schedule of Benefits, including any covered subsidiaries or affiliates named in the Schedule of Benefits.

**Gainful Employment** or **Gainfully Employed** means the performance of any occupation for wages, remuneration or profit, for which *You* are qualified by education, training or experience on a full-time or part-time basis.

**Generally Accepted Medical Practice** means care and treatment which is consistent with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies.

**Gross STD Weekly Benefit** means that benefit shown in the *Schedule of Benefits* which applies to *You*.

**Hospital** means either of the following:

1. A licensed hospital which
  - a. maintains on the premises all facilities necessary for major surgical treatment,
  - b. provides such treatment on an inpatient basis for compensation under the full-time supervision of licensed physicians, and
  - c. provides 24-hour service by registered graduate nurses.
2. A free-standing surgical facility which maintains on the premises all facilities necessary for major surgical treatment.

The term *Hospital* does not include an institution which is primarily a place for rest or convalescence, a place for the aged, a nursing home, a place for the treatment of alcohol or drug abuse or any facility primarily affording custodial, educational, or rehabilitative care.

**Injury** means bodily injury that is the direct result of an *Accident* and not related to any other cause. The *Injury* must occur, and *Disability* resulting from the *Injury* must begin while *You* are participation in the Plan. *Injury* that occurs before *Your* participation in the Plan will be treated as a *Sickness*.

**Male pronoun**, whenever used, includes the female.

**Material and Substantial Duties** means duties that:

1. are normally required for the performance of *Your Regular Occupation*; and

2. cannot be reasonably omitted or modified, except that if *You* are required to work on average in excess of 40 hours per week, the Claims Administrator will consider *You* able to perform that requirement if *You* have the capacity to work 40 hours.

**Maximum Medical Improvement** is the level at which, based on reasonable medical probability, further material recovery from, or lasting improvement to, an *Injury* or *Sickness* can no longer be reasonably anticipated.

**Maximum Period Payable**, as shown in the *Schedule of Benefits*, means the longest period of time that *You* will receive payments for any one period of *Disability*.

**Net STD Weekly Benefit** means the *Gross STD Weekly Benefit* less the Deductible Sources of Income.

**Regular Occupation** means the occupation that *You* are routinely performing when *Your Disability* begins. The Claims Administrator will look at *Your* occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific *Employer* or at a specific location.

**Schedule of Benefits** means the schedule which is a part of this Benefit Booklet.

**Sickness** means sickness or disease causing *Disability* which begins while *You* are participating in the Plan.

**Spouse** means lawful spouse.

**STD** means Short Term Disability.

**STD Weekly Benefit** means the *STD Weekly Benefit* shown in the *Schedule of Benefits* which applies to *You*.

**Waiting Period** as shown in the *Schedule of Benefits* means the continuous length of time immediately before *Your* Effective Date during which *You* must be in an Eligible Class.

**Weekly Earnings** means *Your* gross weekly income from *Your Employer* in effect just prior to *Your* Date of Disability. It includes *Your* total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It includes income actually received from commissions, but does not include overtime pay, shift differential, or any other extra compensation, or income received from sources other than *Your Employer*.

Commissions will be averaged for the lesser of:

1. the full 12 calendar month period of *Your* employment with *Your Employer* just prior to the date *Disability* begins; or
2. the period of actual employment with *Your Employer*.

**You, Your** and **Yours** means the *Employee* to whom this Benefit Booklet has been issued.

**END OF  
BENEFIT BOOKLET**



**BlueCross BlueShield  
of Texas**

**Exhibit 2**  
**Group Long Term**  
**Disability**  
**Insurance Class1**  
**Employee Benefit Booklet**

**COLLIN COUNTY GOVERNMENT**

**F024952-0001**

**Class 1-01**

# Dearborn Life Insurance Company

## Group Certificate

Dearborn Life Insurance Company

Chicago, Illinois

Administrative Office: 701 E. 22nd Street • Lombard, IL 60148

Having issued Group Policy No. **F024952-0001**

(herein called the Policy or this Plan)

to

**COLLIN COUNTY GOVERNMENT**

(herein called the Policyholder)

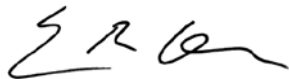
CERTIFIES that You are insured, provided that You qualify under the ELIGIBILITY AND EFFECTIVE DATES provision, become insured and remain insured in accordance with the terms of the Policy. Your insurance is subject to all the definitions, limitations and conditions of the Policy. It takes effect on the effective date stated in the ELIGIBILITY AND EFFECTIVE DATES provision.

This certificate describes Your eligibility for benefits and the terms and provisions of the Policy. It replaces and cancels any other certificate previously issued to You under the Policy.

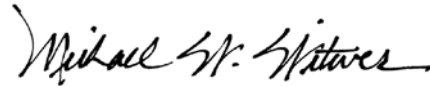
If the terms and provisions of the Certificate of Coverage (issued to You) are different from the Policy (issued to the Policyholder), the Policy will govern. Your coverage may be canceled or changed in whole or in part under the terms and provisions of the Policy.

### READ YOUR CERTIFICATE CAREFULLY

Signed for Dearborn Life Insurance Company



Secretary



President

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

## Group Long Term Disability Certificate

Non-Participating

**THIS IS NOT A WORKERS' COMPENSATION CERTIFICATE**

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## SCHEDULE OF BENEFITS

<b>Policyholder:</b>		COLLIN COUNTY GOVERNMENT	
<b>Policy Number:</b>		F024952-0001	
<b>Effective Date:</b>		January 1, 2020	
<b>Eligibility:</b>		<p>The following are eligible: All active full-time Employees and Elected Officials</p> <p>A full-time Employee is one who regularly works a minimum of 30 hours per week for the Policyholder. Elected Officials are eligible during their term of office. Part-time, seasonal and temporary Employees of the Policyholder are not eligible.</p>	
<b>Waiting Period:</b>		<p>If You are in a class eligible for insurance on or before the Policy Effective Date: First of the month coincident with or next following 90 Days of continuous, full-time Active Work</p> <p>If You enter a class eligible for insurance after the Policy Effective Date: First of the month coincident with or next following 90 Days of continuous, full-time Active Work</p>	
<b>Elimination Period:</b>		180 Days	
<b>LTD Monthly Benefit:</b>		66 2/3% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$15,000 per month subject to reduction by deductible sources of income or Disability Earnings	
<b>Social Security Offset Method:</b>		Primary & Family	
<b>Minimum Monthly Benefit:</b>		\$100	
<b>Policyholder Contribution:</b>		100% of premium	
<b>Maximum Period Payable:</b>	<b>Age on Date Disability Commences</b>	<b>Maximum Period Payable</b>	
	Less than 60	To Age 65	
	60	60 months	
	61	48 months	
	62	42 months	
	63	36 months	
	64	30 months	
	65	24 months	

	66	21 months
	67	18 months
	68	15 months
	69 or over	12 months

## OTHER FEATURES

The following other features are included:

- Waiver of Premium
- Work Incentive Benefit
- Rehabilitation Incentive Income
- Recurrent Disability
- FMLA Coverage Extension
- Survivor Benefit
- Rehabilitation Benefit
- Day Care Benefit
- Worksite Modification Benefit
- Vocational Rehabilitation Service
- Social Security Assistance
- Continuity of Coverage

**THIS SCHEDULE OF BENEFITS CANCELS AND REPLACES ALL OTHER SCHEDULES PREVIOUSLY ISSUED TO YOU UNDER THE POLICY. IT OUTLINES THE POLICY FEATURES. THE FOLLOWING PAGES PROVIDE A COMPLETE DESCRIPTION OF THE PROVISIONS OF YOUR CERTIFICATE.**

## ELIGIBILITY AND EFFECTIVE DATES

### **Who is eligible for this insurance?**

The following people are eligible: All active full-time Employees and Elected Officials

The Waiting Period is shown in the Schedule of Benefits.

00001

### **When does Your Noncontributory insurance become effective?**

If You are an eligible Employee, Your Noncontributory coverage under the Policy will become effective on the day following completion of the Waiting Period, if any, shown in the Schedule of Benefits, provided You are Actively at Work on that day.

If You waive all or a portion of Your Noncontributory coverage and choose to enroll at a later date, You are considered a late applicant and must furnish Evidence of Insurability satisfactory to Us before coverage can become effective. Coverage will become effective on the date We determine that the Evidence of Insurability is satisfactory and We provide written notice of approval.

You must be Actively at Work for coverage under the Policy to become effective. If, because of Injury or Sickness, You are not Actively at Work on the date the insurance would otherwise take effect, it will take effect on the day You return to Active Work.

**Noncontributory** means the Policyholder pays 100% of the premium for this insurance.

00002

### **Who pays for Your coverage?**

The Policyholder pays the entire cost of Your coverage.

00008

### **Do You have to pay premium while You receive benefits?**

We will waive premium for You during a period of Disability for which the LTD Monthly Benefit is payable under the Policy. Premium payment is required during Your Elimination Period or any other period when the LTD Monthly Benefit is not payable under the Policy.

00009

### **What happens if We are replacing an existing Policy? (Continuity of Coverage)**

#### **Effect on Actively at Work requirement**

If You were insured under the Prior Policy on the day before the Policy Effective Date, You may be covered by the Policy even if You do not satisfy the Actively at Work requirement as stated in the When does insurance become effective? provision and You would otherwise be eligible to become insured under the Policy, We will provide limited coverage under this Plan. Coverage under this provision will begin on the Policy effective date and will continue until the earliest of:

1. The end of the month following the date You become Actively at Work;
2. The end of any period of continuance or extension provided under the Prior Policy; or
3. The date coverage would otherwise end, according to the provisions of the Policy.

Your coverage under this provision is subject to payment of premium.

#### **Effect on Benefits**

If You do not satisfy the Actively at Work requirement, You may still be eligible for benefits under the Policy as follows:

The benefits payable under the Policy will be the benefits which would have been payable under the terms of the Prior Policy if it had remained in force; and the benefits payable under the Policy will be reduced by any benefits payable under the Prior Policy for the same Disability for which the prior carrier is liable.

The **Prior Policy** is the group disability insurance policy issued to the Policyholder by Aetna Life Insurance Company whose coverage terminated immediately prior to the Policy Effective Date.

**Effect on Pre-existing Conditions**

If You have a Disability due to a Pre-Existing Condition after the Prior Policy has been replaced by this Plan, Benefits may be payable if:

1. You were insured under the Prior Policy at the time the Policyholder changed coverage from the Prior Policy to the Policy; and
2. You have been continuously insured under this Plan from the effective date of this Plan until the date Your Disability began.

In order for benefits to be paid, You must satisfy the Pre-Existing Condition exclusion under:

1. this Plan; or
2. the Prior Policy, if benefits would have been paid had the Prior Policy remained in force.

If You satisfy the Pre-Existing Condition exclusion of this Plan, We will determine Your payments according to this Plan's provision.

If You do not satisfy the Pre-Existing Condition exclusion of this Plan, but You do satisfy the Pre-Existing Condition provision under the Prior Policy:

1. Your Monthly Benefit will be the lesser of:
  - a. The Monthly Benefit that would have been payable under the terms of the Prior Policy if it had remained in force; or
  - b. The Monthly Benefit under this Plan.
2. Benefits will end on the earlier of:
  - a. The date benefits end under the Policy, as described under the Maximum Period Payable; or
  - b. The date benefits would have ended under the Prior Policy if it had remained in force.

If You do not satisfy the Pre-Existing Condition exclusion under either this Plan or the Prior Policy, We will not make any payments.

We will require proof that You were insured under the Prior Policy.

00010

## LONG TERM DISABILITY BENEFITS

### How do We define Total Disability?

**Total Disability** or **Totally Disabled** means that during the first 24 consecutive months of benefit payments due to Sickness or Injury;

1. You are continuously unable to perform the Material and Substantial Duties of Your Regular Occupation, and
2. Your Disability Earnings, if any, are less than 20% of Your pre-disability Indexed Monthly Earnings.

00011

After the LTD Monthly Benefit has been paid for 24 consecutive months, Total Disability or Totally Disabled means that due to Injury or Sickness:

1. You are continuously unable to engage in any Gainful Occupation, and
2. Your Disability Earnings, if any, are less than 20% of Your pre-disability Indexed Monthly Earnings.

00013

### How do We define Partial Disability?

**Partial Disability** or **Partially Disabled** means that:

1. During the Elimination Period You are unable to perform all of the Material and Substantial Duties of Your Regular Occupation.
2. During the first 24 consecutive months of benefit payments, due to Injury or Sickness You are unable to perform all of the Material and Substantial Duties of Your Regular Occupation, and Your Disability Earnings, if any, are at least 20% but less than or equal to 80% of Your pre-disability Indexed Monthly Earnings.
3. After the LTD Monthly Benefit has been paid for 24 consecutive months Partial Disability or Partially Disabled means that due to Injury or Sickness, You are unable to engage in any Gainful Occupation; and Your Disability Earnings, if any, are at least 20% but less than or equal to 80% of Your pre-disability Indexed Monthly Earnings.

00014

### Loss of Professional License or Certification

If You require a professional license or certification for Your occupation, loss of that professional license or certification does not in and of itself constitute Disability.

00017

### What is the Elimination Period and how is it satisfied?

The Elimination Period is a period of continuous Disability which must be satisfied before You are eligible to receive benefits from Us. It is shown in the Schedule of Benefits and begins on Your Date of Disability.

If You temporarily recover and return to work, We will treat Your Disability as continuous if You return to work for a period of less than or equal to one-half the Elimination Period rounded up to the next whole number, not to exceed 90 days. The days that You are not Disabled will not count toward Your Elimination Period.

If You return to work for a period greater than one-half the Elimination Period, or 90 days, whichever is less, and become Disabled again, You will have to begin a new Elimination Period.

00018

### Can You satisfy Your Elimination Period if You are working?

You can satisfy Your Elimination Period if You are working, provided You meet the definition of Disability.

00019

### What Disability Benefit are You eligible to receive?

If You are Disabled, You are eligible to receive one of the following at any given time:

1. an LTD Monthly Benefit;
2. a Work Incentive Benefit; or
3. Rehabilitation Incentive Income.

While You are Disabled, You might be eligible to receive one or the other of the above, but You cannot receive more than one of these benefits at the same time.

00020

### **What is Your LTD Monthly Benefit and how is it calculated?**

Your LTD Monthly Benefit will be based on Your Monthly Earnings as reported to Us by the Policyholder and for which premium has been paid.

An LTD Monthly Benefit will be payable after the end of the Elimination Period if You are Disabled. We will calculate Your Gross LTD Monthly Benefit amount as follows:

1. Multiply Your Monthly Earnings by 66 2/3%.
2. The maximum Gross LTD Monthly Benefit is \$15,000.00.
3. Compare the answers from Item 1 and Item 2. The lesser of these two amounts is Your Gross LTD Monthly Benefit.
4. Subtract the Deductible Sources of Income from Your Gross LTD Monthly Benefit. The resulting figure is Your Net LTD Monthly Benefit.
5. Compare the answer from item 3 and 4.

The lesser amount figured in item 5 is Your Monthly Benefit.

If a benefit is payable for less than one month, it will be paid on the basis of 1/30th of the Net LTD Monthly Benefit for each day of Disability.

00021-A

### **How do We define Monthly Earnings?**

**Monthly Earnings** means Your gross monthly income from Your Employer in effect just prior to Your Date of Disability.

Your Monthly Earnings will be figured from the rule below that applies to you.

1. If you are paid on an annual contract basis, your monthly salary is based on your annual contract divided by 12.
2. If you are paid on an hourly basis, the calculation of your monthly wages is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month; but not more than 173 hours per month.
3. If you do not have regular work hours, the calculation of your monthly salary or wages is based on the average number of hours you worked per month during the last 12 calendar months (or during your period of employment if fewer than 12 months); but not more than 173 hours per month.

Included in salary or wages are:

1. Commissions averaged over the last 12 months of actual employment or such shorter period if actual employment was for fewer than 12 months.
2. Shift Differential.
3. Contributions you make through a salary reduction agreement with your Employer to any of the following:
  - a. An Internal Revenue Code (IRC) Section 125 plan for your fringe benefits.
  - b. An IRC 401(k), 403(b), or 457 deferred compensation arrangement.
  - c. An executive non-qualified deferred compensation agreement.

Salary or wages do not include:

1. Awards and bonuses.
2. Overtime pay.
3. Fringe benefits.
4. Contributions made by your Employer to any deferred compensation arrangement or pension plan.
5. Extra compensation such as payments for revenue sharing, housing allowances, stipends, relocation incentives or buyouts of unused vacations, professional fees, non-qualified income.

A retroactive change in your rate of earnings will not result in a retroactive change in coverage.

00022

**What are the Deductible Sources of Income?**

1. Disability benefits paid, payable, or for which You are eligible under:
  - a. The Social Security Act, including any amounts for which Your dependents may qualify because of Your Disability;
  - b. Any Workers' Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational Injury or Sickness;
  - c. Occupational accident coverage provided by or through the Policyholder;
  - d. Any Statutory Disability Benefit Law;
  - e. The Railroad Retirement Act;
  - f. The Canada Pension Plan, Quebec Pension Plan, or any other similar disability or pension plan or act;
  - g. The Canada Old Age Security Act;
  - h. Any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan, or any plan provided as an alternative to any of the above acts or plans not including Texas County and District Retirement System;
  - i. Title 46, United States Code Section 688 et seq (The Jones Act);
  - j. Title 33, United States Code Section 901 et seq (Longshore and Harbor Workers' Compensation Act).
2. Disability benefits paid, payable, or for which You are eligible under:
  - a. Any group insurance plan provided by or through the Policyholder, and
  - b. Any sick leave or salary continuance plan provided by or through the Policyholder which causes the Net Monthly Benefit, plus Deductible Sources of Income and any salary continuation to exceed 100% of Your pre-disability Indexed Monthly Earnings. The amount in excess of 100% of Your pre-disability Indexed Monthly Earnings will be used to reduce Your Net Monthly Benefit.
3. Retirement benefits paid under the Social Security Act including any amounts for which Your dependents may qualify because of Your retirement;
4. Retirement and Disability benefits paid under a Retirement Plan provided by the Policyholder except for amounts attributable to Your contributions;
5. Disability benefits paid under any No Fault Auto Motor Vehicle coverage;
6. Amounts received from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise, not to exceed 50% of the net settlement.

**Proration of Lump Sum Awards**

If any Deductible Source of Income described above is paid in a single sum through compromise settlement or as an advance on future liability, We will determine the amount of reduction to Your Gross LTD Monthly Benefit as follows:

1. We will divide the amount paid by the number of months for which the settlement or advance was provided; or
2. If the number of months for which the settlement or advance is made is not known, We will divide the amount of the settlement or advance by the expected remaining number of months for which We will provide benefits for Your Disability based on the Proof of Disability which We have, subject to a maximum of 60 months.

**What other sources of income are not deductible?**

We will not reduce Your Gross LTD Monthly Benefit by any of the following:

1. deferred compensation arrangements such as 401(k), 403(b) or 457 plans;
2. credit disability insurance;
3. pension plans for partners;
4. military pension and disability income plans;
5. franchise disability income plans;
6. individual disability income plans;
7. a Retirement Plan from another Policyholder;



8. profit sharing plans;
9. thrift or savings plans;
10. individual retirement account (IRA);
11. tax sheltered annuity (TSA);
12. stock ownership plan.

00023

### **Can You work and still receive benefits?**

While Disabled, You may qualify for the Work Incentive Benefit or Rehabilitation Incentive Income, but not both.

### **Work Incentive Benefit**

A Work Incentive Benefit will be payable if You are Disabled and Gainfully Employed after the end of the Elimination Period, or after a period during which You received LTD Monthly Benefits.

The Work Incentive Benefit will be calculated during the first 12 months of disability payments while You are Gainfully Employed as follows:

1. We will add together the Gross Monthly Benefit and Disability Earnings and compare to pre-disability Indexed Monthly Earnings.
2. If the total amount in Item 1 exceeds 100% of pre-disability Indexed Monthly Earnings, the Work Incentive Benefit will be equal to the LTD Monthly Benefit reduced by the amount of the excess.
3. If the total amount in Item 1 does not exceed 100% of pre-disability Indexed Monthly Earnings, the Work Incentive Benefit will be equal to the LTD Monthly Benefit amount.

After the first 12 months of disability payments while You are Disabled and Gainfully Employed, the Work Incentive Benefit will be equal to the Net Monthly Benefit multiplied by the Adjusted Loss of Salary Ratio.

The Work Incentive Benefit will cease on the earliest of the following:

1. the date You are no longer Disabled; or
2. the end of the Maximum Period Payable.

Adjusted Loss of Salary Ratio is equal to: A divided by B

A= Your pre-disability Indexed Monthly Earnings minus Your Disability Earnings

B= Your pre-disability Indexed Monthly Earnings

### **Rehabilitation Incentive Income**

Rehabilitation Incentive Income will be payable after the end of the Elimination Period, or after a period during which You received LTD Monthly Benefits. This benefit is payable if You are Disabled and Gainfully Employed in an occupation that has been approved as part of a Rehabilitation Plan.

Rehabilitation Incentive Income will be calculated during the first 12 months of Gainful Employment as follows:

1. If Disability Earnings exceed 100% of pre-disability Indexed Monthly Earnings, Rehabilitation Incentive Income will be equal to the Net Monthly Benefit reduced by the amount of the excess.
2. If Disability Earnings do not exceed 100% of pre-disability Indexed Monthly Earnings, Rehabilitation Incentive Income will be equal to the Monthly Benefit.

After the first 12 months of Gainful Employment, Rehabilitation Incentive Income will be equal to the LTD Monthly Benefit multiplied by the Adjusted Loss of Salary Ratio.

Rehabilitation Incentive Income will cease on the earliest of the following:

1. as stated in the Rehabilitation Plan;
2. the date You fail to comply with the requirements of the Rehabilitation Plan;
3. the date You are no longer Gainfully Employed; or
4. the end of the Maximum Period Payable.

Adjusted Loss of Salary Ratio is equal to: A divided by B

A= Your pre-disability Indexed Monthly Earnings minus Your Disability Earnings

B= Your pre-disability Indexed Monthly Earnings  
00024-A

**What is the minimum Net LTD Monthly Benefit payable under the Policy?**

The Net LTD Monthly Benefit payable for Disability will not be less than \$100. The minimum Net LTD Monthly Benefit does not apply if You are Gainfully Employed.  
00025

**What happens if Your Deductible Sources of Income increase?**

The Net LTD Monthly Benefit will not be further reduced for subsequent cost-of-living increases which are paid, payable, or for which You or Your dependents are eligible under any Deductible Source of Income shown above.  
00026

**How long will You receive benefits under the Policy?**

We will send You a payment for each month of Disability up to the Maximum Period Payable as shown in the Schedule of Benefits. Payment of benefits is also subject to any benefit duration limitation pertaining to Your Disability.  
00027

**What happens if Your Disability recurs?**

If Disability for which benefits were payable ends but recurs due to the same or related causes less than 6 months after the end of a prior Disability, it will be considered a resumption of the prior Disability. Such recurrent Disability shall be subject to the provisions of the Policy that were in effect at the time the prior Disability began.

Disability which recurs more than 6 months after the end of a prior Disability is subject to:

1. a new Elimination Period;
2. a new Maximum Period Payable; and
3. the other provisions of the Policy that are in effect on the date the Disability recurs.

Disability must recur while Your coverage is in force under the Policy.  
00028

## EXCLUSIONS AND LIMITATIONS

### What are the exclusions and limitations under the Policy?

The Policy does not cover any loss or Disability caused by, resulting from, arising out of or substantially contributed, directly or indirectly, to by any one or more of the following:

- a Pre-existing Condition;
- commission of, participation in, or an attempt to commit an assault or felony;
- Intentionally self-inflicted injuries;
- attempted suicide, regardless of mental capacity;
- participation in a war, declared or undeclared, or any act of war;
- active military duty;
- active Participation in a Riot;
- commission of a crime for which You have been convicted;

The Policy has limitations on:

- Mental Disorder - Disability beyond 24 months after the Elimination Period if it is due to a Mental Disorder of any type. Confinement in a Hospital or institution licensed to provide care and treatment for mental illness will not be counted as part of the 24-month limit.
- Substance Abuse – A Substance Abuse (drug or alcohol) related Disability unless You are participating in a Substance Abuse treatment program approved by the State where the treatment program is provided. The cost of the treatment program must be borne by You or another group plan of the Policyholder (such as a group health plan or Employee Assistance Program) if one is available and covers this type of treatment.

Except as specifically stated above, in no event will LTD Monthly Benefits for a Mental Disorder or Substance Abuse be paid beyond the earliest of the date:

1. 24 LTD Monthly Benefit payments have been made; or
2. the Maximum Period Payable is reached; or
3. You refuse to participate in an appropriate, available treatment program, or You leave the treatment program prior to completion; or
4. You are no longer following the requirements of Your treatment plan under the program; or
5. You complete the initial treatment plan, exclusive of any aftercare or follow-up services.

The lifetime cumulative Maximum Period Payable for all disabilities due to a Mental Disorder and Substance Abuse is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities:

1. are not continuous; and/or
2. are not related.

Furthermore:

- Benefits are not payable for any period during which You are confined to a penal or correctional institution if the period of confinement exceeds 30 days.
- Benefits are not payable if Your Disability Earnings exceed 80% of Your pre-disability Indexed Monthly Earnings.
- Benefits are not payable during the first 24 months of LTD Monthly Benefits, when You are able to return to work in Your Regular Occupation on a part-time basis but You do not.
- Benefits are not payable after 24 months of LTD Monthly Benefits, when You are able to work in any Gainful Occupation on a part-time basis but You do not.

00029

## TERMINATION OF COVERAGE

### **When will Your insurance terminate?**

Your coverage will terminate on the earliest of the following dates:

1. the date on which the Policy is terminated;
2. the date You stop making any required contribution toward payment of premiums;
3. the date on which the Employer's participation under the Policy is terminated; or
4. the date You:
  - a. are no longer a member of a class eligible for this insurance,
  - b. request termination of coverage under the Policy,
  - c. are retired or pensioned, or
  - d. cease work because of a leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute, unless We and the Policyholder have agreed in writing in advance of the leave to continue insurance during such period.

Termination will not affect a covered loss which began while the coverage was in force.

00030

### **Will coverage be continued if You are eligible for leave under FMLA?**

In the event You are eligible for and the Policyholder approves a leave under the Family and Medical Leave Act of 1993 (FMLA), or any applicable state family and medical leave law (State FML), provided the required premium continues to be paid, Your insurance will continue for a period of up to the later of:

1. the leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments; or
2. the leave period permitted by applicable state law.

While granted a Family or Medical Leave of Absence:

1. The Policyholder must remit the required premium according to the terms of the Policy; and
2. coverage will terminate if You do not return to work as scheduled according to the terms of Your agreement with the Policyholder.

00031

### **Will coverage be continued if You are eligible for leave under USERRA?**

If You are on a leave of absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

1. the length of time the coverage may be continued under the Certificate for an FMLA or State FML leave of absence; or
2. the length of time the coverage may be continued under the Certificate of Coverage for a leave of absence other than an FMLA or State FML leave of absence.

00032

### **Will coverage be continued for other leaves of absence?**

If You are on an approved leave of absence other than an FMLA or State FML leave of absence, and if premium is paid, Your coverage will be continued through the end of the twelve month that immediately follows the month in which Your leave of absence begins.

If the Policyholder has approved more than one type of leave of absence for You during any one period that You are not Actively at Work We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.

If Your coverage is not continued during an FMLA or State FML leave of absence, and You become Actively at Work immediately following the end of Your FMLA or State FML leave of absence, Your coverage will be reinstated. We will not apply a new Waiting Period, require Evidence Of Insurability, or apply a new Pre-existing Condition limitation.

If Your coverage is not continued during a leave of absence for active military service, and You return to active employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.

In no event will Your coverage under the policy be continued beyond the date Your coverage would otherwise end according to the terms of the When will Your insurance terminate? provision.

00033

## DAY CARE EXPENSE BENEFIT

### ***Are Day Care Expense Benefits available while You are Disabled?***

While *Disabled* and receiving Rehabilitation Incentive Income, *You* will be reimbursed for *Day Care Expenses* for each *Eligible Child*. *You* must supply satisfactory proof to *Us* that *You* incurred such charges.

***Day Care Expenses*** mean monthly expenses, up to \$350 per child per month, to a maximum total benefit of \$1,000.00 per month, charged by a licensed day care provider who is not a member of *Your* immediate family or living in *Your* residence.

***Eligible Child*** means *Your Dependent Child* under age 13 who lives with *You*.

***Dependent Child(ren)*** means any unmarried child of *Yours*, whether natural, step, foster or adopted, who is primarily dependent on *You* for financial support and maintenance.

The Day Care Expense Benefit payments will end the earliest of the following to occur:

1. the date *You* are no longer incurring *Day Care Expenses* for your *Eligible Child*;
2. the date *You* are no longer receiving Rehabilitation Incentive Income;
3. after 12 monthly Day Care Expense Benefit payments have been made for each *Eligible Child*.

00034

## SURVIVOR INCOME BENEFIT

### What happens if You die while receiving benefits?

We will pay a Survivor Income Benefit to an Eligible Survivor when proof is received that You died:

1. After the Disability had continued for 6 or more consecutive months; and
2. While receiving an LTD Monthly Benefit.

The Survivor Income Benefit shall be payable on a lump sum basis immediately after We receive written proof of Your death. The benefit will be equal to 3 times Your Last Monthly Benefit. The benefit shall accrue from Your date of death.

**Eligible Survivor** means Your Spouse, if living, or if Your Spouse dies before the final monthly benefit is paid, then Your children who are under age 23.

If payment becomes due to Your children, payment will be made to:

1. the children; or
2. a person named by Us to receive payments on the children's behalf. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

**Last Monthly Benefit** means the Monthly Benefit paid to You immediately prior to Your death, but not including any reductions for Deductible Sources of Income.

If there is no Eligible Survivor, We will pay the Survivor Income Benefit to Your estate.

00036

## REHABILITATION BENEFIT

### What is the Rehabilitation Benefit?

If You are receiving a Monthly Benefit and You are participating in a Rehabilitation Plan approved by Us , You will receive a monthly Rehabilitation Benefit. The Rehabilitation Benefit pays 10% of Your Gross LTD Monthly Benefit to a maximum of \$500 per month subject to the maximum Monthly Benefit as shown in the Schedule of Benefits.

Eligibility for a Rehabilitation Plan is based upon Your education, training, work experience and physical and/or mental capacity. To be considered for a Rehabilitation Plan:

1. Your Disability must prevent You from performing Your Regular Occupation;
2. You must have the physical and/or mental capacities necessary for successful completion of a Rehabilitation Plan; and
3. there must be a reasonable expectation that the Rehabilitation Plan will help You return to Gainful Employment.

The Rehabilitation Benefit is not subject to policy provisions which would otherwise increase or reduce the Monthly Benefit.

Rehabilitation Benefit payments will end on the earliest of the following dates:

1. after 6 monthly Rehabilitation Benefit payments have been made;
2. on the date We determine that You are no longer eligible to participate in a Rehabilitation Plan;
3. on the date You are no longer participating in the Rehabilitation Plan; or
4. on any other date monthly payments would cease in accordance with the Policy.

00039



## **WORKSITE MODIFICATION BENEFIT**

### **What is the Worksite Modification Benefit?**

We will assist You and the Policyholder in identifying modifications We agree are likely to help You remain at work or return to work. This agreement will be in writing and must be signed by You, the Policyholder and Us.

When this occurs, We will reimburse the Policyholder for the cost of the modification, up to the greater of:

1. \$1,500; or
2. 2 times Your Last Monthly Benefit.

We will reimburse the Policyholder upon completion of the following:

1. agreed upon modifications made on Your behalf are completed;
2. written proof of expenses incurred by Your Policyholder have been provided to Us; and
3. You have returned to work and are an Actively at Work Employee.

Last Monthly Benefit means the Monthly Benefit paid to You immediately prior to Your request for benefits under the Worksite Modification Benefit provision, but not including any reductions for Deductible Sources of Income.

00044

## CLAIM SERVICES

### **What other services are available to You while You are Disabled?**

If You are Disabled and eligible to receive Disability benefits under the Policy, We will evaluate You for eligibility to receive any of the following. We will make the final determination for any of the following benefits or services.

#### **Vocational Rehabilitation Service**

Rehabilitation services are available when We determine that these services are reasonably required to assist in returning You to Gainful Employment. Vocational rehabilitation services might include but are not limited to one or more of the following:

1. job modification;
2. job retraining;
3. job placement;
4. other activities.

Eligibility for vocational rehabilitation services is based upon Your education, training, work experience and physical and/or mental capacity. To be considered for rehabilitation services:

1. Your Disability must prevent You from performing Your Regular Occupation;
2. You must have the physical and/or mental capacities necessary for successful completion of a rehabilitation program, and
3. there must be a reasonable expectation that rehabilitation services will help You return to Gainful Employment.

#### **Social Security Disability Assistance**

When necessary, We will provide an advocate for You in applying for and securing Social Security Disability awards. When We determine that Social Security Assistance is appropriate for You, it is provided at no additional cost to You.

00047

## FILING A CLAIM

### **What are the Claim Filing Requirements?**

#### **Initial Notice of Claim**

We ask that You notify Us of Your claim as soon as possible, so that We may make a timely decision on Your claim. The Policyholder can assist You with the appropriate telephone number and address of Our Claim Department. You must send Us written notice of Your Disability within 30 days of the Date of Disability, or as soon as reasonably possible. Notice may be sent to Our Claim Department at the address shown on the claim form or given to Our Agent.

#### **Written Proof of Loss**

Within 15 days of Our being notified in writing of Your claim, We will supply You with the necessary claim forms. The claim form is to be completed and signed by You, the Policyholder and Your Doctor. If You do not receive the appropriate claim forms within 15 days, then You will be considered to have met the requirements for written proof of loss if We receive written proof, which describes the occurrence, extent and nature of loss as stated in the Proof of Disability provision.

#### **Time Limit for Filing Your Claim**

You must furnish Us with written proof of loss within 91 days after the end of Your Elimination Period. The length of the Elimination Period is shown in the Schedule of Benefits. If it is not possible to give Us written proof within 91 days, the claim is not affected if the proof is given as soon as possible. However, unless You are legally incapacitated, written proof of loss must be given no later than 1 year after the time proof is otherwise due.

No benefits are payable for claims submitted more than 1 year after the time proof is due. However, You can request that benefits be paid for late claims if You can show that:

1. It was not reasonably possible to give written proof during the 1 year period, and
2. Proof of loss satisfactory to Us was given as soon as was reasonably possible.

#### **Proof of Disability**

The following items, supplied at Your expense, must be a part of Your proof of loss. Failure to provide complete proof of loss may delay, suspend or terminate Your benefits.

1. The date Your Disability began;
2. The cause of Your Disability;
3. The prognosis of Your Disability;
4. Proof that You are receiving Appropriate and Regular Care for Your condition from a Doctor, who is someone other than You or a member of Your immediate family, whose specialty or expertise is the most appropriate for Your disabling condition(s) according to Generally Accepted Medical Practice.
5. Objective medical findings which support Your Disability. Objective medical findings include but are not limited to tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for Your disabling condition(s).
6. The extent of Your Disability, including restrictions and limitations which are preventing You from performing Your Regular Occupation.
7. Appropriate documentation of Your Monthly Earnings. If applicable, regular monthly documentation of Your Disability Earnings.
8. If You were contributing to the premium cost, the Policyholder must supply proof of Your appropriate payroll deductions.
9. The name and address of any Hospital or Health Care Facility where You have been treated for Your Disability.
10. If applicable, proof of incurred costs covered under other benefit provisions in the Policy.

#### **Continuing Proof of Disability**

You may be asked to submit proof that You continue to be Disabled and are continuing to receive Appropriate and Regular Care of a Doctor. Requests of this nature will only be made as often as reasonably necessary but not more

frequently than once every 3 months. If required, this will be at Your expense and must be received within 45 days of Our request. Failure to comply with such a request may delay, suspend or terminate Your benefits.

### **Examination**

At Our expense, We have the right to have You examined as often as reasonably necessary while the claim continues. Failure to comply with this examination may result in denial, suspension or termination of benefits, unless We agree You have a valid and acceptable reason for not complying.

### **Authorization and Documentation You will be asked to supply**

1. You will be required to provide signed authorization for Us to obtain and release all reasonably necessary medical, financial or other non-medical information in support of Your Disability claim. Failure to submit this information may deny, suspend or terminate Your benefits.
2. You will be required to supply proof that You have applied for other Deductible Sources of Income such as Workers' Compensation or Social Security Disability benefits, when applicable.
3. You will be required to notify Us when You receive or are awarded other Deductible Sources of Income. You must tell Us the nature of the Deductible Source of Income, the amount received, the period to which the benefit applies, and the duration of the benefit if it is being paid in installments.

00048-TX

### **Time of Payment of Claim**

As soon as We have all necessary substantiating documentation for Your Disability claim, We will pay Your benefit on a monthly basis, so long as You continue to qualify for it.

We will pay benefits to You unless otherwise indicated. If You die while Your claim is open, any due and unpaid Disability benefit will be paid, at Our option, to the surviving person or persons in the first of the following classes of successive preference beneficiaries: Your: 1) Spouse; 2) children including legally adopted children; 3) parents; or 4) Your estate.

If any benefit is payable to an estate, a minor or a person not competent to give a valid release, We may pay up to \$1,000 to any relative or beneficiary of Yours whom We deem to be entitled to this amount. We will be discharged to the extent of such payment made by Us in good faith.

00049

### **Can You assign Your benefits?**

Your benefits are not assignable, which means that You may not transfer Your benefits to anyone else.

### **What will happen if a claim is overpaid?**

A claim overpayment can occur when You receive a retroactive payment from a Deductible Source of Income when We inadvertently make an error in the calculation of Your claim; or if fraud occurs. The overpayment amount equals the amount We paid in excess of the amount We should have paid under the Policy.

We have the right to recover from You any amount that is an overpayment of benefits under the Policy. You must refund to Us the overpaid amount. We may also, without forfeiting Our right to collect an overpayment through any means legally available to Us, recover all or any portion of an overpayment by reducing or withholding future benefit payments, including the Minimum Monthly Benefit.

In an overpayment situation, We will determine the method by which the repayment is made. You will be required to sign an agreement with Us which details the source of the overpayment, the total amount We will recover and the method of recovery. If LTD Monthly Benefits are suspended while recovery of the overpayment is being made, suspension will also apply to the minimum LTD Monthly Benefits payable under the Policy.

### **Subrogation - Right of Reimbursement**

When any claim payment is made, We reserve any and all rights to subrogation and/or reimbursement to the fullest extent allowed by statute and customary practice. Any party to this contract shall not perform any act that will prejudice such rights without prior agreement with Us. We will bear any expenses associated with Our pursuit of subrogation or recovery.

00050

## UNIFORM PROVISIONS

### Entire Contract; Changes

The Policy, the Policyholder's application, the Employee's certificate of coverage, and Your application, if any, and any other attached papers, form the entire contract between the parties. Coverage under the Policy can be amended by mutual consent between the Policyholder and Us. No change in the Policy is valid unless approved in writing by one of Our officers. No agent has the right to change the Policy or to waive any of its provisions.

### Statements on the Application

In the absence of fraud, all statements made in any signed application are considered representations and not warranties (absolute guarantees). No representation by:

1. the Policyholder in applying for the Policy will make it void unless the representation is contained in the signed application; or
2. any Employee in applying for insurance under the Policy will be used in defense to a claim under the Policy unless it is contained in a written application signed by the Insured and a copy of such application is or has been given to him or to his personal representative.

### Legal Actions

Unless otherwise provided by federal law, no legal action of any kind may be filed against Us:

1. until 60 days after proof of claim has been given; or
2. more than 3 years after proof of Disability must be filed, unless the law in the state where You live allows a longer period of time.

### Clerical Error

Clerical error or omission by Us to the Policyholder will not:

1. Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy; or
2. Cause coverage to begin or coverage to continue for You when the coverage would not otherwise be effective.

If the Policyholder gives Us information about You that is incorrect, We will:

1. Use the facts to decide whether You have coverage under the Policy and in what amounts; and
2. Make a fair adjustment of the premium.

### Misstatement of Age

If Your age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon Your age, as shown in the Benefit Duration Schedule, the amount of the benefit will be the amount You would have been entitled to if Your correct age were known.

**Note: A refund of premium will not be made for a period more than twelve months before the date the Company is advised of the error.**

### Incontestability

The validity of the Policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from the date of issue. The validity of the Policy shall not be contested on the basis of a statement made relating to insurability by any person covered under the Policy after such insurance has been in force for two years during such person's lifetime, and shall not be contested unless the statement is contained in a written instrument signed by the person making such statement.

### Conformity with State Statutes and Regulations

If any provision of the Policy conflicts with the statutes and regulations of the state in which the Policy was issued or delivered, it is automatically changed to meet the minimum requirements of the statute.

### Workers' Compensation or State Disability Insurance

The Policy is not in place of, and does not affect the requirements for coverage by any workers' compensation or state disability insurance.

**Agency**

Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent.

**General Provisions**

We have the right to inspect all of the Policyholder's records on the Policy at any reasonable time. This right will extend until:

1. 2 years after termination of the Policy; or
2. all claims under the Policy have been settled,

whichever is later.

The Policy is in the Policyholder's possession and may be inspected by You at any time during normal business hours at the Policyholder's office.

00051-TX

## DEFINITIONS

The following are key words and phrases used in this certificate. When these words and phrases, or forms of them, are used, they are capitalized and italicized in the text. As You read this certificate, refer back to these definitions.

**Accident** or **Accidental** means a sudden, unexpected event that was not reasonably foreseeable.

00052

**Actively at Work** or **Active Work** means that You must be:

1. working for the Policyholder on a full-time active basis; or
2. working at least the minimum number of hours shown in the Schedule of Benefits: and either:
  - a. working at the Policyholder's usual place of business; or
  - b. working at a location to which the Policyholder's business requires You to travel;
3. a legal citizen or resident of the United States of America;
4. are paid regular earnings by the Policyholder, and
5. not a temporary or seasonal Employee.

You will be considered Actively at Work if You were actually at work on the day immediately preceding:

1. a weekend (except for one or both of these days if they are scheduled days of work);
2. holidays (except when such holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. excused leave of absence (except medical leave and lay-off); and
6. emergency leave of absence (except emergency medical leave).

00053

**Appropriate and Regular Care** means that You are regularly visiting a Doctor as frequently as medically required to meet Your basic health needs. The effect of the care should be of demonstrable medical value for Your disabling condition(s) to effectively attain and/or maintain Maximum Medical Improvement.

00055

**Date of Disability** is the date We determine that You are Disabled.

00057

**Disability** or **Disabled** means that You satisfy the definition of either Total Disability or Partial Disability.

00058

**Disability Earnings** is the wage or salary You earn from Gainful Employment after a Disability begins. It includes any earnings You could receive if You were working to Your Maximum Capacity. Any lump sum payment will be prorated, based on the time over which it accrued or the period for which it was paid.

If Your Disability Earnings routinely fluctuate widely from month to month, We may average Your Disability Earnings over the most recent three months to determine if Your claim should continue. If We average Your Disability Earnings, We will not terminate Your claim unless the average of Your Disability Earnings from the last three months exceeds 80% of Your Indexed Monthly Earnings.

00059

**Doctor** means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither You nor a member of Your immediate family. A licensed medical practitioner is a Doctor if applicable state law requires that such practitioners be recognized for purposes of certification of Disability, and the treatment provided by the practitioner is within the scope of his or her license.

00061

**Elimination Period** means the number of calendar days at the beginning of a continuous period of Disability for which no benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

00062

**Employee** means an Actively at Work full-time Employee whose principal employment is with the Policyholder, at the Policyholder's usual place of business or such place(s) that the Policyholder's normal course of business may require,

who is Actively at Work for at least the number of hours per week as stated in the Application and is reported on the Policyholder's records for Social Security and withholding tax purposes.  
00069

**Gainful Occupation, Gainful Employment or Gainfully Employed** means the performance of any occupation for wages, remuneration or profit, for which You are qualified by education, training or experience on a full-time or part-time basis.  
00063

**Generally Accepted Medical Practice or Generally Accepted in the Practice of Medicine** means care and treatment which is consistent with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies.  
00064

**Gross LTD Monthly Benefit** means that benefit shown in the Schedule of Benefits which applies to You.  
00065

**Hospital or Health Care Facility** is a legally operated, accredited facility licensed to provide full-time care and treatment for the condition(s) causing Your Disability. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities which primarily provide custodial, educational or rehabilitative care.  
00066

**Indexed Monthly Earnings** means Your Monthly Earnings adjusted on each anniversary of benefit payment by the lesser of 7% or the current annual percentage increase in the Consumer Price Index. Your Indexed Monthly Earnings may increase or remain the same, but will never decrease.

Consumer Price Index (CPI-W) means the Consumer Price Index for all urban wage earners and clerical workers in the United States as published by the Bureau of Labor Statistics of the United States Department of Labor or its successors. If the CPI-W is discontinued or changed, We may use another index that most closely reflects the cost of living in the United States.

Indexing is only used as a factor in the determination of the percentage of lost earnings while You are Disabled and working in a Gainful Occupation.  
00067a

**Injury** means bodily injury that is the direct result of an Accident and not related to any other cause. The Injury must occur, and Disability resulting from the Injury must begin while You are covered under the Policy. Injury that occurs before You are covered under the Policy will be treated as a Sickness.  
00068

**LTD** means Long Term Disability.  
00070

**Male pronoun**, whenever used, includes the female.  
00071

**Material and Substantial Duties** means duties that:

1. are normally required for the performance of Your Regular Occupation; and
  2. cannot be reasonably omitted or modified, except that if You are required to work on average in excess of 40 hours per week, We will consider You able to perform that requirement if You have the capacity to work 40 hours.
- 
- 00072

**Maximum Capacity** means, based on Your restrictions and limitations:

1. During the first 24 consecutive months of Monthly Benefit payments, the greatest extent of work You are able to do in Your Regular Occupation; and
  2. Beyond 24 consecutive months of Monthly Benefit payments, the greatest extent of work You are able to do in any Gainful Occupation.
- 
- 00073

**Maximum Medical Improvement** is the level at which, based on reasonable medical probability, further material recovery from, or lasting improvement to, an Injury or Sickness can no longer be reasonably anticipated.  
00074



**Maximum Period Payable**, as shown in the Schedule of Benefits, means the longest period of time that We will make payments to You for any one period of Disability.

00075

**Mental Disorder** means a disorder found in the current diagnostic standards of the American Psychiatric Association.

00076

**Monthly Benefit** means the LTD Monthly Benefit shown in the Schedule of Benefits which applies to You.

00077

**Monthly Earnings** means Your gross monthly income from Your Employer in effect just prior to Your Date of Disability.

Your Monthly Earnings will be figured from the rule below that applies to you.

1. If you are paid on an annual contract basis, your monthly salary is based on your annual contract divided by 12.
2. If you are paid on an hourly basis, the calculation of your monthly wages is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month; but not more than 173 hours per month.
3. If you do not have regular work hours, the calculation of your monthly salary or wages is based on the average number of hours you worked per month during the last 12 calendar months (or during your period of employment if fewer than 12 months); but not more than 173 hours per month.

Included in salary or wages are:

1. Commissions averaged over the last 12 months of actual employment or such shorter period if actual employment was for fewer than 12 months.
2. Shift Differential.
3. Contributions you make through a salary reduction agreement with your Employer to any of the following:
  - a. An Internal Revenue Code (IRC) Section 125 plan for your fringe benefits.
  - b. An IRC 401(k), 403(b), or 457 deferred compensation arrangement.
  - c. An executive non-qualified deferred compensation agreement.

Salary or wages do not include:

1. Awards and bonuses.
2. Overtime pay.
3. Fringe benefits.
4. Contributions made by your Employer to any deferred compensation arrangement or pension plan.
5. Extra compensation such as payments for revenue sharing, housing allowances, stipends, relocation incentives or buyouts of unused vacations, professional fees, non-qualified income.

A retroactive change in your rate of earnings will not result in a retroactive change in coverage.

00078

**Net LTD Monthly Benefit** means the Gross LTD Monthly Benefit less the Deductible Sources of Income.

00079

**Participation in a Riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

00080

**Pre-existing Condition** means a condition which:

1. was caused by, or results from a Sickness or Injury for which You received medical treatment, or advice was rendered, prescribed or recommended whether or not the Sickness was diagnosed at all or was misdiagnosed within 3 months prior to Your effective date; and
2. results in a Disability which begins in the first 12 months after Your effective date.

00081

**Regular Occupation** means the occupation that You are routinely performing when Your Disability begins. We will look at Your occupation as it is normally performed in the national economy, instead of how the work tasks are

performed for a specific Policyholder or at a specific location.  
00082

**Rehabilitation Plan** means a written agreement between You and Us. Its purpose is to assist You in returning to Gainful Employment. The Rehabilitation Plan will outline the time and dates of the vocational rehabilitation services, Our responsibilities, Your responsibilities and the responsibilities of any third party which might be involved. The Rehabilitation Plan will be at Our expense, at the expense of the third party, or a shared expense of Ours and a third party. The Rehabilitation Plan may include the Day Care Expense Benefit.  
00083

**Retirement Plan** means a plan which provides retirement benefits to Employees and is not funded wholly by Employee contributions.  
00084

**Riot** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.  
00085

**Schedule of Benefits** means the schedule which is a part of this certificate.  
00086

**Sickness** means Sickness or disease causing Disability which begins while You are covered under the Policy.  
00087

**Spouse** means lawful Spouse.  
00091a

**Substance Abuse** means a pattern of pathological use of alcohol or other psychoactive drugs resulting in impairment of social and/or occupational functioning; debilitating physical condition; inability to abstain from or reduce consumption of the substance; or the need for daily substance use for adequate functioning.  
00092

**Waiting Period** as shown in the Schedule of Benefits means the continuous length of time immediately before Your Effective Date during which You must be in an Eligible Class. Any period of time prior to the Policy Effective Date You were Actively at Work for Your Employer will count towards completion of the Waiting Period.  
00093

**We, Our and Us** mean the Dearborn Life Insurance Company, Chicago, Illinois.  
00094

**You, Your and Yours** means the Employee to whom this certificate is issued and whose insurance is in force under the terms of the Policy.  
00095

## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Dearborn Life Insurance Company's toll-free telephone number for information or to make a complaint at:

**1-877-442-4207**

You may also write to Dearborn Life Insurance Company at:  
701 22nd Street, Lombard, IL 60148

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) 475-1771  
Web: <http://www.tdi.state.tx.us>  
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 the company first. 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 Dearborn Life Insurance Company's para obtener información o para presentar una queja al:

**1-877-442-4207**

Usted también puede escribir a Dearborn Life Insurance Company at:  
701 22nd Street, Lombard, IL 60148

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 a:

P. O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 475-1771  
Sitio Web: <http://www.tdi.state.tx.us>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:** Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:** Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

**DEARBORN LIFE INSURANCE COMPANY**  
**Chicago, Illinois**

**RIDER**

This Rider is made a part of the Policy or Certificate (hereafter "the Policy") to which it is attached. It takes effect and ends at the same time as the Policy. All provisions of the Policy, including any other Riders or Amendatory Endorsements will apply to this Rider, except that in the event of a conflict, the specific provisions of this Rider will govern.

**Disability Resource Services**

***What is Disability Resource Services?***

*Disability Resource Services* is a noninsurance benefit made available to **You** which provides access at no additional cost to the following services:

- Access to Guidance Resources® Online, a secure, password-protected interactive website that contains self-assessments, search tools, extensive content on personal health, relational, legal, health and financial concerns for *You*.
- Access to unlimited telephonic counseling service. This service provides access to experts to provide *You* with assessment, counseling and referral advice.
- Up to three face-to-face counseling sessions.

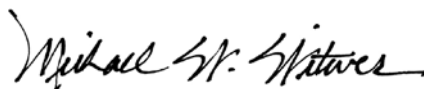
***How Do You Access Disability Resource Services?***

*Guidance Resources* is accessed online. *Your* employer will provide *You* with a password to use on the website. The website URL is [www.GuidanceResources.com](http://www.GuidanceResources.com). Telephonic and face to face counseling is available if you qualify as stated above. To contact a counselor, please call 1-866-899-1363.

Guidance Resources and telephonic counseling is provided by ComPsych® Corporation. We do not underwrite or administer this program.

***When do Disability Resource Services Terminate?***

- Disability Resource Services terminate if *Your* coverage is terminated under the section on *When does Your coverage under the Policy end?* located in the Termination Provision of the contract; or,
- When you are no longer qualify for Total Disability or Partial Disability benefits under the Policy.



President

Nothing contained in this Rider shall be held to alter or affect any provision or condition of the Policy other than as stated above.
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**NOTICE**  
**to**  
***the Policyholder and Certificate holder Insured under***  
***the Group Long Term Disability Insurance Policy***  
***Provided by Dearborn Life Insurance Company***  
***Regarding the Disability Resource Services Noninsurance Benefit***

This notice is to advise you that Your Group Disability Insurance program also provides a non-insurance benefit: *Disability Resource Services*.

**Noninsurance Benefit Description and How the Benefit May Be Obtained**

*Disability Resource Services* is a noninsurance benefit that provides you with a link to Guidance Resources® Online, a secure, password-protected interactive website that contains self-assessments, search tools, and extensive content on personal health, relational, legal, health and financial concerns for insured persons and their family.

In addition *You* have access to telephonic counseling by calling 1-866-899-1363, and up to three face-to-face counseling sessions.

This noninsurance benefit is available at the option of the Policyholder without any action required on the part of an insured person to either accept or decline the service.

There is no charge for this noninsurance benefit.

The service is currently administered and provided by ComPsych® Corporation.

Dearborn Life Insurance Company (sometimes referred to as “We” or “Our”) makes this program available, but it does not underwrite or administer the *Disability Resource Services* program.

**Why This Service is Being Made Available**

We are making this service available to provide support and assistance to insureds who have suffered a loss that is covered by the group disability insurance policy. Living with a disability can be difficult, and this program provides counseling, and assistance with locating services to support the insured and their family members.

**Termination of the Noninsurance Benefit**

This noninsurance benefit is provided free of charge. It is subject to termination at our option or at the option of the program administrator.

If We discontinue this service We will notify the Policyholder not less than thirty (30) days in advance of the discontinuance of this service.

If the current program administrator discontinues the program and we are unable to find a replacement, we will notify the Policyholder as soon as is reasonable under the circumstances. If discontinued, the services available under this noninsurance benefit will no longer be available.

Unless terminated by Us or by the Program administrator, the Disability Resource Services noninsurance benefit is available following a covered loss for as long as you remain covered under the group disability insurance policy and such policy remains in effect.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE  
TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION**  
*(For insurers declared insolvent or impaired on or after September 1, 2011)*

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

**It is possible that the Association may not protect all or part of your policy because of statutory limitations.**

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder's state of residence has a similar guaranty association; and
  3. The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

**Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life and Health Insurance Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, Texas 78701  
800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**END OF CERTIFICATE**

Administrative Office:

**701 E. 22nd Street • Lombard, Illinois 60148**





**BlueCross BlueShield  
of Texas**

**Exhibit 3 Group Long Term  
Disability Insurance Class 2**  
**Employee Benefit Booklet**

**COLLIN COUNTY GOVERNMENT**

**F024952-0001**

**Class 1-02**

# Dearborn Life Insurance Company

## Group Certificate

Dearborn Life Insurance Company

Chicago, Illinois

Administrative Office: 701 E. 22nd Street • Lombard, IL 60148

Having issued Group Policy No. **F024952-0001**

(herein called the Policy or this Plan)

to

**COLLIN COUNTY GOVERNMENT**

(herein called the Policyholder)

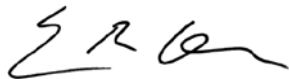
CERTIFIES that You are insured, provided that You qualify under the ELIGIBILITY AND EFFECTIVE DATES provision, become insured and remain insured in accordance with the terms of the Policy. Your insurance is subject to all the definitions, limitations and conditions of the Policy. It takes effect on the effective date stated in the ELIGIBILITY AND EFFECTIVE DATES provision.

This certificate describes Your eligibility for benefits and the terms and provisions of the Policy. It replaces and cancels any other certificate previously issued to You under the Policy.

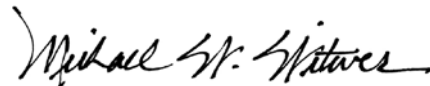
If the terms and provisions of the Certificate of Coverage (issued to You) are different from the Policy (issued to the Policyholder), the Policy will govern. Your coverage may be canceled or changed in whole or in part under the terms and provisions of the Policy.

### **READ YOUR CERTIFICATE CAREFULLY**

Signed for Dearborn Life Insurance Company



Secretary



President

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

## **Group Long Term Disability Certificate**

Non-Participating

**THIS IS NOT A WORKERS' COMPENSATION CERTIFICATE**

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## SCHEDULE OF BENEFITS

<b>Policyholder:</b>	COLLIN COUNTY GOVERNMENT	
<b>Policy Number:</b>	F024952-0001	
<b>Effective Date:</b>	January 1, 2020	
<b>Eligibility:</b>	The following are eligible: Employees who were previously in Class One and are no longer working 30 hours a week; subsequently are approved to work a reduced schedule for up to a maximum of 6 months, and will be covered with full benefits.	
<b>Waiting Period:</b>	<p>If You are in a class eligible for insurance on or before the Policy Effective Date: First of the month coincident with or next following 90 Days of continuous, full-time Active Work</p> <p>If You enter a class eligible for insurance after the Policy Effective Date: First of the month coincident with or next following 90 Days of continuous, full-time Active Work</p>	
<b>Elimination Period:</b>	180 Days	
<b>LTD Monthly Benefit:</b>	66 2/3% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$15,000 per month subject to reduction by deductible sources of income or Disability Earnings	
<b>Social Security Offset Method:</b>	Primary & Family	
<b>Minimum Monthly Benefit:</b>	\$100	
<b>Policyholder Contribution:</b>	100% of premium	
<b>Maximum Period Payable:</b>	<b>Age on Date Disability Commences</b>	<b>Maximum Period Payable</b>
	Less than 60	To Age 65
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months

	67	18 months
	68	15 months
	69 or over	12 months

## OTHER FEATURES

The following other features are included:

- Waiver of Premium
- Work Incentive Benefit
- Rehabilitation Incentive Income
- Recurrent Disability
- FMLA Coverage Extension
- Survivor Benefit
- Rehabilitation Benefit
- Day Care Benefit
- Worksite Modification Benefit
- Vocational Rehabilitation Service
- Social Security Assistance
- Continuity of Coverage

**THIS SCHEDULE OF BENEFITS CANCELS AND REPLACES ALL OTHER SCHEDULES PREVIOUSLY ISSUED TO YOU UNDER THE POLICY. IT OUTLINES THE POLICY FEATURES. THE FOLLOWING PAGES PROVIDE A COMPLETE DESCRIPTION OF THE PROVISIONS OF YOUR CERTIFICATE.**

## ELIGIBILITY AND EFFECTIVE DATES

### **Who is eligible for this insurance?**

The following people are eligible: Employees who were previously in Class One and are no longer working 30 hours a week; subsequently are approved to work a reduced schedule for up to a maximum of 6 months, and will be covered with full benefits. The Waiting Period is shown in the Schedule of Benefits.

00001

### **When does Your Noncontributory insurance become effective?**

If You are an eligible Employee, Your Noncontributory coverage under the Policy will become effective on the day following completion of the Waiting Period, if any, shown in the Schedule of Benefits, provided You are Actively at Work on that day.

If You waive all or a portion of Your Noncontributory coverage and choose to enroll at a later date, You are considered a late applicant and must furnish Evidence of Insurability satisfactory to Us before coverage can become effective. Coverage will become effective on the date We determine that the Evidence of Insurability is satisfactory and We provide written notice of approval.

You must be Actively at Work for coverage under the Policy to become effective. If, because of Injury or Sickness, You are not Actively at Work on the date the insurance would otherwise take effect, it will take effect on the day You return to Active Work.

**Noncontributory** means the Policyholder pays 100% of the premium for this insurance.

00002

### **Who pays for Your coverage?**

The Policyholder pays the entire cost of Your coverage.

00008

### **Do You have to pay premium while You receive benefits?**

We will waive premium for You during a period of Disability for which the LTD Monthly Benefit is payable under the Policy. Premium payment is required during Your Elimination Period or any other period when the LTD Monthly Benefit is not payable under the Policy.

00009

### **What happens if We are replacing an existing Policy? (Continuity of Coverage)**

#### **Effect on Actively at Work requirement**

If You were insured under the Prior Policy on the day before the Policy Effective Date, You may be covered by the Policy even if You do not satisfy the Actively at Work requirement as stated in the When does insurance become effective? provision and You would otherwise be eligible to become insured under the Policy, We will provide limited coverage under this Plan. Coverage under this provision will begin on the Policy effective date and will continue until the earliest of:

1. The end of the month following the date You become Actively at Work;
2. The end of any period of continuance or extension provided under the Prior Policy; or
3. The date coverage would otherwise end, according to the provisions of the Policy.

Your coverage under this provision is subject to payment of premium.

#### **Effect on Benefits**

If You do not satisfy the Actively at Work requirement, You may still be eligible for benefits under the Policy as follows:

The benefits payable under the Policy will be the benefits which would have been payable under the terms of the Prior Policy if it had remained in force; and the benefits payable under the Policy will be reduced by any benefits payable under the Prior Policy for the same Disability for which the prior carrier is liable.

The **Prior Policy** is the group disability insurance policy issued to the Policyholder by Aetna Life Insurance Company whose coverage terminated immediately prior to the Policy Effective Date.

**Effect on Pre-existing Conditions**

If You have a Disability due to a Pre-Existing Condition after the Prior Policy has been replaced by this Plan, Benefits may be payable if:

1. You were insured under the Prior Policy at the time the Policyholder changed coverage from the Prior Policy to the Policy; and
2. You have been continuously insured under this Plan from the effective date of this Plan until the date Your Disability began.

In order for benefits to be paid, You must satisfy the Pre-Existing Condition exclusion under:

1. this Plan; or
2. the Prior Policy, if benefits would have been paid had the Prior Policy remained in force.

If You satisfy the Pre-Existing Condition exclusion of this Plan, We will determine Your payments according to this Plan's provision.

If You do not satisfy the Pre-Existing Condition exclusion of this Plan, but You do satisfy the Pre-Existing Condition provision under the Prior Policy:

1. Your Monthly Benefit will be the lesser of:
  - a. The Monthly Benefit that would have been payable under the terms of the Prior Policy if it had remained in force; or
  - b. The Monthly Benefit under this Plan.
2. Benefits will end on the earlier of:
  - a. The date benefits end under the Policy, as described under the Maximum Period Payable; or
  - b. The date benefits would have ended under the Prior Policy if it had remained in force.

If You do not satisfy the Pre-Existing Condition exclusion under either this Plan or the Prior Policy, We will not make any payments.

We will require proof that You were insured under the Prior Policy.

00010



## LONG TERM DISABILITY BENEFITS

### How do We define Total Disability?

**Total Disability** or **Totally Disabled** means that during the first 24 consecutive months of benefit payments due to Sickness or Injury;

1. You are continuously unable to perform the Material and Substantial Duties of Your Regular Occupation, and
2. Your Disability Earnings, if any, are less than 20% of Your pre-disability Indexed Monthly Earnings.

00011

After the LTD Monthly Benefit has been paid for 24 consecutive months, Total Disability or Totally Disabled means that due to Injury or Sickness:

1. You are continuously unable to engage in any Gainful Occupation, and
2. Your Disability Earnings, if any, are less than 20% of Your pre-disability Indexed Monthly Earnings.

00013

### How do We define Partial Disability?

**Partial Disability** or **Partially Disabled** means that:

1. During the Elimination Period You are unable to perform all of the Material and Substantial Duties of Your Regular Occupation.
2. During the first 24 consecutive months of benefit payments, due to Injury or Sickness You are unable to perform all of the Material and Substantial Duties of Your Regular Occupation, and Your Disability Earnings, if any, are at least 20% but less than or equal to 80% of Your pre-disability Indexed Monthly Earnings.
3. After the LTD Monthly Benefit has been paid for 24 consecutive months Partial Disability or Partially Disabled means that due to Injury or Sickness, You are unable to engage in any Gainful Occupation; and Your Disability Earnings, if any, are at least 20% but less than or equal to 80% of Your pre-disability Indexed Monthly Earnings.

00014

### Loss of Professional License or Certification

If You require a professional license or certification for Your occupation, loss of that professional license or certification does not in and of itself constitute Disability.

00017

### What is the Elimination Period and how is it satisfied?

The Elimination Period is a period of continuous Disability which must be satisfied before You are eligible to receive benefits from Us. It is shown in the Schedule of Benefits and begins on Your Date of Disability.

If You temporarily recover and return to work, We will treat Your Disability as continuous if You return to work for a period of less than or equal to one-half the Elimination Period rounded up to the next whole number, not to exceed 90 days. The days that You are not Disabled will not count toward Your Elimination Period.

If You return to work for a period greater than one-half the Elimination Period, or 90 days, whichever is less, and become Disabled again, You will have to begin a new Elimination Period.

00018

### Can You satisfy Your Elimination Period if You are working?

You can satisfy Your Elimination Period if You are working, provided You meet the definition of Disability.

00019

### What Disability Benefit are You eligible to receive?

If You are Disabled, You are eligible to receive one of the following at any given time:

1. an LTD Monthly Benefit;
2. a Work Incentive Benefit; or
3. Rehabilitation Incentive Income.

While You are Disabled, You might be eligible to receive one or the other of the above, but You cannot receive more than one of these benefits at the same time.

00020

### **What is Your LTD Monthly Benefit and how is it calculated?**

Your LTD Monthly Benefit will be based on Your Monthly Earnings as reported to Us by the Policyholder and for which premium has been paid.

An LTD Monthly Benefit will be payable after the end of the Elimination Period if You are Disabled. We will calculate Your Gross LTD Monthly Benefit amount as follows:

1. Multiply Your Monthly Earnings by 66 2/3%.
2. The maximum Gross LTD Monthly Benefit is \$15,000.00.
3. Compare the answers from Item 1 and Item 2. The lesser of these two amounts is Your Gross LTD Monthly Benefit.
4. Subtract the Deductible Sources of Income from Your Gross LTD Monthly Benefit. The resulting figure is Your Net LTD Monthly Benefit.
5. Compare the answer from item 3 and 4.

The lesser amount figured in item 5 is Your Monthly Benefit.

If a benefit is payable for less than one month, it will be paid on the basis of 1/30th of the Net LTD Monthly Benefit for each day of Disability.

00021-A

### **How do We define Monthly Earnings?**

**Monthly Earnings** means Your gross monthly income from Your Employer had you been working 40 hours per week based on Your hourly rate of pay in effect just prior to Your Date of Disability. It includes Your total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than Your Employer.

Earnings, whether for a full year or partial year, will be converted to a monthly amount for the purpose of calculating the Monthly Benefit.

00022

### **What are the Deductible Sources of Income?**

1. Disability benefits paid, payable, or for which You are eligible under:
  - a. The Social Security Act, including any amounts for which Your dependents may qualify because of Your Disability;
  - b. Any Workers' Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational Injury or Sickness;
  - c. Occupational accident coverage provided by or through the Policyholder;
  - d. Any Statutory Disability Benefit Law;
  - e. The Railroad Retirement Act;
  - f. The Canada Pension Plan, Quebec Pension Plan, or any other similar disability or pension plan or act;
  - g. The Canada Old Age Security Act;
  - h. Any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan, or any plan provided as an alternative to any of the above acts or plans not including Texas County and District Retirement System;
  - i. Title 46, United States Code Section 688 et seq (The Jones Act);
  - j. Title 33, United States Code Section 901 et seq (Longshore and Harbor Workers' Compensation Act).
2. Disability benefits paid, payable, or for which You are eligible under:
  - a. Any group insurance plan provided by or through the Policyholder , and

- b. Any sick leave or salary continuance plan provided by or through the Policyholder which causes the Net Monthly Benefit, plus Deductible Sources of Income and any salary continuation to exceed 100% of Your pre-disability Indexed Monthly Earnings. The amount in excess of 100% of Your pre-disability Indexed Monthly Earnings will be used to reduce Your Net Monthly Benefit.
- 3. Retirement benefits paid under the Social Security Act including any amounts for which Your dependents may qualify because of Your retirement;
- 4. Retirement and Disability benefits paid under a Retirement Plan provided by the Policyholder except for amounts attributable to Your contributions;
- 5. Disability benefits paid under any No Fault Auto Motor Vehicle coverage;
- 6. Amounts received from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise, not to exceed 50% of the net settlement.

### **Proration of Lump Sum Awards**

If any Deductible Source of Income described above is paid in a single sum through compromise settlement or as an advance on future liability, We will determine the amount of reduction to Your Gross LTD Monthly Benefit as follows:

- 1. We will divide the amount paid by the number of months for which the settlement or advance was provided; or
- 2. If the number of months for which the settlement or advance is made is not known, We will divide the amount of the settlement or advance by the expected remaining number of months for which We will provide benefits for Your Disability based on the Proof of Disability which We have, subject to a maximum of 60 months.

### **What other sources of income are not deductible?**

We will not reduce Your Gross LTD Monthly Benefit by any of the following:

- 1. deferred compensation arrangements such as 401(k), 403(b) or 457 plans;
- 2. credit disability insurance;
- 3. pension plans for partners;
- 4. military pension and disability income plans;
- 5. franchise disability income plans;
- 6. individual disability income plans;
- 7. a Retirement Plan from another Policyholder;
- 8. profit sharing plans;
- 9. thrift or savings plans;
- 10. individual retirement account (IRA);
- 11. tax sheltered annuity (TSA);
- 12. stock ownership plan.

00023

### **Can You work and still receive benefits?**

While Disabled, You may qualify for the Work Incentive Benefit or Rehabilitation Incentive Income, but not both.

### **Work Incentive Benefit**

A Work Incentive Benefit will be payable if You are Disabled and Gainfully Employed after the end of the Elimination Period, or after a period during which You received LTD Monthly Benefits.

The Work Incentive Benefit will be calculated during the first 12 months of disability payments while You are Gainfully Employed as follows:

- 1. We will add together the Gross Monthly Benefit and Disability Earnings and compare to pre-disability Indexed Monthly Earnings.
- 2. If the total amount in Item 1 exceeds 100% of pre-disability Indexed Monthly Earnings, the Work Incentive Benefit will be equal to the LTD Monthly Benefit reduced by the amount of the excess.
- 3. If the total amount in Item 1 does not exceed 100% of pre-disability Indexed Monthly Earnings, the Work Incentive Benefit will be equal to the LTD Monthly Benefit amount.

After the first 12 months of disability payments while You are Disabled and Gainfully Employed, the Work Incentive Benefit will be equal to the Net Monthly Benefit multiplied by the Adjusted Loss of Salary Ratio.

The Work Incentive Benefit will cease on the earliest of the following:

1. the date You are no longer Disabled; or
2. the end of the Maximum Period Payable.

Adjusted Loss of Salary Ratio is equal to: A divided by B

A= Your pre-disability Indexed Monthly Earnings minus Your Disability Earnings

B= Your pre-disability Indexed Monthly Earnings

### **Rehabilitation Incentive Income**

Rehabilitation Incentive Income will be payable after the end of the Elimination Period, or after a period during which You received LTD Monthly Benefits. This benefit is payable if You are Disabled and Gainfully Employed in an occupation that has been approved as part of a Rehabilitation Plan.

Rehabilitation Incentive Income will be calculated during the first 12 months of Gainful Employment as follows:

1. If Disability Earnings exceed 100% of pre-disability Indexed Monthly Earnings, Rehabilitation Incentive Income will be equal to the Net Monthly Benefit reduced by the amount of the excess.
2. If Disability Earnings do not exceed 100% of pre-disability Indexed Monthly Earnings, Rehabilitation Incentive Income will be equal to the Monthly Benefit.

After the first 12 months of Gainful Employment, Rehabilitation Incentive Income will be equal to the LTD Monthly Benefit multiplied by the Adjusted Loss of Salary Ratio.

Rehabilitation Incentive Income will cease on the earliest of the following:

1. as stated in the Rehabilitation Plan;
2. the date You fail to comply with the requirements of the Rehabilitation Plan;
3. the date You are no longer Gainfully Employed; or
4. the end of the Maximum Period Payable.

Adjusted Loss of Salary Ratio is equal to: A divided by B

A= Your pre-disability Indexed Monthly Earnings minus Your Disability Earnings

B= Your pre-disability Indexed Monthly Earnings

00024-A

### **What is the minimum Net LTD Monthly Benefit payable under the Policy?**

The Net LTD Monthly Benefit payable for Disability will not be less than \$100. The minimum Net LTD Monthly Benefit does not apply if You are Gainfully Employed.

00025

### **What happens if Your Deductible Sources of Income increase?**

The Net LTD Monthly Benefit will not be further reduced for subsequent cost-of-living increases which are paid, payable, or for which You or Your dependents are eligible under any Deductible Source of Income shown above.

00026

### **How long will You receive benefits under the Policy?**

We will send You a payment for each month of Disability up to the Maximum Period Payable as shown in the Schedule of Benefits. Payment of benefits is also subject to any benefit duration limitation pertaining to Your Disability.

00027

### **What happens if Your Disability recurs?**

If Disability for which benefits were payable ends but recurs due to the same or related causes less than 6 months after the end of a prior Disability, it will be considered a resumption of the prior Disability. Such recurrent Disability shall be subject to the provisions of the Policy that were in effect at the time the prior Disability began.

Disability which recurs more than 6 months after the end of a prior Disability is subject to:

1. a new Elimination Period;
2. a new Maximum Period Payable; and
3. the other provisions of the Policy that are in effect on the date the Disability recurs.

Disability must recur while Your coverage is in force under the Policy.

00028

## EXCLUSIONS AND LIMITATIONS

### What are the exclusions and limitations under the Policy?

The Policy does not cover any loss or Disability caused by, resulting from, arising out of or substantially contributed, directly or indirectly, to by any one or more of the following:

- a Pre-existing Condition;
- commission of, participation in, or an attempt to commit an assault or felony;
- Intentionally self-inflicted injuries;
- attempted suicide, regardless of mental capacity;
- participation in a war, declared or undeclared, or any act of war;
- active military duty;
- active Participation in a Riot;
- commission of a crime for which You have been convicted;

The Policy has limitations on:

- Mental Disorder - Disability beyond 24 months after the Elimination Period if it is due to a Mental Disorder of any type. Confinement in a Hospital or institution licensed to provide care and treatment for mental illness will not be counted as part of the 24-month limit.
- Substance Abuse – A Substance Abuse (drug or alcohol) related Disability unless You are participating in a Substance Abuse treatment program approved by the State where the treatment program is provided. The cost of the treatment program must be borne by You or another group plan of the Policyholder (such as a group health plan or Employee Assistance Program) if one is available and covers this type of treatment.

Except as specifically stated above, in no event will LTD Monthly Benefits for a Mental Disorder or Substance Abuse be paid beyond the earliest of the date:

1. 24 LTD Monthly Benefit payments have been made; or
2. the Maximum Period Payable is reached; or
3. You refuse to participate in an appropriate, available treatment program, or You leave the treatment program prior to completion; or
4. You are no longer following the requirements of Your treatment plan under the program; or
5. You complete the initial treatment plan, exclusive of any aftercare or follow-up services.

The lifetime cumulative Maximum Period Payable for all disabilities due to a Mental Disorder and Substance Abuse is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities:

1. are not continuous; and/or
2. are not related.

Furthermore:

- Benefits are not payable for any period during which You are confined to a penal or correctional institution if the period of confinement exceeds 30 days.
- Benefits are not payable if Your Disability Earnings exceed 80% of Your pre-disability Indexed Monthly Earnings.
- Benefits are not payable during the first 24 months of LTD Monthly Benefits, when You are able to return to work in Your Regular Occupation on a part-time basis but You do not.
- Benefits are not payable after 24 months of LTD Monthly Benefits, when You are able to work in any Gainful Occupation on a part-time basis but You do not.

00029

## TERMINATION OF COVERAGE

### When will Your insurance terminate?

Your coverage will terminate on the earliest of the following dates:

1. the date on which the Policy is terminated;
2. the date You stop making any required contribution toward payment of premiums;
3. the date on which the Employer's participation under the Policy is terminated; or
4. the date You:
  - a. are no longer a member of a class eligible for this insurance,
  - b. request termination of coverage under the Policy,
  - c. are retired or pensioned, or
  - d. cease work because of a leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute, unless We and the Policyholder have agreed in writing in advance of the leave to continue insurance during such period.

Termination will not affect a covered loss which began while the coverage was in force.

00030

### Will coverage be continued if You are eligible for leave under FMLA?

In the event You are eligible for and the Policyholder approves a leave under the Family and Medical Leave Act of 1993 (FMLA), or any applicable state family and medical leave law (State FML), provided the required premium continues to be paid, Your insurance will continue for a period of up to the later of:

1. the leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments; or
2. the leave period permitted by applicable state law.

While granted a Family or Medical Leave of Absence:

1. The Policyholder must remit the required premium according to the terms of the Policy; and
2. coverage will terminate if You do not return to work as scheduled according to the terms of Your agreement with the Policyholder.

00031

### Will coverage be continued if You are eligible for leave under USERRA?

If You are on a leave of absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

1. the length of time the coverage may be continued under the Certificate for an FMLA or State FML leave of absence; or
2. the length of time the coverage may be continued under the Certificate of Coverage for a leave of absence other than an FMLA or State FML leave of absence.

00032

### Will coverage be continued for other leaves of absence?

If You are on an approved leave of absence other than an FMLA or State FML leave of absence, and if premium is paid, Your coverage will be continued through the end of the twelfth month that immediately follows the month in which Your leave of absence begins.

If the Policyholder has approved more than one type of leave of absence for You during any one period that You are not Actively at Work We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.

If Your coverage is not continued during an FMLA or State FML leave of absence, and You become Actively at Work immediately following the end of Your FMLA or State FML leave of absence, Your coverage will be reinstated. We will not apply a new Waiting Period, require Evidence Of Insurability, or apply a new Pre-existing Condition limitation.

If Your coverage is not continued during a leave of absence for active military service, and You return to active employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.

In no event will Your coverage under the policy be continued beyond the date Your coverage would otherwise end according to the terms of the When will Your insurance terminate? provision.

00033



## DAY CARE EXPENSE BENEFIT

### ***Are Day Care Expense Benefits available while You are Disabled?***

While *Disabled* and receiving Rehabilitation Incentive Income, *You* will be reimbursed for *Day Care Expenses* for each *Eligible Child*. *You* must supply satisfactory proof to *Us* that *You* incurred such charges.

***Day Care Expenses*** mean monthly expenses, up to \$350 per child per month, to a maximum total benefit of \$1,000.00 per month, charged by a licensed day care provider who is not a member of *Your* immediate family or living in *Your* residence.

***Eligible Child*** means *Your Dependent Child* under age 13 who lives with *You*.

***Dependent Child(ren)*** means any unmarried child of *Yours*, whether natural, step, foster or adopted, who is primarily dependent on *You* for financial support and maintenance.

The Day Care Expense Benefit payments will end the earliest of the following to occur:

1. the date *You* are no longer incurring *Day Care Expenses* for your *Eligible Child*;
2. the date *You* are no longer receiving Rehabilitation Incentive Income;
3. after 12 monthly Day Care Expense Benefit payments have been made for each *Eligible Child*.

00034

## **SURVIVOR INCOME BENEFIT**

### **What happens if You die while receiving benefits?**

We will pay a Survivor Income Benefit to an Eligible Survivor when proof is received that You died:

1. After the Disability had continued for 6 or more consecutive months; and
2. While receiving an LTD Monthly Benefit.

The Survivor Income Benefit shall be payable on a lump sum basis immediately after We receive written proof of Your death. The benefit will be equal to 3 times Your Last Monthly Benefit. The benefit shall accrue from Your date of death.

**Eligible Survivor** means Your Spouse, if living, or if Your Spouse dies before the final monthly benefit is paid, then Your children who are under age 23.

If payment becomes due to Your children, payment will be made to:

1. the children; or
2. a person named by Us to receive payments on the children's behalf. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

**Last Monthly Benefit** means the Monthly Benefit paid to You immediately prior to Your death, but not including any reductions for Deductible Sources of Income.

If there is no Eligible Survivor, We will pay the Survivor Income Benefit to Your estate.

00036

## REHABILITATION BENEFIT

### What is the Rehabilitation Benefit?

If You are receiving a Monthly Benefit and You are participating in a Rehabilitation Plan approved by Us , You will receive a monthly Rehabilitation Benefit. The Rehabilitation Benefit pays 10% of Your Gross LTD Monthly Benefit to a maximum of \$500 per month subject to the maximum Monthly Benefit as shown in the Schedule of Benefits.

Eligibility for a Rehabilitation Plan is based upon Your education, training, work experience and physical and/or mental capacity. To be considered for a Rehabilitation Plan:

1. Your Disability must prevent You from performing Your Regular Occupation;
2. You must have the physical and/or mental capacities necessary for successful completion of a Rehabilitation Plan; and
3. there must be a reasonable expectation that the Rehabilitation Plan will help You return to Gainful Employment.

The Rehabilitation Benefit is not subject to policy provisions which would otherwise increase or reduce the Monthly Benefit.

Rehabilitation Benefit payments will end on the earliest of the following dates:

1. after 6 monthly Rehabilitation Benefit payments have been made;
2. on the date We determine that You are no longer eligible to participate in a Rehabilitation Plan;
3. on the date You are no longer participating in the Rehabilitation Plan; or
4. on any other date monthly payments would cease in accordance with the Policy.

00039

## **WORKSITE MODIFICATION BENEFIT**

### **What is the Worksite Modification Benefit?**

We will assist You and the Policyholder in identifying modifications We agree are likely to help You remain at work or return to work. This agreement will be in writing and must be signed by You, the Policyholder and Us.

When this occurs, We will reimburse the Policyholder for the cost of the modification, up to the greater of:

1. \$1,500; or
2. 2 times Your Last Monthly Benefit.

We will reimburse the Policyholder upon completion of the following:

1. agreed upon modifications made on Your behalf are completed;
2. written proof of expenses incurred by Your Policyholder have been provided to Us; and
3. You have returned to work and are an Actively at Work Employee.

Last Monthly Benefit means the Monthly Benefit paid to You immediately prior to Your request for benefits under the Worksite Modification Benefit provision, but not including any reductions for Deductible Sources of Income.

00044

## CLAIM SERVICES

### **What other services are available to You while You are Disabled?**

If You are Disabled and eligible to receive Disability benefits under the Policy, We will evaluate You for eligibility to receive any of the following. We will make the final determination for any of the following benefits or services.

#### **Vocational Rehabilitation Service**

Rehabilitation services are available when We determine that these services are reasonably required to assist in returning You to Gainful Employment. Vocational rehabilitation services might include but are not limited to one or more of the following:

1. job modification;
2. job retraining;
3. job placement;
4. other activities.

Eligibility for vocational rehabilitation services is based upon Your education, training, work experience and physical and/or mental capacity. To be considered for rehabilitation services:

1. Your Disability must prevent You from performing Your Regular Occupation;
2. You must have the physical and/or mental capacities necessary for successful completion of a rehabilitation program, and
3. there must be a reasonable expectation that rehabilitation services will help You return to Gainful Employment.

#### **Social Security Disability Assistance**

When necessary, We will provide an advocate for You in applying for and securing Social Security Disability awards. When We determine that Social Security Assistance is appropriate for You, it is provided at no additional cost to You.

00047

## FILING A CLAIM

### What are the Claim Filing Requirements?

#### Initial Notice of Claim

We ask that You notify Us of Your claim as soon as possible, so that We may make a timely decision on Your claim. The Policyholder can assist You with the appropriate telephone number and address of Our Claim Department. You must send Us written notice of Your Disability within 30 days of the Date of Disability, or as soon as reasonably possible. Notice may be sent to Our Claim Department at the address shown on the claim form or given to Our Agent.

#### Written Proof of Loss

Within 15 days of Our being notified in writing of Your claim, We will supply You with the necessary claim forms. The claim form is to be completed and signed by You, the Policyholder and Your Doctor. If You do not receive the appropriate claim forms within 15 days, then You will be considered to have met the requirements for written proof of loss if We receive written proof, which describes the occurrence, extent and nature of loss as stated in the Proof of Disability provision.

#### Time Limit for Filing Your Claim

You must furnish Us with written proof of loss within 91 days after the end of Your Elimination Period. The length of the Elimination Period is shown in the Schedule of Benefits. If it is not possible to give Us written proof within 91 days, the claim is not affected if the proof is given as soon as possible. However, unless You are legally incapacitated, written proof of loss must be given no later than 1 year after the time proof is otherwise due.

No benefits are payable for claims submitted more than 1 year after the time proof is due. However, You can request that benefits be paid for late claims if You can show that:

1. It was not reasonably possible to give written proof during the 1 year period, and
2. Proof of loss satisfactory to Us was given as soon as was reasonably possible.

#### Proof of Disability

The following items, supplied at Your expense, must be a part of Your proof of loss. Failure to provide complete proof of loss may delay, suspend or terminate Your benefits.

1. The date Your Disability began;
2. The cause of Your Disability;
3. The prognosis of Your Disability;
4. Proof that You are receiving Appropriate and Regular Care for Your condition from a Doctor, who is someone other than You or a member of Your immediate family, whose specialty or expertise is the most appropriate for Your disabling condition(s) according to Generally Accepted Medical Practice.
5. Objective medical findings which support Your Disability. Objective medical findings include but are not limited to tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for Your disabling condition(s).
6. The extent of Your Disability, including restrictions and limitations which are preventing You from performing Your Regular Occupation.
7. Appropriate documentation of Your Monthly Earnings. If applicable, regular monthly documentation of Your Disability Earnings.
8. If You were contributing to the premium cost, the Policyholder must supply proof of Your appropriate payroll deductions.
9. The name and address of any Hospital or Health Care Facility where You have been treated for Your Disability.
10. If applicable, proof of incurred costs covered under other benefit provisions in the Policy.

#### Continuing Proof of Disability

You may be asked to submit proof that You continue to be Disabled and are continuing to receive Appropriate and Regular Care of a Doctor. Requests of this nature will only be made as often as reasonably necessary but not more

frequently than once every 3 months. If required, this will be at Your expense and must be received within 45 days of Our request. Failure to comply with such a request may delay, suspend or terminate Your benefits.

### **Examination**

At Our expense, We have the right to have You examined as often as reasonably necessary while the claim continues. Failure to comply with this examination may result in denial, suspension or termination of benefits, unless We agree You have a valid and acceptable reason for not complying.

### **Authorization and Documentation You will be asked to supply**

1. You will be required to provide signed authorization for Us to obtain and release all reasonably necessary medical, financial or other non-medical information in support of Your Disability claim. Failure to submit this information may deny, suspend or terminate Your benefits.
2. You will be required to supply proof that You have applied for other Deductible Sources of Income such as Workers' Compensation or Social Security Disability benefits, when applicable.
3. You will be required to notify Us when You receive or are awarded other Deductible Sources of Income. You must tell Us the nature of the Deductible Source of Income, the amount received, the period to which the benefit applies, and the duration of the benefit if it is being paid in installments.

00048-TX

### **Time of Payment of Claim**

As soon as We have all necessary substantiating documentation for Your Disability claim, We will pay Your benefit on a monthly basis, so long as You continue to qualify for it.

We will pay benefits to You unless otherwise indicated. If You die while Your claim is open, any due and unpaid Disability benefit will be paid, at Our option, to the surviving person or persons in the first of the following classes of successive preference beneficiaries: Your: 1) Spouse; 2) children including legally adopted children; 3) parents; or 4) Your estate.

If any benefit is payable to an estate, a minor or a person not competent to give a valid release, We may pay up to \$1,000 to any relative or beneficiary of Yours whom We deem to be entitled to this amount. We will be discharged to the extent of such payment made by Us in good faith.

00049

### **Can You assign Your benefits?**

Your benefits are not assignable, which means that You may not transfer Your benefits to anyone else.

### **What will happen if a claim is overpaid?**

A claim overpayment can occur when You receive a retroactive payment from a Deductible Source of Income when We inadvertently make an error in the calculation of Your claim; or if fraud occurs. The overpayment amount equals the amount We paid in excess of the amount We should have paid under the Policy.

We have the right to recover from You any amount that is an overpayment of benefits under the Policy. You must refund to Us the overpaid amount. We may also, without forfeiting Our right to collect an overpayment through any means legally available to Us, recover all or any portion of an overpayment by reducing or withholding future benefit payments, including the Minimum Monthly Benefit.

In an overpayment situation, We will determine the method by which the repayment is made. You will be required to sign an agreement with Us which details the source of the overpayment, the total amount We will recover and the method of recovery. If LTD Monthly Benefits are suspended while recovery of the overpayment is being made, suspension will also apply to the minimum LTD Monthly Benefits payable under the Policy.

### **Subrogation - Right of Reimbursement**

When any claim payment is made, We reserve any and all rights to subrogation and/or reimbursement to the fullest extent allowed by statute and customary practice. Any party to this contract shall not perform any act that will prejudice such rights without prior agreement with Us. We will bear any expenses associated with Our pursuit of subrogation or recovery.

00050

## UNIFORM PROVISIONS

### Entire Contract; Changes

The Policy, the Policyholder's application, the Employee's certificate of coverage, and Your application, if any, and any other attached papers, form the entire contract between the parties. Coverage under the Policy can be amended by mutual consent between the Policyholder and Us. No change in the Policy is valid unless approved in writing by one of Our officers. No agent has the right to change the Policy or to waive any of its provisions.

### Statements on the Application

In the absence of fraud, all statements made in any signed application are considered representations and not warranties (absolute guarantees). No representation by:

1. the Policyholder in applying for the Policy will make it void unless the representation is contained in the signed application; or
2. any Employee in applying for insurance under the Policy will be used in defense to a claim under the Policy unless it is contained in a written application signed by the Insured and a copy of such application is or has been given to him or to his personal representative.

### Legal Actions

Unless otherwise provided by federal law, no legal action of any kind may be filed against Us:

1. until 60 days after proof of claim has been given; or
2. more than 3 years after proof of Disability must be filed, unless the law in the state where You live allows a longer period of time.

### Clerical Error

Clerical error or omission by Us to the Policyholder will not:

1. Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy; or
2. Cause coverage to begin or coverage to continue for You when the coverage would not otherwise be effective.

If the Policyholder gives Us information about You that is incorrect, We will:

1. Use the facts to decide whether You have coverage under the Policy and in what amounts; and
2. Make a fair adjustment of the premium.

### Misstatement of Age

If Your age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon Your age, as shown in the Benefit Duration Schedule, the amount of the benefit will be the amount You would have been entitled to if Your correct age were known.

**Note: A refund of premium will not be made for a period more than twelve months before the date the Company is advised of the error.**

### Incontestability

The validity of the Policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from the date of issue. The validity of the Policy shall not be contested on the basis of a statement made relating to insurability by any person covered under the Policy after such insurance has been in force for two years during such person's lifetime, and shall not be contested unless the statement is contained in a written instrument signed by the person making such statement.

### Conformity with State Statutes and Regulations

If any provision of the Policy conflicts with the statutes and regulations of the state in which the Policy was issued or delivered, it is automatically changed to meet the minimum requirements of the statute.

### Workers' Compensation or State Disability Insurance

The Policy is not in place of, and does not affect the requirements for coverage by any workers' compensation or state disability insurance.



**Agency**

Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent.

**General Provisions**

We have the right to inspect all of the Policyholder's records on the Policy at any reasonable time. This right will extend until:

1. 2 years after termination of the Policy; or
2. all claims under the Policy have been settled,

whichever is later.

The Policy is in the Policyholder's possession and may be inspected by You at any time during normal business hours at the Policyholder's office.

00051-TX

## DEFINITIONS

The following are key words and phrases used in this certificate. When these words and phrases, or forms of them, are used, they are capitalized and italicized in the text. As You read this certificate, refer back to these definitions.

**Accident or Accidental** means a sudden, unexpected event that was not reasonably foreseeable.

00052

**Actively at Work or Active Work** means that You must be:

1. working for the Policyholder on an active basis; or
2. working at the Policyholder's usual place of business or working at a location to which the Policyholder's business requires You to travel.
3. a legal citizen or resident of the United States of America;
4. are paid regular earnings by the Policyholder, and
5. not a temporary or seasonal Employee.

You will be considered Actively at Work if You were actually at work on the day immediately preceding:

1. a weekend (except for one or both of these days if they are scheduled days of work);
2. holidays (except when such holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. excused leave of absence (except medical leave and lay-off); and
6. emergency leave of absence (except emergency medical leave).

00053

**Appropriate and Regular Care** means that You are regularly visiting a Doctor as frequently as medically required to meet Your basic health needs. The effect of the care should be of demonstrable medical value for Your disabling condition(s) to effectively attain and/or maintain Maximum Medical Improvement.

00055

**Date of Disability** is the date We determine that You are Disabled.

00057

**Disability or Disabled** means that You satisfy the definition of either Total Disability or Partial Disability.

00058

**Disability Earnings** is the wage or salary You earn from Gainful Employment after a Disability begins. It includes any earnings You could receive if You were working to Your Maximum Capacity. Any lump sum payment will be prorated, based on the time over which it accrued or the period for which it was paid.

If Your Disability Earnings routinely fluctuate widely from month to month, We may average Your Disability Earnings over the most recent three months to determine if Your claim should continue. If We average Your Disability Earnings, We will not terminate Your claim unless the average of Your Disability Earnings from the last three months exceeds 80% of Your Indexed Monthly Earnings.

00059

**Doctor** means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither You nor a member of Your immediate family. A licensed medical practitioner is a Doctor if applicable state law requires that such practitioners be recognized for purposes of certification of Disability, and the treatment provided by the practitioner is within the scope of his or her license.

00061

**Elimination Period** means the number of calendar days at the beginning of a continuous period of Disability for which no benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

00062

**Employee** means an Actively at Work full-time Employee whose principal employment is with the Policyholder, at the Policyholder's usual place of business or such place(s) that the Policyholder's normal course of business may require,

who is Actively at Work for at least the number of hours per week as stated in the Application and is reported on the Policyholder's records for Social Security and withholding tax purposes.  
00069

**Gainful Occupation, Gainful Employment or Gainfully Employed** means the performance of any occupation for wages, remuneration or profit, for which You are qualified by education, training or experience on a full-time or part-time basis.  
00063

**Generally Accepted Medical Practice or Generally Accepted in the Practice of Medicine** means care and treatment which is consistent with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies.  
00064

**Gross LTD Monthly Benefit** means that benefit shown in the Schedule of Benefits which applies to You.  
00065

**Hospital or Health Care Facility** is a legally operated, accredited facility licensed to provide full-time care and treatment for the condition(s) causing Your Disability. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities which primarily provide custodial, educational or rehabilitative care.  
00066

**Indexed Monthly Earnings** means Your Monthly Earnings adjusted on each anniversary of benefit payment by the lesser of 7% or the current annual percentage increase in the Consumer Price Index. Your Indexed Monthly Earnings may increase or remain the same, but will never decrease.

Consumer Price Index (CPI-W) means the Consumer Price Index for all urban wage earners and clerical workers in the United States as published by the Bureau of Labor Statistics of the United States Department of Labor or its successors. If the CPI-W is discontinued or changed, We may use another index that most closely reflects the cost of living in the United States.

Indexing is only used as a factor in the determination of the percentage of lost earnings while You are Disabled and working in a Gainful Occupation.  
00067a

**Injury** means bodily injury that is the direct result of an Accident and not related to any other cause. The Injury must occur, and Disability resulting from the Injury must begin while You are covered under the Policy. Injury that occurs before You are covered under the Policy will be treated as a Sickness.  
00068

**LTD** means Long Term Disability.  
00070

**Male pronoun**, whenever used, includes the female.  
00071

**Material and Substantial Duties** means duties that:

1. are normally required for the performance of Your Regular Occupation; and
  2. cannot be reasonably omitted or modified, except that if You are required to work on average in excess of 40 hours per week, We will consider You able to perform that requirement if You have the capacity to work 40 hours.
- 
- 00072

**Maximum Capacity** means, based on Your restrictions and limitations:

1. During the first 24 consecutive months of Monthly Benefit payments, the greatest extent of work You are able to do in Your Regular Occupation; and
  2. Beyond 24 consecutive months of Monthly Benefit payments, the greatest extent of work You are able to do in any Gainful Occupation.
- 
- 00073

**Maximum Medical Improvement** is the level at which, based on reasonable medical probability, further material recovery from, or lasting improvement to, an Injury or Sickness can no longer be reasonably anticipated.  
00074

**Maximum Period Payable**, as shown in the Schedule of Benefits, means the longest period of time that We will make payments to You for any one period of Disability.

00075

**Mental Disorder** means a disorder found in the current diagnostic standards of the American Psychiatric Association.

00076

**Monthly Benefit** means the LTD Monthly Benefit shown in the Schedule of Benefits which applies to You.

00077

**Monthly Earnings** means Your gross monthly income from Your Employer had you been working 40 hours per week based on Your hourly rate of pay in effect just prior to Your Date of Disability. It includes Your total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than Your Employer.

Earnings, whether for a full year or partial year, will be converted to a monthly amount for the purpose of calculating the Monthly Benefit.

00078

**Net LTD Monthly Benefit** means the Gross LTD Monthly Benefit less the Deductible Sources of Income.

00079

**Participation in a Riot** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

00080

**Pre-existing Condition** means a condition which:

1. was caused by, or results from a Sickness or Injury for which You received medical treatment, or advice was rendered, prescribed or recommended whether or not the Sickness was diagnosed at all or was misdiagnosed within 3 months prior to Your effective date; and
2. results in a Disability which begins in the first 12 months after Your effective date.

00081

**Regular Occupation** means the occupation that You are routinely performing when Your Disability begins. We will look at Your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific Policyholder or at a specific location.

00082

**Rehabilitation Plan** means a written agreement between You and Us. Its purpose is to assist You in returning to Gainful Employment. The Rehabilitation Plan will outline the time and dates of the vocational rehabilitation services, Our responsibilities, Your responsibilities and the responsibilities of any third party which might be involved. The Rehabilitation Plan will be at Our expense, at the expense of the third party, or a shared expense of Ours and a third party. The Rehabilitation Plan may include the Day Care Expense Benefit.

00083

**Retirement Plan** means a plan which provides retirement benefits to Employees and is not funded wholly by Employee contributions.

00084

**Riot** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

00085

**Schedule of Benefits** means the schedule which is a part of this certificate.

00086

**Sickness** means Sickness or disease causing Disability which begins while You are covered under the Policy.

00087

**Spouse** means lawful Spouse.

00091a

**Substance Abuse** means a pattern of pathological use of alcohol or other psychoactive drugs resulting in impairment of social and/or occupational functioning; debilitating physical condition; inability to abstain from or reduce consumption of the substance; or the need for daily substance use for adequate functioning.

00092

**Waiting Period** as shown in the Schedule of Benefits means the continuous length of time immediately before Your Effective Date during which You must be in an Eligible Class. Any period of time prior to the Policy Effective Date You were Actively at Work for Your Employer will count towards completion of the Waiting Period.

00093

**We, Our** and **Us** mean the Dearborn Life Insurance Company, Chicago, Illinois.

00094

**You, Your** and **Yours** means the Employee to whom this certificate is issued and whose insurance is in force under the terms of the Policy.

00095

## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Dearborn Life Insurance Company's toll-free telephone number for information or to make a complaint at:

**1-877-442-4207**

You may also write to Dearborn Life Insurance Company at:  
701 22nd Street, Lombard, IL 60148

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) 475-1771  
Web: <http://www.tdi.state.tx.us>  
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 the company first. 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 Dearborn Life Insurance Company's para obtener información o para presentar una queja al:

**1-877-442-4207**

Usted también puede escribir a Dearborn Life Insurance Company at:  
701 22nd Street, Lombard, IL 60148

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 a:

P. O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 475-1771  
Sitio Web: <http://www.tdi.state.tx.us>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

**DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:** Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:** Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

**DEARBORN LIFE INSURANCE COMPANY**  
**Chicago, Illinois**

**RIDER**

This Rider is made a part of the Policy or Certificate (hereafter "the Policy") to which it is attached. It takes effect and ends at the same time as the Policy. All provisions of the Policy, including any other Riders or Amendatory Endorsements will apply to this Rider, except that in the event of a conflict, the specific provisions of this Rider will govern.

**Disability Resource Services**

***What is Disability Resource Services?***

*Disability Resource Services* is a noninsurance benefit made available to **You** which provides access at no additional cost to the following services:

- Access to Guidance Resources® Online, a secure, password-protected interactive website that contains self-assessments, search tools, extensive content on personal health, relational, legal, health and financial concerns for *You*.
- Access to unlimited telephonic counseling service. This service provides access to experts to provide *You* with assessment, counseling and referral advice.
- Up to three face-to-face counseling sessions.

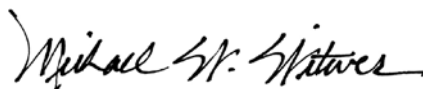
***How Do You Access Disability Resource Services?***

*Guidance Resources* is accessed online. *Your* employer will provide *You* with a password to use on the website. The website URL is [www.GuidanceResources.com](http://www.GuidanceResources.com). Telephonic and face to face counseling is available if you qualify as stated above. To contact a counselor, please call 1-866-899-1363.

Guidance Resources and telephonic counseling is provided by ComPsych® Corporation. We do not underwrite or administer this program.

***When do Disability Resource Services Terminate?***

- Disability Resource Services terminate if *Your* coverage is terminated under the section on *When does Your coverage under the Policy end?* located in the Termination Provision of the contract; or,
- When you are no longer qualify for Total Disability or Partial Disability benefits under the Policy.



President

Nothing contained in this Rider shall be held to alter or affect any provision or condition of the Policy other than as stated above.
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**NOTICE**  
**to**  
***the Policyholder and Certificate holder Insured under***  
***the Group Long Term Disability Insurance Policy***  
***Provided by Dearborn Life Insurance Company***  
***Regarding the Disability Resource Services Noninsurance Benefit***

This notice is to advise you that Your Group Disability Insurance program also provides a non-insurance benefit: *Disability Resource Services*.

**Noninsurance Benefit Description and How the Benefit May Be Obtained**

*Disability Resource Services* is a noninsurance benefit that provides you with a link to Guidance Resources® Online, a secure, password-protected interactive website that contains self-assessments, search tools, and extensive content on personal health, relational, legal, health and financial concerns for insured persons and their family.

In addition *You* have access to telephonic counseling by calling 1-866-899-1363, and up to three face-to-face counseling sessions.

This noninsurance benefit is available at the option of the Policyholder without any action required on the part of an insured person to either accept or decline the service.

There is no charge for this noninsurance benefit.

The service is currently administered and provided by ComPsych® Corporation.

Dearborn Life Insurance Company (sometimes referred to as “We” or “Our”) makes this program available, but it does not underwrite or administer the *Disability Resource Services* program.

**Why This Service is Being Made Available**

We are making this service available to provide support and assistance to insureds who have suffered a loss that is covered by the group disability insurance policy. Living with a disability can be difficult, and this program provides counseling, and assistance with locating services to support the insured and their family members.

**Termination of the Noninsurance Benefit**

This noninsurance benefit is provided free of charge. It is subject to termination at our option or at the option of the program administrator.

If We discontinue this service We will notify the Policyholder not less than thirty (30) days in advance of the discontinuance of this service.

If the current program administrator discontinues the program and we are unable to find a replacement, we will notify the Policyholder as soon as is reasonable under the circumstances. If discontinued, the services available under this noninsurance benefit will no longer be available.

Unless terminated by Us or by the Program administrator, the Disability Resource Services noninsurance benefit is available following a covered loss for as long as you remain covered under the group disability insurance policy and such policy remains in effect.



**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE  
TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION**  
*(For insurers declared insolvent or impaired on or after September 1, 2011)*

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (“the Association”) administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

**It is possible that the Association may not protect all or part of your policy because of statutory limitations.**

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder’s state of residence has a similar guaranty association; and
  3. The policyholder is not eligible for coverage by the guaranty association of the policyholder’s state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

**Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life and Health insurance Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, Texas 78701  
800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**END OF CERTIFICATE**

Administrative Office:

**701 E. 22nd Street • Lombard, Illinois 60148**

**Exhibit 4 Short and Long Term Disability Rates**

<b>Year</b>	<b>Short Term Disability Rate</b>	<b>Long Term Disability Rate</b>
<b>2024</b>	\$2.10 PEPM	\$0.240/\$100 of Payroll
<b>2023</b>	\$2.10 PEPM	\$0.240/\$100 of Payroll
<b>2022</b>	\$2.10 PEPM	\$0.240/\$100 of Payroll
<b>2021</b>	\$2.10 PEPM	\$0.240/\$100 of Payroll
<b>2020</b>	\$2.10 PEPM	\$0.240/\$100 of Payroll
<b>2019</b>	\$3.20 PEPM	\$0.260/\$100 of Payroll
<b>2018</b>	\$3.20 PEPM	\$0.260/\$100 of Payroll
<b>2017</b>	\$3.20 PEPM	\$0.260/\$100 of Payroll
<b>2016</b>	\$3.20 PEPM	\$0.260/\$100 of Payroll
<b>2015</b>	\$3.20 PEPM	\$0.260/\$100 of Payroll



**BlueCross BlueShield** of Texas

# Exhibit 5 Experience Reports Package

**Group Name**

**COLLIN COUNTY GOVERNMENT**

**Group Number**

**F024952**

**Experience Start Date: January 1, 2020**

**Experience End Date: April 30, 2024**

**Report Date: May 28, 2024**



Long Term Disability Summary

Period	Premium	Average Volume	Average Lives	Paid Claims	Disabled Claim Reserves	IBNR	Loss Ratio
1/1/2020 - 12/31/2020	236,802	8,222,287	1,579	90,419	0	0	38%
1/1/2021 - 12/31/2021	239,171	8,305,565	1,561	178	0	0	0%
1/1/2022 - 12/31/2022	246,526	8,559,918	1,559	150,161	606,856	0	307%
1/1/2023 - 12/31/2023	266,698	9,260,343	1,598	26,586	316,229	0	129%
1/1/2024 - 4/30/2024	76,424	10,614,406	1,647	0	0	153,834	201%
Total	1,065,620	8,992,504	1,589	267,343	923,085	153,834	126%



ASO STD Summary

Period	Fees	Paid Claims	Lives
1/1/2020 - 12/31/2020	39,778	200,279	1,579
1/1/2021 - 12/31/2021	39,333	250,214	1,561
1/1/2022 - 12/31/2022	39,274	252,880	1,559
1/1/2023 - 12/31/2023	40,278	243,761	1,598
1/1/2024 - 4/30/2024	10,378	79,765	1,647
Total	169,042	1,026,898	1,589



Month/Year	Premium	Average Volume	Average Lives	Paid Claims	Disabled Claim Reserves	IBNR	Loss Ratio
01/2020	18,939	7,891,204	1,548	0	0		
02/2020	19,563	8,151,322	1,558	3,828	0		
03/2020	19,693	8,205,247	1,577	0	0		
04/2020	19,688	8,203,363	1,573	0	0		
05/2020	19,707	8,211,267	1,577	0	0		
06/2020	19,736	8,223,265	1,581	0	0		
07/2020	19,708	8,211,805	1,580	0	0		
08/2020	19,710	8,212,618	1,580	0	0		
09/2020	19,761	8,233,925	1,585	12,923	0		
10/2020	20,092	8,371,841	1,589	50,424	0		
11/2020	20,184	8,409,942	1,595	23,244	0		
12/2020	20,020	8,341,645	1,599	0	0		
Period Totals	236,802	8,222,287	1,579	90,419	0	0	38%
01/2021	20,235	8,431,401	1,591	0	0		
02/2021	20,215	8,422,881	1,592	0	0		
03/2021	20,224	8,426,706	1,598	0	0		
04/2021	20,103	8,376,456	1,584	0	0		
05/2021	19,875	8,281,403	1,564	0	0		
06/2021	19,788	8,245,202	1,558	0	0		
07/2021	19,621	8,175,599	1,546	0	0		
08/2021	19,596	8,164,864	1,543	178	0		
09/2021	19,569	8,165,864	1,543	0	0		
10/2021	20,010	8,337,450	1,540	0	0		
11/2021	19,941	8,308,937	1,534	0	0		
12/2021	19,992	8,330,014	1,537	0	0		
Period Totals	239,171	8,305,565	1,561	178	0	0	0%
01/2022	20,587	8,577,918	1,536	99,687	370,257		
02/2022	20,561	8,566,917	1,536	0	0		
03/2022	20,534	8,555,812	1,537	0	0		
04/2022	20,456	8,523,128	1,532	50,148	236,599		
05/2022	20,521	8,550,433	1,544	0	0		
06/2022	20,671	8,612,994	1,563	0	0		
07/2022	20,579	8,574,600	1,556	0	0		
08/2022	20,658	8,607,606	1,569	0	0		
09/2022	20,597	8,581,881	1,567	0	0		
10/2022	20,198	8,415,887	1,599	0	0		
11/2022	20,198	8,415,887	1,599	0	0		
12/2022	20,966	8,735,951	1,564	326	0		
Period Totals	246,526	8,559,918	1,559	150,161	606,856	0	307%
01/2023	21,875	9,114,375	1,578	0	0		
02/2023	21,884	9,118,477	1,581	0	0		
03/2023	21,946	9,144,159	1,586	9,721	9,794		
04/2023	22,023	9,176,247	1,590	0	0		
05/2023	22,032	9,179,973	1,594	16,865	306,435		
06/2023	21,977	9,157,215	1,594	0	0		
07/2023	22,041	9,183,884	1,604	0	0		
08/2023	22,049	9,186,910	1,608	0	0		
09/2023	21,984	9,159,944	1,599	0	0		
10/2023	22,887	9,536,203	1,606	0	0		
11/2023	23,006	9,585,717	1,620	0	0		
12/2023	22,994	9,581,015	1,620	0	0		
Period Totals	266,698	9,260,343	1,598	26,586	316,229	0	129%
01/2024	25,293	10,538,590	1,628	0	0		
02/2024	25,492	10,621,680	1,649	0	0		
03/2024	25,639	10,682,949	1,665	0	0		
04/2024	0	0	0	0	0		
Period Totals	76,424	10,614,406	1,647	0	0	153,834	201%
Grand Totals	1,065,620	8,992,504	1,589	267,343	923,085	153,834	126%



Month/Year	Fees	Paid Claims	Lives
01/2020	3,251	1,716	1,548
02/2020	3,272	12,045	1,558
03/2020	3,312	22,870	1,577
04/2020	3,303	14,281	1,573
05/2020	3,312	21,237	1,577
06/2020	3,320	22,343	1,581
07/2020	3,318	18,464	1,580
08/2020	3,318	8,959	1,580
09/2020	3,329	21,536	1,585
10/2020	3,337	13,174	1,589
11/2020	3,350	14,378	1,595
12/2020	3,358	29,276	1,599
Period Totals	39,778	200,279	1,579
01/2021	3,341	32,273	1,591
02/2021	3,343	23,552	1,592
03/2021	3,356	14,663	1,598
04/2021	3,326	9,355	1,584
05/2021	3,284	26,792	1,564
06/2021	3,272	20,596	1,558
07/2021	3,247	19,391	1,546
08/2021	3,240	23,616	1,543
09/2021	3,240	7,855	1,543
10/2021	3,234	26,226	1,540
11/2021	3,221	28,633	1,534
12/2021	3,228	17,261	1,537
Period Totals	39,333	250,214	1,561
01/2022	3,226	17,127	1,536
02/2022	3,226	5,382	1,536
03/2022	3,228	20,863	1,537
04/2022	3,217	18,150	1,532
05/2022	3,242	25,363	1,544
06/2022	3,282	20,210	1,563
07/2022	3,268	50,557	1,556
08/2022	3,295	22,795	1,569
09/2022	3,291	22,314	1,567
10/2022	3,358	17,207	1,599
11/2022	3,358	23,201	1,599
12/2022	3,284	9,710	1,564
Period Totals	39,274	252,880	1,559
01/2023	3,314	17,190	1,578
02/2023	3,320	14,486	1,581
03/2023	3,331	8,694	1,586
04/2023	3,339	17,570	1,590
05/2023	3,347	7,913	1,594
06/2023	3,347	32,103	1,594
07/2023	3,368	5,677	1,604
08/2023	3,377	57,368	1,608
09/2023	3,358	18,833	1,599
10/2023	3,373	19,166	1,606
11/2023	3,402	18,280	1,620
12/2023	3,402	26,480	1,620
Period Totals	40,278	243,761	1,598
01/2024	3,419	16,383	1,628
02/2024	3,463	20,205	1,649
03/2024	3,497	14,600	1,665
04/2024	0	28,576	0
Period Totals	10,378	79,765	1,647
Grand Totals	169,042	1,026,898	1,589



Glossary of Terms	
Paid Claims (LTD)	Total payments made on claims during the experience period based on incurral date.
Paid Claims (STD)	Total payments made on claims during the experience period based on payment date.
Elimination Period	The number of calendar days at the beginning of a continuous period of Disability for which no benefits are payable.
Claim Lag (LTD)	Comprised of the Elimination Period plus 1 month. The Claim Lag period is contained within the most recent experience period(s) and is representative of immature claim activity.
Disabled Claim Reserves	The amount of money held to pay open or pending claims as of the most recent valuation date in the experience period.
Incurred But Not Reported (IBNR) Reserves	These reserves are used to cover outstanding incurred, but unpaid claims.
Loss Ratio (LTD)	Total payments and disabled claim reserves on claims incurred during the experience period based on date of incurral plus IBNR reserves divided by premium. This does not include premium rate adjustments or investment credits.
Loss Ratio (STD)	Total claim payments made during the experience period based on date paid plus changes in IBNR reserves divided by premium. This does not include premium rate adjustments.

## Exhibit 6 Short-and-Long Term Disability Census-May 2024

Sex	Birthdate	Postal	Annual Rt	Covg Bgn
F	1/4/1973	75009	168409.520	6/1/2010
M	12/7/1965	75071	235971.479	8/1/2015
M	2/2/1967	75093	202324.717	5/1/2007
F	8/9/1961	75442	57783.512	10/1/2006
F	12/9/1963	75442	58299.000	10/1/2006
F	6/21/1979	75424	55873.056	10/1/2006
F	10/19/1978	75409	44703.632	1/1/2022
M	6/26/1997	75025	41905.815	2/1/2024
M	9/14/1981	75093	76866.346	4/1/2022
F	9/24/1987	75009	87635.604	2/1/2019
F	6/24/1973	75090	100807.466	9/1/2007
F	1/8/1985	75062	73022.050	11/1/2023
M	9/25/1994	75407	72532.000	10/1/2020
F	9/10/1988	75407	73022.050	10/1/2023
M	7/13/1967	75068	100807.466	10/1/2006
M	6/7/1996	75070	78718.736	3/1/2020
F	10/25/1995	75454	79688.783	2/1/2020
F	4/28/1965	75072	101419.163	10/1/2006
F	10/26/1981	75002	79759.313	11/1/2020
M	11/21/1960	76227	100807.466	10/1/2006
F	11/30/2001	75070	72532.000	11/1/2023
F	10/24/1996	75452	73966.661	7/1/2023
M	11/29/1994	75068	51754.068	9/1/2021
F	3/2/1979	75071	63109.000	3/1/2016
F	7/28/1956	75452	61478.130	10/1/2006
F	5/2/1982	75442	51612.970	5/1/2022
F	10/29/1964	75069	63109.000	10/1/2006
F	6/16/1993	75071	45601.448	3/1/2022
F	9/3/1958	75173	73122.611	12/1/2012
F	11/2/1968	75072	69546.716	12/1/2016
F	6/22/1966	75438	75420.749	10/1/2006
F	9/17/1978	75409	93660.710	4/1/2014
F	6/29/1971	75407	63109.000	3/1/2010
F	1/30/1961	76227	45368.435	3/1/2024
F	9/24/1970	75002	61848.177	3/1/2017
M	2/11/1957	75252	61954.364	10/1/2014
F	2/12/1973	75070	46257.654	5/1/2023
F	3/4/1966	75424	46014.170	11/1/2022
F	9/5/1960	75409	83594.875	6/1/2012
F	9/6/1978	75070	68315.000	12/1/2014
F	8/20/1969	75071	58909.004	3/1/2015
F	6/27/1999	75424	50559.158	2/1/2023
F	10/7/1964	75407	68315.000	10/1/2006
F	11/19/1983	75454	52561.354	9/1/2020
F	9/10/1957	75424	68009.123	10/1/2006

Exhibit 6 Short-and-Long Term Disability Census-May 2024

F	8/24/1965	75072	55147.662	11/1/2019
F	6/14/1973	75442	67963.029	10/1/2006
F	9/2/1976	75072	50731.015	1/1/2023
F	3/7/1980	75135	67963.029	11/1/2016
F	7/30/1986	75072	52328.649	8/1/2019
F	7/21/1987	75002	68315.000	2/1/2007
F	2/23/1966	75442	68196.965	10/1/2006
F	3/7/1981	75072	57090.254	2/1/2017
F	2/19/1970	75078	68315.000	12/1/2014
F	9/14/1981	75025	58985.558	9/1/2017
F	5/5/1985	75407	68315.000	9/1/2011
F	3/28/1996	75092	51457.628	8/1/2019
F	4/10/1959	75173	65876.075	12/1/2014
F	5/18/1959	75033	67894.654	7/1/2007
F	2/16/1974	75495	68315.000	10/1/2006
F	7/14/1981	75074	61372.525	4/1/2016
F	7/2/1977	75071	52095.595	2/1/2020
F	7/9/1965	75407	52828.016	9/1/2021
F	8/8/1990	75495	68315.000	9/1/2016
F	2/2/1967	75407	67484.245	10/1/2006
F	2/4/1985	75490	67484.245	2/1/2007
F	2/2/1987	75495	66429.553	3/1/2014
F	1/22/1961	75072	67233.623	11/1/2015
F	4/27/1959	75092	67963.029	10/1/2006
F	11/4/2003	75409	48796.000	11/1/2022
F	11/7/1978	75409	87892.261	10/1/2006
F	7/23/1990	75041	61080.382	5/1/2023
F	10/2/1991	75189	77582.305	7/1/2016
F	4/22/1969	76208	94493.000	10/1/2006
F	12/2/1994	75189	66147.329	8/1/2021
F	3/28/1975	75407	82863.424	10/1/2006
M	4/1/1995	75220	63960.400	11/1/2022
M	9/13/1976	75173	55713.871	4/1/2014
M	6/24/1980	75409	62061.216	10/1/2006
M	2/6/1978	75418	41642.000	5/1/2024
F	8/19/1992	75089	41905.815	3/1/2024
F	8/19/1979	75407	45790.110	2/1/2024
F	8/17/1965	75442	46736.504	5/1/2021
F	6/22/2004	75189-71	41905.815	4/1/2024
F	1/28/1956	75013	50670.385	5/1/2014
F	7/13/2003	75090	41905.815	3/1/2024
F	11/30/1973	75402	41905.815	4/1/2024
M	10/22/1962	75442	91013.089	10/1/2006
M	10/22/1969	75402	144620.978	10/1/2006
M	10/19/1994	75080	48796.000	5/1/2024
M	8/7/1968	75040	57762.024	1/1/2021
M	7/17/1971	75424	68315.000	10/1/2016

# Exhibit 6 Short-and-Long Term Disability Census-May 2024

M	5/29/1974	75069	63750.356	10/1/2006
M	4/6/1970	75424	65635.788	10/1/2006
M	7/31/1974	75424	148016.984	10/1/2006
M	2/7/1962	75173	119772.518	1/1/2020
M	6/19/1975	79423	135341.950	12/1/2021
M	10/16/1969	75002	125135.041	12/1/2022
F	2/17/1980	75442	86666.965	10/1/2016
M	5/21/1966	75092	89602.417	10/1/2006
F	4/11/1972	75424	91281.221	2/1/2011
F	6/4/1970	75488	91281.221	10/1/2006
F	10/19/1966	75078	158475.000	10/1/2006
F	10/14/1962	75069	160871.000	6/1/2009
M	12/3/1959	76227	160059.827	10/1/2017
F	1/30/1975	75442	188998.000	10/1/2006
M	4/25/1968	75098	138634.976	10/1/2006
F	2/7/1989	75424	55628.972	2/1/2023
F	1/17/1977	75009	294029.544	1/1/2017
F	5/18/1969	75231	114317.337	9/1/2021
M	9/14/1975	75013	121988.707	10/1/2006
F	9/8/1982	75072	170769.540	7/1/2007
M	8/20/1998	75087	76819.248	6/1/2022
M	4/5/1975	75071	46729.835	2/1/2023
F	1/11/1959	75013	86656.000	7/1/2010
M	2/7/1971	75013	96996.296	10/1/2006
M	10/18/1982	75071	64614.616	11/1/2017
F	4/22/1971	75068	133088.584	10/1/2006
M	7/26/1970	76051	133385.000	1/1/2014
F	9/27/1985	75002	107375.374	12/1/2016
F	6/8/1967	75035	116920.534	5/1/2010
F	2/25/1990	75007	45078.000	5/1/2024
F	2/2/1998	75009	52030.361	8/1/2021
F	11/7/1999	75070	47331.900	5/1/2024
F	3/8/1976	75414	73500.427	10/1/2006
F	9/20/1967	75072	56272.236	5/1/2020
F	5/16/1990	75002	54842.208	1/1/2022
F	3/9/1971	75071	80052.000	10/1/2006
F	11/28/1992	75407	79653.092	11/1/2015
M	10/6/1983	75409	47209.688	11/1/2022
M	1/19/1967	75094	54145.434	4/1/2018
M	7/9/1986	75442	48634.363	11/1/2021
M	3/28/1967	75407	47027.430	12/1/2022
M	5/6/1995	75442	54782.124	1/1/2016
M	9/6/1996	75071	54399.912	11/1/2016
M	8/20/1970	75090	55228.678	8/1/2017
M	8/31/1971	75009	54399.914	5/1/2016
M	1/2/1983	75490	48634.363	7/1/2021
M	3/12/1974	75418	66276.092	7/1/2013

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M	8/4/1974	75407	63469.964	4/1/2018
M	8/1/1963	75414-27	73660.904	12/1/2008
M	4/25/1961	75409	73660.904	4/1/2008
M	1/14/1987	75490	68025.260	10/1/2006
M	8/20/1974	75424	73660.904	12/1/2007
M	1/18/1991	75407	67170.690	6/1/2012
M	10/2/1991	75173	70054.820	12/1/2016
M	12/11/1967	75020	62865.060	6/1/2018
M	11/1/1968	75452	70726.384	10/1/2014
M	1/23/1957	75069	73818.183	1/1/2008
M	8/22/1985	75459	63386.495	4/1/2024
M	8/29/1982	75454	71175.707	10/1/2006
M	10/15/1964	75491	73660.904	10/1/2006
M	9/19/1963	75058	90260.054	2/1/2010
M	8/9/1983	75092	91646.464	4/1/2017
M	12/10/1972	75092	112267.000	12/1/2007
M	12/3/1958	75287	105132.939	5/1/2018
F	6/2/1976	75495	45368.435	12/1/2023
F	9/8/1970	75442	58138.520	11/1/2022
M	11/27/1982	75002	55771.888	3/1/2018
F	7/16/1977	75409	53166.219	3/1/2024
F	8/4/1972	75098	76044.109	12/1/2011
F	5/2/1995	75071	62504.446	6/1/2021
F	11/22/1967	75409	78769.977	1/1/2015
F	11/21/1970	75072	80052.000	12/1/2016
M	9/7/1960	75082	174712.650	7/1/2016
F	5/9/1959	75082	193400.000	10/1/2006
M	7/4/1961	75078	185000.000	12/1/2012
M	9/3/1960	75071	193400.000	4/1/2011
M	3/30/1964	75093	193400.000	8/1/2010
M	10/8/1957	75093	157000.000	4/1/2023
M	6/6/1970	75071	193400.000	8/1/2010
M	8/8/1971	75490	142795.142	10/1/2006
M	10/18/1982	75070	130892.196	10/1/2006
F	3/12/1965	76247	141182.154	10/1/2006
M	10/30/1980	75087	133056.087	5/1/2017
M	5/21/1975	75071	116241.313	1/1/2016
M	9/1/1990	75407	109553.014	8/1/2022
M	3/1/1975	75071	142795.142	10/1/2006
M	1/22/1977	75087	127267.888	5/1/2021
F	10/28/1992	75452	49428.075	9/1/2023
M	4/27/1989	75454	61631.136	1/1/2018
F	9/8/1966	75088	166158.576	7/1/2017
M	11/22/1960	75071	126239.569	5/1/2011
M	2/26/1971	75035	185036.627	5/1/2011
F	9/25/1963	75442	158475.000	10/1/2006
F	10/25/1961	75023	156159.934	5/1/2013

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M	5/3/1955	75035	130929.701	2/1/2014
F	3/3/1990	75024	144803.870	5/1/2016
M	6/12/1989	75069	139037.184	12/1/2016
F	7/7/1986	75035	155158.513	11/1/2012
F	7/4/1974	75025	173473.929	10/1/2006
F	5/21/1990	75075	145321.306	2/1/2016
F	5/11/1984	75225	149310.924	8/1/2012
M	7/22/1984	75006	140639.578	11/1/2016
M	8/6/1987	75069	143278.876	3/1/2016
F	8/15/1990	75089	140064.181	1/1/2017
F	2/20/1978	75013	141067.946	5/1/2024
F	6/12/1979	75078	169584.536	5/1/2019
M	6/5/1990	75080	132399.392	7/1/2017
M	9/3/1986	75024	153706.191	12/1/2015
F	1/29/1971	75071	173473.929	11/1/2016
F	9/11/1978	75036	145036.800	10/1/2018
M	8/24/1973	75071	101142.082	10/1/2006
F	11/25/1963	75132	233611.956	10/1/2006
F	1/17/1985	75013	153204.088	12/1/2015
F	3/26/1997	75495	101379.033	4/1/2023
F	9/28/1997	75075	99549.383	9/1/2023
F	10/2/1994	75180	99498.891	11/1/2022
F	10/23/1996	75013	99549.383	10/1/2023
F	12/11/1996	75070	96864.000	2/1/2024
F	9/1/1998	75036	96864.000	2/1/2024
F	6/27/1998	75254	96864.000	3/1/2024
F	10/20/1995	75033	99549.383	9/1/2023
M	9/4/1957	75414	112267.000	5/1/2007
F	9/30/1958	75409-51	51744.757	7/1/2017
F	11/8/1959	75071	57783.512	10/1/2006
F	12/24/1994	75442	43599.218	4/1/2023
F	12/8/2000	75407	42453.440	7/1/2023
M	9/1/1984	75409	147382.996	10/1/2006
M	2/12/1980	75409	151060.427	10/1/2006
F	8/4/1967	75035	146324.907	3/1/2015
F	1/8/1959	75082	146324.907	4/1/2011
M	11/29/1971	75070	146324.907	3/1/2019
M	4/27/1955	75093	146324.907	4/1/2011
M	1/6/1971	75020	75984.704	11/1/2013
F	10/27/1988	75407	51144.026	12/1/2022
F	2/4/1973	75409	103719.848	3/1/2015
M	3/18/1977	75071	124752.160	7/1/2011
M	12/13/1951	75173	124752.160	2/1/2008
M	5/19/1951	75069	124752.160	6/1/2011
M	12/6/1963	75070	124752.160	4/4/2008
M	9/14/1980	75043	59776.563	11/1/2014
M	9/8/1952	75071	51075.251	11/1/2021

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M	12/20/1960	75488	62859.433	10/1/2006
M	12/4/1948	75090	59776.563	11/1/2016
M	9/23/1992	75407	45368.435	2/1/2024
M	10/20/1956	75490	62859.433	10/1/2006
M	11/10/1979	75071	109758.697	2/1/2007
M	2/4/1992	75454	88802.553	11/1/2018
M	5/7/1983	75081	105881.376	2/1/2014
F	4/2/1973	75075	65669.412	12/1/2017
M	3/31/1965	75070	368152.879	10/1/2006
F	11/4/1959	75071	214213.308	10/1/2006
F	2/19/1965	75070	153132.720	10/1/2006
M	2/6/1975	75071	179141.570	4/1/2019
M	9/12/1987	75069	104386.180	7/1/2017
F	8/14/1965	75071	100877.712	4/1/2007
F	8/31/1970	75070	96833.120	5/1/2013
F	5/29/1974	75070	91921.354	8/1/2008
F	5/22/1970	75496	89074.565	8/1/2016
F	10/29/1970	75058	90176.561	10/1/2006
F	10/7/1976	75424	101490.588	10/1/2006
F	5/23/1995	75490	69278.933	8/1/2017
F	7/15/1983	75459	67482.410	3/1/2024
F	8/31/1983	75409	88561.971	8/1/2011
F	7/6/1977	75407	91014.643	10/1/2012
F	8/22/1969	75495	85172.812	5/1/2016
F	2/10/1973	75495	100041.652	10/1/2006
F	6/15/1982	75069	96282.371	3/1/2009
F	9/27/1966	75452	83295.587	10/1/2006
M	11/26/1980	75071	88336.536	9/1/2015
F	8/6/1971	75071	102998.000	10/1/2006
F	8/4/1985	75071	86887.336	3/1/2010
F	6/11/1963	75424	102998.000	10/1/2006
F	7/29/1983	75071	87945.207	5/1/2011
F	11/25/1950	75070	102998.000	10/1/2006
F	11/3/1981	75454	87517.720	2/1/2009
F	4/5/1977	75454	78390.172	10/1/2006
M	4/16/1977	75048	88459.231	10/1/2006
M	11/4/1981	75409	88689.484	10/1/2006
M	12/16/1965	75071	88767.534	10/1/2006
M	5/16/1955	75071-78	89620.042	10/1/2006
M	6/3/1979	75454	86463.175	10/1/2006
M	1/13/1968	75090	91055.067	10/1/2006
M	7/28/1990	75407	84097.692	12/1/2014
M	5/24/1970	76240	89400.510	10/1/2006
M	1/23/1970	75489	89620.042	9/1/2008
M	9/5/1966	75409	88832.602	10/1/2006
M	7/26/1963	75013	76859.988	3/1/2021
M	6/6/1981	75495	89232.226	10/1/2006



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M	1/19/1956	75070	89620.042	10/1/2006
M	6/26/1971	75454	89620.042	10/1/2006
M	5/20/1993	75409	77116.808	1/1/2018
M	3/9/1969	75072	89620.042	10/1/2006
M	4/29/1978	75092	86906.386	5/1/2023
M	2/24/1975	75409	89620.042	10/1/2006
M	1/22/1979	75002	89620.042	10/1/2006
M	7/31/1983	75459	89197.965	10/1/2006
M	8/9/1970	75071	89620.042	10/1/2006
F	4/24/1972	75409	89620.042	10/1/2006
F	1/4/1969	75476	141436.463	10/1/2019
F	7/18/1974	75009	141436.463	2/1/2016
F	9/11/1975	75040	141436.463	1/1/2016
F	12/5/1975	75071	135996.599	5/1/2011
F	3/11/1967	75028	141436.463	3/1/2020
F	9/29/1969	75071	142850.828	2/1/2020
M	11/26/1962	75235	141436.463	5/1/2023
F	3/9/1956	75491	141436.463	5/1/2023
F	9/17/1986	75056	141436.463	5/1/2024
F	1/11/1966	75071	141436.463	12/1/2022
F	9/7/1967	75454	141436.463	5/1/2021
F	2/14/1963	75495	141436.463	10/1/2006
F	8/1/1969	75071	141436.463	5/1/2007
F	6/16/1965	75454	141436.463	10/1/2006
F	12/30/1965	75423	142850.828	5/1/2021
F	7/26/1984	75495	142850.828	6/1/2017
M	10/27/1944	75088	135996.599	10/1/2006
F	5/13/2000	75454	135996.599	7/1/2023
F	2/21/1971	75071	135996.599	10/1/2006
F	9/4/1964	75002	135615.247	2/1/2009
F	9/12/1980	75495	135996.599	7/1/2015
F	2/3/1962	75078	135996.599	1/1/2023
F	1/5/1970	75078	142850.828	10/1/2006
F	7/18/1992	75069	48441.973	2/1/2019
F	11/15/1952	75071	41905.815	11/1/2023
F	5/14/1995	75189	42324.873	8/1/2023
M	7/14/1992	75072	45539.493	5/1/2021
F	3/11/1982	75070	41642.000	5/1/2024
M	10/23/1972	75074	57990.906	10/1/2006
F	9/27/1962	75069	42291.350	8/1/2023
F	10/27/1957	75409	57990.906	3/1/2012
F	10/12/2003	75442	41905.815	10/1/2023
F	2/9/1960	75407	57990.906	10/1/2006
F	12/29/1994	75409	44532.372	2/1/2022
F	2/24/1999	75424	42443.192	6/1/2023
F	7/25/2001	75424	44532.372	2/1/2022
F	1/20/1970	75409	47799.878	6/1/2020

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F	8/1/1996	75074	62069.059	9/1/2019
F	7/20/1968	75407	70769.826	10/1/2006
F	1/21/1992	75080	74353.589	1/1/2018
M	4/6/1976	75071	133385.000	7/1/2014
M	6/27/1967	75459	131971.050	8/1/2007
M	9/1/1968	75013	188415.838	2/1/2013
M	7/24/1972	75452	89458.275	7/1/2015
M	11/1/1973	75034	87369.496	5/1/2013
F	7/9/1980	75424	84287.307	7/1/2018
M	7/15/1975	75454	72110.870	2/1/2023
M	9/16/1962	75002	82317.256	7/1/2016
M	2/1/1961	75069	86172.199	2/1/2010
M	5/24/1993	75098	75508.187	3/1/2021
M	6/28/1959	75035	90335.951	6/1/2014
M	5/12/1968	75023	89358.908	2/1/2010
M	11/7/1966	75495	89358.908	10/1/2006
M	8/30/1980	75056	84360.054	7/1/2009
M	3/14/1964	75442	89458.275	11/1/2015
M	5/29/1961	75074	89136.524	10/1/2006
M	12/8/1969	75409	90817.018	10/1/2016
M	4/29/1988	75013	75437.402	1/1/2019
M	7/3/1960	75009	90063.982	8/1/2007
M	7/31/1982	75452	71444.083	5/1/2023
M	9/10/1971	75009	83073.231	7/1/2023
M	4/22/1971	75189	89358.908	5/1/2013
M	10/4/1967	75490	88383.488	10/1/2006
M	1/10/1985	75490	69307.687	5/1/2023
M	8/6/1968	75495	97317.159	10/1/2006
M	5/21/1974	75074	83232.551	10/1/2019
M	7/14/1974	75002	86928.908	11/1/2019
F	10/7/1964	75033	33971.000	3/1/2020
F	9/21/1993	75166	41905.815	4/1/2024
F	12/24/1965	75454	57783.512	10/1/2006
F	10/10/1951	75069	57783.512	9/1/2010
F	11/10/1960	75407	44252.130	8/1/2022
F	2/21/1959	75074	55815.243	2/1/2009
F	7/13/1998	75074	42187.924	9/1/2023
F	4/8/1993	75409	41642.000	6/1/2024
F	1/18/1967	75072	42453.440	7/1/2023
F	11/21/1999	75074	41905.815	2/1/2024
F	6/2/1990	75409	47908.531	8/1/2022
F	1/25/1972	75069	56578.994	3/1/2019
F	1/24/1967	75407	47473.081	6/1/2022
F	2/5/1969	75072	47291.872	8/1/2022
F	5/19/1962	75070	52819.579	7/1/2019
F	8/17/1968	75093	60517.928	3/1/2013
F	1/1/1997	75025	45368.435	6/1/2023

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F	7/30/1965	75452	51280.680	7/1/2019
F	11/14/1980	75013	51614.717	3/1/2020
F	3/11/1996	75409	55695.331	9/1/2020
M	8/11/1980	75454	62546.039	10/1/2012
F	5/20/1985	75070	54220.251	5/1/2020
F	2/22/1970	75407	52792.440	2/1/2020
F	9/2/1977	75454	54923.534	3/1/2018
F	10/11/1986	75495	52223.614	2/1/2020
M	4/16/1982	75025	60043.228	11/1/2016
F	7/1/1998	75135	46410.805	4/1/2023
F	9/23/1964	75495	52819.579	7/1/2019
M	5/27/1988	75072	62359.632	12/1/2013
F	1/2/1960	75442-14	60199.955	3/1/2015
M	7/28/1988	75025	60311.708	11/1/2016
F	12/16/1981	75002	53334.854	3/1/2019
F	8/5/1965	75069	48862.201	12/1/2021
F	8/1/1997	75442	45368.435	3/1/2024
F	10/14/1971	75407	49245.349	7/1/2020
F	4/8/1989	75002	45368.435	10/1/2023
F	2/16/1962	75025	62546.039	10/1/2006
F	9/13/1968	75013	62546.039	10/1/2006
F	2/28/1963	75418	48108.460	8/1/2023
F	8/13/1971	75071	45368.435	1/1/2024
F	8/20/1975	75454	45368.435	4/1/2024
F	4/28/1955	75068	54394.321	7/1/2018
F	3/1/1968	75069	45961.310	7/1/2023
F	2/1/1961	75069	62430.658	5/1/2012
M	4/11/1968	76240	52202.299	1/1/2020
F	9/17/1964	75407	62546.039	4/1/2012
F	5/19/1977	75075	45368.435	7/1/2023
F	7/29/1960	75069	61101.321	3/1/2013
F	5/10/1964	75071	49006.546	2/1/2021
M	4/3/1989	75071	47579.519	12/1/2021
F	7/1/1994	75491	47797.400	8/1/2022
F	11/9/1964	75035	57144.898	2/1/2017
M	11/16/2001	75002	46266.732	5/1/2023
F	10/3/1976	75071	45078.000	11/1/2023
F	10/31/1963	75495	63109.000	10/1/2006
F	1/12/1971	75070	59321.101	3/1/2015
F	7/26/1989	75454	56332.060	4/1/2017
F	7/11/1971	75409	46963.940	9/1/2022
F	3/21/1978	75407	59434.862	9/1/2014
F	2/6/1989	75495	58974.599	7/1/2013
F	6/7/1971	75071	46963.940	8/1/2022
M	5/16/1963	75072	46964.290	8/1/2022
F	2/23/1978	75098	46716.227	1/1/2023
M	3/24/1983	75070	53166.219	7/1/2023

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F	12/6/1984	75071	41642.000	6/1/2024
F	10/13/1981	75071	41905.815	10/1/2023
F	12/11/1996	75407	41905.815	2/1/2024
F	11/3/1964	75002	45577.239	10/1/2017
F	7/12/1974	75071	42566.918	4/1/2023
F	12/19/1972	75071	49882.469	4/1/2019
F	4/5/1986	75069	42318.072	8/1/2023
F	2/11/1993	75407	59122.431	9/1/2017
M	4/20/1963	75013	55647.142	2/1/2016
F	1/29/1975	75409	63109.000	10/1/2016
F	11/27/1974	75189	62229.153	9/1/2013
F	6/20/1964	75069	63109.000	10/1/2006
F	9/6/1972	75072	50776.238	3/1/2018
F	3/18/1988	75490	58987.800	5/1/2011
F	6/4/1975	75071	57690.132	4/1/2013
F	9/24/1980	75071	45368.435	4/1/2024
F	9/6/1985	75409	45368.435	2/1/2024
F	2/4/2003	75407	45368.435	1/1/2024
F	5/8/1964	75454	53932.460	11/1/2018
F	3/8/1966	75454	46214.824	2/1/2021
F	11/20/1995	75409	47686.366	1/1/2022
F	3/24/1994	75491	45430.752	8/1/2022
F	5/24/1988	75424	45368.435	1/1/2024
F	8/31/1961	75454	45368.435	1/1/2024
F	7/10/1997	75407	45368.435	2/1/2024
F	7/26/1996	75495	45368.435	2/1/2024
F	7/27/1977	75092	54098.171	4/1/2018
F	4/27/1999	75424	46419.314	5/1/2022
F	8/8/1973	75424	46647.838	2/1/2022
F	4/20/1979	75023	63109.000	3/1/2016
M	9/29/1971	75071	62291.905	10/1/2006
F	9/28/1994	75409	63109.000	2/1/2016
F	2/17/1989	75081	56261.571	2/1/2017
M	9/12/1996	75442	45368.435	2/1/2024
F	1/24/1985	75495	48246.095	5/1/2022
F	10/1/2004	75424	45368.435	10/1/2023
F	5/24/1988	75409	52002.937	12/1/2017
M	4/4/1972	75071	61726.575	12/1/2014
F	1/7/1997	75452	45078.000	5/1/2024
F	6/26/1976	75070	63109.000	1/1/2017
M	4/17/1970	75135	60329.644	4/1/2009
F	7/16/1994	75439	46316.200	1/1/2023
F	11/25/1973	75409	52337.818	9/1/2018
F	3/2/1989	75407	47139.095	3/1/2021
F	5/21/1987	75485	63109.000	10/1/2012
F	7/31/1978	75094	60619.885	9/1/2015
F	7/13/1960	75069-17	63109.000	10/1/2006

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F	5/16/1998	75407	53190.735	8/1/2017
F	9/26/1992	75423	46062.026	6/1/2023
F	11/9/1992	76227	58048.822	4/1/2016
F	3/27/1969	75424	49582.356	6/1/2018
F	7/20/1984	75452	46206.154	6/1/2022
F	2/28/1998	75409	45763.635	7/1/2022
F	10/16/1970	75409	59860.093	4/1/2019
F	5/31/2000	75048	45368.435	3/1/2024
F	1/16/1998	75070	58226.804	10/1/2018
F	3/26/1973	75409	45368.435	11/1/2023
F	8/22/1970	75098	45368.435	4/1/2024
F	4/21/1969	75090	50630.241	3/1/2020
M	5/12/1967	75042	49665.642	3/1/2017
F	12/21/1968	75069	61286.748	10/1/2006
F	7/8/1987	75407	48266.367	3/1/2020
F	10/13/1994	75424	47493.058	2/1/2020
M	11/29/1980	75454	110009.472	6/1/2020
M	1/21/1963	75238-49	79832.604	3/1/2023
M	7/9/1963	75460	102701.927	2/1/2016
M	9/6/1984	75098	99406.812	3/1/2017
M	3/15/1999	75428	74680.000	12/1/2022
M	4/10/1958	75092	100627.957	7/1/2016
M	5/24/1967	75495	91693.824	4/1/2023
F	4/17/1994	75002	86265.202	4/1/2018
M	3/22/2002	75034	76600.587	1/1/2023
M	3/31/1977	75409	102560.466	10/1/2006
M	1/28/1986	75495	102560.466	10/1/2006
M	4/18/1986	75135	78898.915	2/1/2023
M	2/9/1971	75069	90098.896	1/1/2020
M	7/17/1998	75442	76550.153	12/1/2017
F	1/27/1978	75490	98615.605	2/1/2007
M	2/5/1994	75173	90651.711	5/1/2018
M	11/30/1997	75092	79656.346	4/1/2020
M	8/5/1977	75409	102560.466	10/1/2006
M	7/8/1973	75069	84826.936	8/1/2020
M	2/16/1962	75414	91538.850	9/1/2015
M	8/12/1994	75409	79612.630	11/1/2022
M	8/3/1969	75454	102560.466	10/1/2006
M	7/28/1996	75424	87677.530	5/1/2017
M	1/20/1987	75409	101606.756	2/1/2012
M	1/18/1979	75071	83505.841	4/1/2021
M	4/14/1986	75407	89683.844	7/1/2017
M	12/30/1988	75407	74680.000	6/1/2023
M	9/12/2001	75070	74680.000	3/1/2023
F	8/27/1980	75454	102560.466	10/1/2006
M	8/25/1996	75490	88874.096	4/1/2015
M	8/21/1987	75098	98772.734	11/1/2021

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M	11/19/1998	75090	80430.616	1/1/2024
M	2/19/1990	75032	88872.568	5/1/2017
M	7/8/1988	75068	79656.346	9/1/2019
M	3/3/1981	75442	102560.466	10/1/2006
M	11/25/1996	75409	82045.948	12/1/2018
M	3/20/1973	75458	102560.466	10/1/2006
M	4/12/1989	75454	91538.850	7/1/2012
F	8/13/1987	75071	82045.948	7/1/2018
M	12/2/1991	75454	78132.598	5/1/2023
M	4/29/1980	75058	102560.466	10/1/2006
M	4/20/1989	76227	100280.421	3/1/2013
M	6/8/1973	75442	102560.466	10/1/2006
M	10/2/1984	75407	91079.167	5/1/2011
M	3/10/1986	75454	84540.085	11/1/2019
M	10/7/1983	75452	102560.466	10/1/2006
M	12/26/1966	76179	102560.466	12/1/2020
M	11/10/1980	75070	80430.616	1/1/2024
M	8/28/1968	75069	102560.466	10/1/2006
M	9/16/1992	75098	84220.137	8/1/2022
M	3/26/1980	75424	102560.466	10/1/2006
M	12/14/1980	76209	90266.991	12/1/2012
M	12/14/1983	75452	86265.202	8/1/2017
M	12/5/1991	75452	100627.957	2/1/2015
M	12/30/1977	75409	102560.466	10/1/2006
M	7/17/1986	75087	98590.164	6/1/2014
M	4/30/1990	75479	101606.756	3/1/2015
M	12/20/1979	75009	102560.466	10/1/2006
M	9/4/1991	75409	81136.675	5/1/2018
M	11/12/1969	75032	96336.686	4/1/2022
M	3/31/1995	75409	90651.711	5/1/2018
M	12/20/1971	75092	95571.175	5/1/2008
M	6/28/1986	75098	87994.571	5/1/2013
M	3/21/1994	75035	92446.972	9/1/2017
M	4/1/2000	75407	78653.482	3/1/2023
M	5/20/1991	75020	81092.149	11/1/2022
M	8/10/1969	75071	102560.466	10/1/2006
M	7/9/1987	75409	81212.865	3/1/2022
M	8/11/1974	75033	98284.159	4/1/2017
M	10/3/1990	75072	86099.403	4/1/2018
M	6/1/1983	75459	103789.880	10/1/2006
F	12/25/1985	75069	100629.368	10/1/2006
M	6/15/1992	75070	101736.381	7/1/2015
M	11/26/1982	75495	102560.466	10/1/2006
M	5/9/1991	75009	78132.598	5/1/2023
M	9/26/1998	75181	79656.346	7/1/2018
M	7/25/1974	75454	95283.237	10/1/2006
F	9/10/1974	75409	102560.466	10/1/2006

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M	1/20/1973	75070	102560.466	5/1/2007
M	9/28/1990	75495	101606.756	10/1/2014
M	1/27/1979	75454	102560.466	10/1/2006
F	2/9/1988	75409	100053.839	4/1/2014
M	10/24/1995	75409	76550.153	11/1/2022
M	1/22/1980	75020	102560.466	3/1/2015
M	6/22/1978	75071	102560.466	10/1/2014
M	1/6/1994	76259	70529.654	8/1/2019
M	12/4/1970	75072	69794.000	4/1/2024
M	1/15/2003	75013	69794.000	9/1/2023
F	5/25/1961	75023	53856.000	10/1/2006
F	9/5/1960	75013	41276.018	3/1/2020
F	7/25/1987	75002	38702.539	11/1/2023
F	2/27/1980	75071	40506.922	1/1/2023
F	3/2/1969	75454	63109.000	4/1/2014
F	3/27/1970	75098	63109.000	10/1/2006
F	6/17/1984	75424	63109.000	6/1/2016
F	7/10/1981	75078	46153.992	9/1/2022
F	8/7/1973	75071	58431.877	5/1/2018
F	9/21/1980	75454	50170.852	3/1/2022
F	10/28/1966	75485	63109.000	10/1/2006
F	5/28/1971	75071	60994.479	2/1/2018
F	12/2/1964	75070	56942.685	10/1/2017
F	9/10/1980	75418	63323.095	8/1/2020
M	7/4/2000	75234	57454.059	5/1/2022
M	6/20/1969	75070	73128.428	6/1/2014
M	12/16/1984	75069	54614.974	12/1/2023
M	1/30/1998	75475	56985.097	6/1/2023
M	10/7/1991	75454	57029.438	8/1/2022
F	7/10/1994	75078	60183.973	6/1/2022
M	1/3/1973	75071	53245.000	6/1/2024
F	1/10/2003	75069	54614.974	11/1/2023
M	2/20/1993	76247	60326.711	5/1/2022
F	1/6/1995	75071	60326.711	5/1/2022
F	3/13/1999	75009	53245.000	6/1/2024
M	1/1/1991	75418	57345.722	4/1/2024
F	3/7/1970	75454	60326.711	5/1/2022
M	10/21/1995	76227	57318.109	6/1/2022
F	2/26/1984	75092	54614.974	1/1/2024
M	9/19/2001	75069	57454.059	5/1/2022
F	7/22/2001	76227	54614.974	2/1/2024
M	1/2/2001	75409	54961.672	9/1/2023
M	11/12/1975	75074	65841.417	8/1/2017
M	4/5/1994	75490	71642.438	5/1/2015
M	10/24/1989	75401	72223.173	2/1/2015
M	6/20/1979	75409	54614.974	12/1/2023
M	6/9/1993	75401	62698.011	4/1/2019

## Exhibit 6 Short-and-Long Term Disability Census-May 2024

F	3/26/1965	75013	57335.608	10/1/2023
M	12/9/1999	75035	58746.344	8/1/2021
F	7/1/1981	75071	56138.409	1/1/2023
M	8/12/1998	75090	60199.389	9/1/2020
M	7/21/2002	75009	53245.000	6/1/2024
F	8/23/2002	75071	56614.496	10/1/2022
M	3/6/1983	75081	57870.950	8/1/2023
M	7/8/1974	75071	59632.593	2/1/2021
M	12/23/1997	75069	60908.686	2/1/2020
M	9/22/1988	76227	56307.680	1/1/2023
M	9/15/1976	75409	45419.000	6/1/2022
M	11/12/1998	75442	56614.496	11/1/2022
F	5/12/1985	75418	60745.329	2/1/2022
F	3/8/1968	75093	55634.681	5/1/2023
M	4/1/1970	75056	43252.650	11/1/2021
F	12/23/1996	75442	56614.496	11/1/2022
M	4/14/1990	75021	56307.680	1/1/2023
M	6/30/2004	75098	54614.974	11/1/2023
M	3/29/1976	75409	40001.000	2/1/2021
F	12/28/1998	75409	57335.608	1/1/2024
M	11/13/1980	75409	73128.428	10/1/2006
M	9/20/2003	75454	54614.974	11/1/2023
M	7/25/1973	75454	73128.428	10/1/2006
F	4/7/2004	75069	56491.233	12/1/2022
M	4/22/1986	75068	72783.320	8/1/2014
F	8/17/1965	75071	61330.134	8/1/2019
M	5/22/1997	75072	57345.722	4/1/2024
F	10/24/1994	75407	62649.996	1/1/2019
M	4/8/1981	75454	72223.173	7/1/2013
F	8/16/1974	75068	74544.000	3/1/2008
F	5/6/1992	75072	59761.015	1/1/2021
M	10/2/2002	75409	54614.974	2/1/2024
F	1/14/1990	75407	60103.356	10/1/2020
M	9/22/1984	75092	72223.173	11/1/2015
M	1/8/1981	75189	63828.066	3/1/2020
F	4/7/1992	75069	56144.535	2/1/2023
M	6/29/1974	75092	73128.428	10/1/2006
M	11/8/1990	75442	65888.502	8/1/2017
F	11/27/1976	75490	56418.096	8/1/2022
F	6/6/1994	75454	66534.544	4/1/2017
F	3/2/1992	75025	59880.842	8/1/2022
M	7/10/1974	75150	60602.860	3/1/2022
M	5/25/1965	75150	73128.428	10/1/2006
M	12/14/2004	76227	53245.000	5/1/2024
M	12/9/1976	75002	59112.894	1/1/2023
M	7/14/1999	75020	59112.894	1/1/2023
F	11/23/2003	75072	55471.526	6/1/2023



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M	5/27/2005	75002	54614.974	2/1/2024
F	8/16/1993	75009	66534.544	4/1/2017
F	9/23/1989	75160	54614.974	1/1/2024
F	8/30/1977	75424	71527.495	11/1/2016
M	3/6/1972	75071	54614.974	12/1/2023
M	4/19/1993	75050	56144.535	2/1/2023
M	4/23/1991	75150	55797.826	4/1/2023
M	9/16/1971	75424	63157.802	12/1/2018
M	9/22/1981	75490	63157.802	12/1/2018
M	11/5/1992	75072	67319.185	7/1/2018
M	4/13/1985	75189	55907.250	6/1/2024
F	6/16/1997	75069	58335.079	11/1/2021
M	5/13/1983	75070	54961.672	9/1/2023
M	10/8/1989	75009	54614.974	3/1/2024
F	9/22/1974	75454	73128.428	10/1/2006
M	9/8/2005	75090	54614.974	4/1/2024
M	12/31/1995	75442	66044.996	7/1/2017
F	10/9/2000	75402	57335.608	1/1/2024
M	10/15/1983	75044	73128.428	4/1/2009
F	9/16/1993	75057	57345.722	1/1/2024
F	7/14/1998	75034	60103.356	11/1/2020
M	3/26/1953	75075	57454.059	5/1/2022
M	6/28/1998	75189	61683.652	8/1/2021
M	8/23/1990	75087	68998.689	9/1/2017
M	2/8/1986	75452	64914.689	2/1/2018
M	5/2/1984	75021	54961.672	9/1/2023
M	7/31/1987	75071	63157.802	1/1/2019
M	8/10/1999	75033	60103.356	11/1/2020
M	6/23/1980	75092	73128.428	10/1/2006
F	9/11/1992	76273	59632.593	2/1/2021
M	5/1/2001	75009	59880.842	8/1/2022
M	12/19/1991	75407	55124.827	8/1/2023
M	11/7/2000	75023	54614.974	10/1/2023
M	1/22/2000	75442	56614.496	10/1/2022
M	2/10/1980	75173	73128.428	10/1/2006
F	8/22/1997	75173	60908.686	2/1/2020
M	3/28/1992	75071	60067.280	4/4/2022
F	11/3/1984	77304	42001.050	11/1/2020
M	3/5/1976	75418	63108.371	11/1/2020
M	7/9/1972	75077	57165.376	7/1/2022
M	12/13/1995	75409	56635.840	7/1/2020
M	5/1/2001	75424	61234.063	11/1/2019
M	11/14/1998	75071	57335.608	10/1/2023
M	4/28/1979	75068	73128.428	3/1/2011
M	4/5/1982	75189	54614.974	10/1/2023
F	4/12/1999	75069	58335.079	11/1/2021
M	4/29/1972	75071	54614.974	11/1/2023

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M	12/16/1999	75160	54614.974	10/1/2023
F	4/10/1987	75495	73128.428	3/1/2013
M	10/13/1993	75058	60183.973	6/1/2022
F	9/21/1971	75407	57335.608	1/1/2024
M	5/27/1987	75287	59930.042	12/1/2020
M	5/25/1967	75092	74033.189	10/1/2006
F	9/26/2000	75407	61224.559	10/1/2021
F	2/4/1994	75071	58606.503	8/1/2021
M	10/24/1982	75407	53245.000	6/1/2024
F	2/8/2001	76227	57454.059	5/1/2022
M	8/1/1995	75409	59632.593	2/1/2021
M	2/8/1990	75409	53245.000	6/1/2024
F	6/2/1992	75070	54614.974	1/1/2024
M	2/12/1999	75071	64265.013	6/1/2018
F	11/1/1980	75254	63524.980	6/1/2020
M	9/11/1969	75071	46429.330	9/1/2022
M	2/12/2002	75071	59112.894	1/1/2023
M	6/30/2003	75071	53245.000	6/1/2024
M	2/10/2004	75071	54614.974	12/1/2023
M	10/11/2004	75418	54614.974	1/1/2024
M	5/9/1980	75409	65888.502	8/1/2017
M	9/16/1997	75407	55287.972	7/1/2023
M	6/21/1973	75407	71254.074	10/1/2014
M	9/27/1994	75454	56893.488	9/1/2022
M	9/4/1963	75075	73128.428	12/1/2012
M	5/1/1993	75033	58167.167	12/1/2021
F	7/10/1973	75076	73128.428	10/1/2006
F	5/30/2000	75217	56307.680	1/1/2023
M	4/28/2000	75071	55907.250	6/1/2024
M	3/27/1965	75078	54961.672	9/1/2023
M	10/11/1990	75407	55809.990	9/1/2022
F	6/8/1998	75442	62237.978	7/1/2019
F	7/2/1992	75021	64265.013	6/1/2018
M	3/14/1984	75189	72223.173	9/1/2015
M	1/7/2000	75409	58167.167	12/1/2021
M	3/20/1973	75070	73128.428	3/1/2007
M	5/3/2000	76208	59435.181	10/1/2022
M	9/8/1960	75424	73128.428	3/1/2011
M	8/27/1997	75034	57742.742	3/1/2022
M	5/3/2003	75071	54614.974	3/1/2024
M	10/8/1978	75146	65888.502	8/1/2017
M	1/23/2001	75495	53245.000	6/1/2024
M	8/27/1980	75407	55103.363	5/1/2019
M	11/17/1987	76205	54614.974	1/1/2024
F	6/2/1972	75414	57742.742	3/1/2022
F	5/18/1974	75189	63828.066	3/1/2020
M	9/11/2001	75071	57318.109	6/1/2022

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F	7/20/1997	75407	54614.974	1/1/2024
M	6/3/1998	46320	42001.050	2/1/2021
F	11/14/2001	75407	58886.378	7/1/2021
M	4/21/1975	75407	60800.438	3/1/2020
M	10/20/1976	75074	56144.535	2/1/2023
M	7/18/2001	75248	55907.250	6/1/2024
M	6/6/2003	75454	56614.496	10/1/2022
F	6/29/2001	75098	55287.972	7/1/2023
F	5/20/1984	75452	54614.974	1/1/2024
M	12/5/1989	75023	61234.063	11/1/2019
F	8/14/1993	75407	54961.672	9/1/2023
M	4/15/1999	75074	59195.293	5/1/2021
M	11/10/1980	75092	73128.428	10/1/2006
M	10/14/1980	75407	57335.608	10/1/2023
M	9/1/1990	75407	73128.428	5/1/2011
M	10/4/1976	75072	59335.159	4/1/2021
M	10/22/1973	74701	73128.428	10/1/2006
M	6/28/2002	75407	54614.974	1/1/2024
F	1/7/1981	75423	61048.319	12/1/2021
M	8/6/1999	75407	58335.079	11/1/2021
F	2/13/1982	75071	73128.428	10/1/2006
M	8/22/1990	75407	65405.979	9/1/2017
M	1/21/1976	75072	59305.621	12/1/2022
M	4/2/2002	75407	58886.378	7/1/2021
M	8/12/1997	75069	56307.680	1/1/2023
F	8/24/1995	75071	54614.974	1/1/2024
M	1/15/1991	75407	66201.747	6/1/2017
M	7/28/1998	75025	54614.974	11/1/2023
M	11/19/1983	75093	62467.182	3/1/2021
M	4/13/1990	75071	65888.598	8/1/2017
F	5/4/1973	75070	54614.974	3/1/2024
M	9/3/1961	75035	66044.996	7/1/2017
F	9/1/1989	75071	53245.000	5/1/2024
M	1/10/1966	75034	57345.722	3/1/2024
M	3/2/1986	75069	53245.000	6/1/2024
F	4/25/1988	75409	73128.428	1/1/2014
M	11/21/2000	75409	55287.972	7/1/2023
M	6/1/2000	75071	56504.496	1/1/2022
M	3/20/2000	75418	54614.974	11/1/2023
M	1/28/1970	75459	73128.428	10/1/2006
M	4/21/1987	75454	56307.680	1/1/2023
M	2/12/2004	75409	54614.974	1/1/2024
M	5/3/2002	75228	54614.974	12/1/2023
M	10/28/1995	75072	55287.972	7/1/2023
M	9/21/2001	75069	57029.438	8/1/2022
F	5/26/1973	75090	73128.428	10/1/2006
F	10/17/1995	75407	58335.079	3/1/2020

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M	2/13/1960	75490	73128.428	9/1/2009
M	3/15/1991	75034	61330.134	10/1/2019
M	9/24/1989	75044	54614.974	3/1/2024
M	10/5/1998	75069	57165.376	7/1/2022
F	6/6/1984	75407	57165.376	7/1/2022
F	3/4/1977	75125	54614.974	3/1/2024
M	10/23/1963	75036	72223.173	5/1/2015
F	3/4/1978	75409	73128.428	10/1/2006
M	5/10/1962	75452	59738.301	9/1/2022
M	7/7/1974	75423	73128.428	7/1/2007
M	9/21/1971	75092	67657.469	5/1/2018
F	12/17/2003	75035	54614.974	3/1/2024
M	7/5/1972	75409	73128.428	10/1/2006
M	10/13/1977	76245	68788.754	7/1/2017
M	4/4/1995	75044	59043.713	6/1/2021
M	10/13/1998	75013	45419.000	8/1/2022
F	12/12/1988	75146	59112.894	1/1/2023
M	12/22/1998	75070	58234.989	6/1/2023
F	6/11/1990	75454	61683.652	8/1/2021
M	12/14/1998	75495	56893.488	9/1/2022
F	4/10/1999	75070	53245.000	6/1/2024
F	2/1/1990	75068	56307.680	1/1/2023
F	1/23/1997	75070	59335.159	4/1/2021
F	11/8/1987	75024	60487.256	12/1/2019
M	5/13/1995	75409	61330.134	5/1/2019
M	5/30/1998	75407	61234.063	11/1/2019
M	5/6/1985	75069	68668.981	11/1/2017
M	10/3/2002	75454	55981.380	3/1/2023
M	6/28/1981	75407	73128.428	2/1/2007
M	5/4/2000	75070	40001.000	4/1/2021
M	6/18/2003	75407	55471.526	6/1/2023
M	8/16/2004	75023	54614.974	11/1/2023
M	12/8/1976	75072	73128.428	10/1/2011
F	12/29/1992	76208	54614.974	3/1/2024
M	10/24/1998	75407	54614.974	11/1/2023
M	6/6/1957	75056	73128.428	12/24/2011
F	5/11/1990	75032	59492.740	3/1/2021
M	11/16/1993	75069	62237.978	7/1/2019
M	10/4/1995	75071	70952.155	6/1/2016
M	4/18/2003	75252	55124.827	8/1/2023
M	6/15/1984	75491	63157.802	11/1/2018
F	9/21/1982	75442	60307.653	8/1/2020
M	11/22/1961	75092	73128.428	6/1/2007
M	5/8/1972	75424	73128.428	10/1/2006
M	12/10/1996	75407	57165.376	7/1/2022
F	10/12/2004	75072	54614.974	11/1/2023
F	7/10/1970	75407	69346.344	7/1/2017

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M	12/7/1976	75407	73128.428	5/1/2007
M	6/2/1973	75409	63010.707	2/1/2019
M	1/26/2004	75072	54614.974	4/1/2024
M	12/26/1975	75071	73128.428	10/1/2006
F	9/25/2002	75459	54614.974	11/1/2023
F	2/18/1964	75495	73128.428	6/1/2007
F	11/7/1965	76227	58042.262	7/1/2023
M	8/8/2000	75002	59112.894	1/1/2023
F	7/27/2001	75407	57335.608	11/1/2023
F	5/24/1971	75093	171881.689	3/1/2019
M	8/27/1946	75071	233611.956	12/1/2014
M	9/3/1961	75071	157532.439	7/1/2020
F	5/8/1962	75074	234397.000	10/1/2006
M	5/4/1976	75454	203045.342	10/1/2006
M	3/20/1957	75070	187519.000	10/1/2006
F	8/27/1975	75070-94	200646.000	10/1/2006
F	9/27/1964	75409-70	187519.000	10/1/2006
F	6/2/1980	75490	67062.673	7/1/2014
F	12/20/1988	75452	67845.766	10/1/2014
F	5/16/1998	75409	56183.663	11/1/2020
F	11/16/2001	75135	49762.000	4/1/2024
F	2/1/2001	75068	51375.292	9/1/2023
F	10/2/1977	75069	61915.598	7/1/2018
F	6/17/2001	75454	51028.300	12/1/2023
M	4/15/1999	75454	51885.575	6/1/2023
F	7/11/1987	75013	53032.227	6/1/2022
M	12/28/1996	75092	51538.583	8/1/2023
F	8/17/1978	75093	67333.461	2/1/2015
F	3/1/2002	75070	51375.292	9/1/2023
M	11/22/1988	75442	51375.292	9/1/2023
M	7/10/1986	75007	62514.949	8/1/2017
M	12/29/1979	75098	68126.993	10/1/2006
M	3/24/1992	75075	52395.858	3/1/2023
F	11/3/1997	75407	52559.149	1/1/2023
F	4/30/1966	75424	68126.993	10/1/2006
F	5/23/2000	75442	53032.227	10/1/2022
F	5/21/1994	75087	67031.947	8/1/2016
F	4/7/1999	75092	50923.788	5/1/2024
F	1/2/2003	75071	54352.567	1/1/2022
F	2/12/2000	75074	51028.300	2/1/2024
F	10/25/1977	75009	68126.993	4/1/2022
M	7/12/1968	75075	153132.720	4/1/2023
M	7/30/1976	75453	68315.000	10/1/2006
F	5/29/1963	75403	68143.899	1/1/2010
F	5/8/1961	75070	73099.798	10/1/2006
M	12/27/1970	75088	76743.125	4/1/2010
M	1/17/1957	75080	185699.670	4/1/2016

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F	10/15/1961	75071	52495.320	12/1/2011
F	12/5/1981	75075	38702.539	2/1/2024
F	12/4/1978	75035	53201.144	3/1/2012
F	8/25/1966	75098	48536.254	4/1/2015
M	11/19/1971	75087	158475.000	6/1/2012
F	2/10/1985	75071	158475.000	8/1/2021
M	2/5/1964	75071	86656.000	10/1/2006
M	8/31/1974	75442	75796.166	3/1/2012
F	7/6/1995	75067	97346.111	2/1/2019
F	7/19/1989	75002	111708.246	1/1/2014
F	11/23/1987	75062	106072.848	3/1/2016
F	5/7/1985	75071	76114.303	9/1/2020
F	12/21/1980	75081	77013.601	9/1/2020
M	8/7/1990	75070	80934.617	2/1/2022
F	12/28/1992	75035	71712.489	2/1/2023
F	9/12/1980	75146	76878.273	9/1/2022
F	6/18/1974	75002	73248.614	6/1/2020
M	8/16/1977	75034	52202.587	4/1/2019
M	11/5/1973	75402-60	50850.783	1/1/2022
M	8/2/1978	75409	52244.693	6/1/2022
M	7/22/1973	75069	58018.453	10/1/2011
M	7/16/1955	75407	60194.027	8/1/2014
M	6/21/1985	75424	63109.000	11/1/2015
M	12/16/1967	75072	51490.448	10/1/2021
M	11/12/1983	75442	62535.982	12/1/2008
M	5/9/1959	75452	59934.197	7/1/2013
M	9/4/1985	75070	56858.807	6/1/2007
M	3/23/1980	75442	60840.359	6/1/2014
M	9/4/1986	75069	49349.222	2/1/2018
M	8/20/1991	75424	63109.000	3/1/2015
M	10/13/1962	75424	62323.897	10/1/2006
M	4/20/1965	75007	62323.897	9/1/2009
M	2/25/1963	75452	62323.897	10/1/2006
M	6/29/1964	75452	62323.897	10/1/2006
M	10/20/2000	75220	46570.237	4/1/2022
M	12/10/1977	75439	56546.610	5/1/2017
M	6/22/1993	75071	51051.233	1/1/2022
M	9/15/1976	75490	51256.779	4/1/2018
M	11/30/1964	75007	63109.000	5/1/2013
M	6/14/1965	75009	47636.857	2/1/2024
M	8/29/1959	75476	58241.811	9/1/2016
M	8/11/1961	75090	63109.000	7/1/2013
M	1/9/1966	75442	63109.000	1/1/2011
M	10/17/1961	75424	59029.361	9/1/2012
M	1/3/1983	75452	59987.639	7/1/2011
M	9/22/1952	75407	61464.540	1/1/2012
M	9/18/1960	75442	63109.000	10/1/2006

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M	8/11/1973	75002	51210.978	7/1/2018
M	9/19/1961	75011	53051.443	2/1/2018
M	10/11/1960	75166	55855.123	9/1/2022
M	7/27/1968	75220	63109.000	6/1/2009
M	7/22/1952	75496	45078.000	5/1/2024
M	9/7/1979	75442	61256.554	10/1/2006
M	12/20/1970	75407	50404.946	1/1/2018
M	6/25/1991	75407	57479.089	5/1/2017
M	7/13/1963	75068	63109.000	10/1/2006
M	4/8/1979	75036	87832.000	1/1/2024
M	9/6/1985	75056	69978.349	3/1/2018
M	11/26/1981	75490	72995.938	5/1/2017
M	5/19/1985	75009	74083.969	5/1/2016
M	11/21/1976	75068	66883.716	9/1/2014
M	7/9/1977	75424	79116.919	12/1/2007
M	7/14/1971	75452	75084.972	2/1/2015
M	3/13/1973	75423	79116.919	10/1/2006
M	9/15/1970	75438	80052.000	8/1/2008
M	11/11/1981	75002	78231.488	10/1/2006
M	8/29/1967	75495	86331.005	10/1/2006
M	9/13/1995	75023	61897.000	6/1/2019
M	8/16/1977	75454	86331.005	10/1/2006
M	12/12/1960	75092	86331.005	10/1/2006
M	5/13/1975	75173	64830.135	8/1/2021
F	5/4/1980	75088	80052.000	5/1/2011
F	10/5/1989	75092	104613.000	6/1/2024
F	7/2/1990	75212	135504.772	5/1/2016
F	10/9/1962	76550	148720.327	7/1/2013
F	2/7/1978	75070	148720.327	3/1/2015
M	1/9/1976	75069	109773.538	10/1/2008
F	8/13/1980	75424	109773.538	10/1/2006
M	10/31/1971	75092	109773.538	10/1/2006
F	8/3/1956	75070	109773.538	7/1/2016
M	3/5/1960	75092	109773.538	10/1/2006
M	12/26/1969	75069	109773.538	10/1/2006
F	1/23/1975	75071	109773.538	10/1/2006
M	3/12/1964	75033	109773.538	1/1/2017
M	2/7/1974	75071	109773.538	10/1/2006
F	10/2/1982	75071	101793.022	10/1/2017
M	6/23/1968	75407	109773.538	11/1/2011
M	5/28/1976	75424	109773.538	10/1/2006
F	9/14/1967	75454	109773.538	9/1/2015
M	3/17/1964	75495	109773.538	8/1/2008
F	11/8/1984	75078	112880.528	11/1/2023
F	1/22/1996	75024	107505.265	3/1/2023
M	10/10/1965	75093	148720.327	10/1/2006
M	8/12/1986	75056	107505.265	1/1/2023

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M	6/20/1993	75002	111537.805	8/1/2021
F	6/19/1981	75093	141597.212	6/1/2015
M	11/20/1989	75070	115048.441	10/1/2020
F	5/20/1990	75013	112880.528	11/1/2023
M	12/20/1992	75495	111537.993	3/1/2021
F	4/23/1997	75070	111420.766	8/1/2022
F	12/18/1991	75002	118401.432	7/1/2019
M	11/22/1993	75093	118290.277	3/1/2020
M	7/18/1988	75454	125527.179	10/1/2022
M	6/30/1976	75074	111074.440	1/1/2023
F	4/23/1989	75072	141601.147	4/1/2015
F	5/31/1972	75252	148720.327	10/1/2006
F	4/6/1994	75220	111772.696	9/1/2020
F	7/4/1970	75020	140441.307	8/1/2016
F	1/28/1996	75071	111509.180	2/1/2022
M	10/24/1984	75077	140441.307	6/1/2015
F	3/12/1969	75070	148720.327	10/1/2006
F	9/16/1995	75080	111772.696	3/1/2021
M	7/27/1993	75071	111537.993	2/1/2021
F	11/6/1985	75071	115043.364	10/1/2021
F	8/17/1994	75071	115048.441	2/1/2020
F	11/11/1991	75080	123160.558	5/1/2018
M	7/6/1982	75025	104613.000	4/1/2023
M	1/6/1973	75409	148720.327	10/1/2006
F	3/29/1974	75072	148720.327	3/1/2007
F	4/28/1994	75072	111748.637	6/1/2020
F	10/13/1990	75069	85802.841	3/1/2015
F	7/17/1997	75013	63889.633	12/1/2019
F	11/8/1991	75165	72201.796	2/1/2019
F	5/17/1995	75070	61897.000	5/1/2024
M	6/25/1980	75454	85897.568	12/1/2010
F	4/27/1979	75078	86404.152	5/1/2013
M	2/14/1981	75454	86404.152	1/1/2007
F	11/11/1986	75454	87300.697	7/1/2014
M	5/6/1984	75013	93554.178	10/1/2008
F	9/10/1983	75409	78276.755	2/1/2017
F	8/23/1986	75071	100505.638	6/1/2014
M	9/27/1997	75056	86536.180	10/1/2020
M	1/6/1995	75473	72041.167	2/1/2022
F	8/15/1956	75072	80441.363	11/1/2019
F	6/26/1940	75002	85719.395	10/1/2006
M	7/21/1963	75173	51859.268	10/1/2021
M	10/14/1970	75089	76501.317	8/1/2016
M	4/18/1963	75442	85719.395	10/1/2006
M	9/4/1968	75048	73992.187	5/1/2015
M	3/21/1963	75423	69790.525	2/1/2018
M	3/1/1967	75407	86656.000	10/1/2006



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F	1/11/1974	75454	90986.489	6/1/2015
F	4/11/1984	75407	92812.128	1/1/2010
F	2/22/1973	75009	93310.459	10/1/2006
M	6/23/1963	75092	91179.934	7/1/2014
F	11/5/1980	75071	92874.389	10/1/2006
M	2/2/1965	75071	89689.403	5/1/2016
F	11/23/1961	75071	93805.000	2/1/2008
F	1/25/1969	75070	83885.826	10/1/2006
M	5/24/1999	76018	74462.804	10/1/2021
F	6/21/1976	75424	72969.854	12/1/2014
F	8/8/1986	75036	67004.000	6/1/2024
F	3/26/1991	75094	86050.464	9/1/2013
M	6/9/1992	75407	71364.118	11/1/2022
F	7/2/1982	75452	93805.000	10/1/2006
F	12/29/1973	75418	72465.792	1/1/2020
F	2/27/1974	75025	69434.874	2/1/2022
M	4/20/1968	75071	70947.046	3/1/2022
M	1/25/1967	76227	111759.271	10/1/2006
F	12/30/1976	75071	106244.807	1/1/2017
M	7/18/1990	75442	65133.907	12/1/2023
F	2/10/1963	75070	86656.000	10/1/2006
M	1/22/1963	76209	145389.000	10/1/2006
F	2/14/1994	76227	49100.866	1/1/2024
F	9/12/1966	75071	86389.763	3/1/2020
M	5/6/1997	75424	39735.895	2/1/2023
M	4/7/2001	75401	40280.068	10/1/2022
M	1/15/1980	75407	45963.985	6/1/2018
M	1/29/1983	75442	38702.539	10/1/2023
M	8/17/2005	75041	38702.539	3/1/2024
M	9/22/2001	75069	38702.539	5/1/2024
M	6/26/1991	75071	46060.657	9/1/2022
M	2/1/1969	75071	49334.408	9/1/2021
F	9/12/1993	75009	54229.543	5/1/2023
F	11/25/1985	75459	92465.743	6/1/2018
F	10/20/1977	75068	99832.526	2/1/2015
F	3/23/1984	75072	106292.068	12/1/2007
F	3/4/1961	75454	133385.000	10/1/2006
F	11/20/1987	75048	66436.285	11/1/2015
M	3/11/1971	75071	71423.060	10/1/2012
F	12/1/1978	75040	59620.289	6/1/2020
F	4/16/1980	75495	78409.907	4/1/2013
F	2/13/1990	75002	57554.951	8/1/2023
F	4/29/1992	75166	101544.000	5/1/2017
M	9/2/1987	75149	54761.894	9/1/2023
F	2/28/1984	75409	59351.145	1/1/2022
M	3/25/1993	75070	58536.418	10/1/2022
M	3/5/1995	75092	35836.371	5/1/2023

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F	6/19/1953	75069	37202.477	4/1/2022
M	12/4/1956	75023	37202.477	4/1/2022
F	9/8/1985	75407	37202.477	4/1/2022
F	1/14/1966	75442	37114.705	5/1/2022
F	2/7/1988	75074	35723.943	6/1/2023
F	4/25/1997	75407	36300.019	1/1/2023
F	2/3/1970	75407	37026.968	6/1/2022
F	7/25/2000	75489	37026.968	6/1/2022
F	8/6/1999	75013	37026.968	6/1/2022
M	12/1/1963	75071	34874.900	5/1/2024
M	6/3/1992	75452	36840.476	8/1/2022
F	10/29/2000	75074	35597.461	7/1/2023
M	4/28/2004	75069	35133.696	12/1/2023
F	3/18/1980	75071	36426.500	12/1/2022
F	10/28/1949	75071	41376.015	5/1/2022
F	10/8/1992	75491	41278.173	6/1/2022
M	8/10/1966	75418	62202.567	6/1/2015
M	7/6/1998	75028	45078.000	6/1/2024
F	11/29/1979	75071	67594.813	6/1/2021
F	1/23/1970	75002	72746.065	6/1/2022
F	3/10/1971	75407	67004.000	6/1/2024
F	9/14/1993	76201	67004.000	7/1/2023
M	4/21/1984	75071	71776.330	12/13/2021
F	4/5/1984	75024	75449.911	9/1/2019
F	8/8/2001	75013	67004.000	10/1/2023
F	11/30/1957	75025	62016.361	10/1/2006
F	10/24/1974	75077	135287.722	10/1/2006
F	10/25/1978	75401	125614.287	6/1/2009
M	9/9/1985	75442	91704.345	4/1/2013
M	7/15/1994	75071	72278.946	11/1/2022
M	1/20/1970	75070	158080.216	8/1/2007
M	6/19/1977	75089	137550.244	4/1/2015
M	12/23/1967	75040	158475.000	10/1/2006
F	4/29/1969	75409	158475.000	10/1/2006
F	8/24/1981	75098	37803.387	3/1/2021
F	11/20/1980	75414	68315.000	1/1/2009
F	10/30/1966	75072	86656.000	10/1/2006
F	10/9/1964	75071	42171.517	7/1/2022
F	8/1/1997	75407	40826.362	5/1/2022
F	3/1/1984	75069	46891.459	2/1/2019
F	11/29/1947	75071	52737.675	12/1/2014
F	2/24/1957	75072	53856.000	9/1/2011
F	12/16/1982	75409	41323.754	11/1/2022
F	10/23/1986	75495	38702.539	11/1/2023
F	1/5/1965	75070	47240.453	4/1/2017
M	3/6/1975	75098	145389.000	10/1/2006
F	11/25/1987	75407	105982.162	5/1/2016

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M	3/3/1983	75071	60728.528	4/1/2020
M	11/16/1988	75452	64178.715	9/1/2017
M	12/10/1973	76266	57554.951	2/1/2024
M	8/11/1981	75452	57180.000	11/1/2023
M	9/17/1963	75485	77342.602	10/1/2006
M	9/21/1982	75071	77438.317	12/1/2017
M	12/25/1961	75442	77632.016	4/1/2007
M	6/26/1980	75009	75714.502	5/1/2017
F	12/5/1974	75409	77601.319	5/1/2016
M	2/3/1977	75442	57180.000	1/1/2023
F	9/10/1983	75409	45822.120	6/1/2024
M	11/14/1962	75495	95911.108	10/1/2006
F	1/14/1966	75071	83757.485	5/1/2014
F	7/28/1985	75407	74439.724	10/1/2006
F	4/29/1976	75424	85300.875	10/1/2006
F	3/19/1972	75035	85906.825	8/1/2011
F	3/14/1980	75401	86656.000	12/1/2007
F	11/2/1988	75407	84514.142	11/1/2018
M	9/5/1982	75409	78257.355	10/1/2006
F	10/10/1977	75409	78257.355	10/1/2006
F	9/7/1978	75072	78257.355	8/1/2008
M	12/21/1989	75418	79035.070	7/1/2017
M	2/9/1989	75023	83045.532	3/1/2015
M	8/28/1962	75089	83053.676	8/1/2014
M	4/23/1976	75071	83053.676	5/1/2014
M	11/13/1992	75409	83034.769	11/1/2018
F	7/7/1966	75021	95843.725	10/1/2006
M	9/20/1987	75173	83504.338	6/1/2012
F	6/27/1990	75407	80626.676	1/1/2017
F	8/25/1977	75287	83486.123	8/1/2009
M	2/9/1988	75407	74398.757	11/1/2022
M	5/9/1989	75071	84908.597	10/1/2008
M	11/2/1972	75070	85994.187	3/1/2023
M	4/2/1979	75407	79304.660	3/1/2012
M	8/26/1993	75409	78368.622	10/1/2017
M	11/29/1991	75070	74398.463	12/1/2019
M	9/17/1986	76227	81306.074	11/1/2014
F	11/22/1972	75068	83027.430	1/1/2018
M	12/13/1975	76227	89200.490	10/1/2006
F	8/21/1970	75069	85306.398	1/1/2008
M	2/13/1992	75407	76702.455	10/1/2015
F	11/8/1977	75495	79035.070	8/1/2018
M	7/13/1957	75068	79003.505	7/1/2013
M	9/4/1993	75071	80615.637	12/1/2017
M	11/29/1988	75407	83045.532	9/1/2017
M	7/2/1982	75092	95843.725	10/1/2006
M	11/19/1996	75092	74398.463	8/1/2021

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M	9/10/1976	75409	81530.183	10/1/2006
M	10/3/1961	75072	133972.800	10/1/2006
F	9/24/1964	75442	133972.800	4/1/2023
M	11/15/1948	75035	133972.800	4/1/2023
M	6/28/1975	75075	133972.800	5/1/2013
M	4/19/1984	75071	90209.303	7/1/2009
M	4/27/1985	75495	86656.000	11/1/2014
M	6/24/1976	75173	79578.948	10/1/2006
F	12/15/1975	75020	85569.521	10/1/2006
F	7/4/1967	75173	133385.000	10/1/2006
M	2/8/1963	75009	93805.000	10/1/2006
M	5/25/1971	75409	93805.000	10/1/2006
M	2/13/1979	75009	82640.247	7/1/2014
M	4/24/1979	75021	93805.000	10/1/2006
M	10/17/1976	75407	93805.000	10/1/2006
M	2/25/1975	75068	72910.535	10/1/2006
F	3/7/1977	75002	57137.646	7/1/2023
F	8/25/1977	75089	67379.479	8/1/2014
F	8/27/1966	75462	73477.243	10/1/2006
M	11/27/1996	75092	61328.379	8/1/2020
F	2/21/2001	75070	54586.622	9/1/2022
F	9/10/1981	75002	61408.330	12/1/2018
M	2/15/1994	75040	63171.325	9/1/2018
F	2/20/1980	75069	55302.417	4/1/2019
F	7/12/1998	75069	52822.000	6/1/2022
F	11/16/1963	75013-47	73477.243	10/1/2006
F	9/4/1996	75069	61847.139	5/1/2019
M	2/13/1990	75016	62453.952	2/1/2019
F	2/11/2002	75495	53166.219	10/1/2023
F	4/13/1982	75134	68072.644	4/1/2013
M	8/1/1977	75020	73477.243	6/1/2007
F	11/11/1973	75070	73951.000	1/1/2011
M	8/15/1967	75020	73477.243	10/1/2006
F	10/3/1989	75089	55824.529	4/1/2024
F	1/1/1992	75068	55824.529	4/1/2024
F	10/24/1974	75093	73951.000	10/1/2006
F	2/23/1978	75093	73477.243	10/1/2007
M	2/20/1991	75156	55824.529	1/1/2024
M	9/17/1980	75068	63844.464	6/1/2018
M	2/3/1982	75071	73477.243	11/1/2008
M	12/29/1980	75454	73477.243	12/1/2013
M	9/9/1970	75454	73477.243	10/1/2008
F	11/13/1994	75002	58021.724	12/1/2020
F	10/30/1996	75040	57003.727	3/1/2022
M	4/23/1966	75452	57939.745	11/1/2022
F	1/24/1974	75070	73477.243	10/1/2006
M	8/11/1978	75020	73477.243	10/1/2006

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M	9/23/1972	75115	72910.535	11/1/2012
M	6/12/1973	75401	73477.243	10/1/2006
M	3/14/1975	75477	91216.767	10/1/2006
M	10/10/1970	75094	93166.145	10/1/2006
M	10/28/1973	76227	82050.892	10/1/2006
M	12/5/1963	75072	93805.000	10/1/2006
F	4/29/1964	75071	85569.521	10/1/2006
M	12/28/1984	75409	93805.000	4/1/2009
M	1/15/1970	75071	91783.041	10/1/2006
M	8/21/1992	75010	52822.000	5/1/2024
M	12/29/1981	75070	52822.000	5/1/2024
F	7/2/1993	75454	70687.793	7/1/2016
F	2/7/1999	76051	55103.639	12/1/2022
F	1/23/1994	75409	61241.803	7/1/2020
M	6/16/1967	75089	73951.000	3/1/2009
F	3/15/1991	75150	55463.100	6/1/2024
M	1/15/1968	75407	72910.535	11/1/2008
M	1/5/1979	75092	71432.949	3/1/2010
M	1/20/1993	75189	67454.918	5/1/2019
M	8/25/1979	75052	57942.024	2/1/2020
F	10/13/1997	75212	54947.115	12/1/2022
M	11/12/1975	75424	69259.985	11/1/2017
F	10/23/1989	75036	55827.360	6/1/2022
M	12/28/1978	75009	73477.243	10/1/2007
M	12/17/1973	76244	72910.535	10/1/2006
M	10/17/1972	76227	72910.535	10/1/2006
M	6/22/1975	75409	72910.535	10/1/2006
F	11/15/1991	75402	55226.270	6/1/2022
M	10/8/1994	75070	58347.169	8/1/2021
M	1/29/1992	75071	53495.211	9/1/2023
M	12/17/1998	76201	53166.219	12/1/2023
F	9/25/2000	75414	55180.751	11/1/2022
M	12/21/1962	75407	73951.000	10/1/2006
F	9/29/1993	75235	61946.384	12/1/2020
F	11/5/1996	75189	55495.245	3/1/2023
M	4/18/1988	75235	62414.599	8/1/2019
M	5/26/1992	75068	54463.298	3/1/2023
M	9/15/1970	75098	54133.842	5/1/2023
F	8/4/2000	75125	54845.512	9/1/2022
M	1/29/1991	75090	54068.613	11/1/2022
F	12/5/1964	75070	72910.535	4/1/2008
F	10/16/1966	75452	73477.243	6/1/2013
M	7/30/1985	75149	72778.763	8/1/2017
M	9/20/1965	75033	55943.496	4/1/2022
F	8/31/1998	75021	52822.000	5/1/2024
M	5/22/1973	75490	73951.000	10/1/2006
M	5/2/1975	75418	73951.000	10/1/2006

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M	9/22/1978	75166	56437.609	7/1/2021
M	9/30/1997	75228	55972.103	6/1/2022
F	8/17/1975	75439	71918.796	5/1/2013
F	3/11/1978	75407	53166.219	1/1/2024
M	6/7/1990	76006	58224.002	8/1/2022
F	2/17/1975	75452	54845.512	9/1/2022
M	3/1/1994	75042	54520.367	8/1/2022
M	5/26/1987	75074	55824.529	3/1/2024
M	8/20/1998	75094	54219.370	5/1/2023
M	11/27/1972	75070	54885.538	11/1/2021
M	3/17/1998	75033	54967.316	8/1/2022
M	6/16/1980	75098	73477.243	11/1/2016
F	6/26/1974	75401	72910.535	10/1/2006
M	8/12/1979	75072	59841.168	10/1/2019
M	1/30/1972	75070	71801.086	12/1/2009
F	6/11/1976	75002	73951.000	6/1/2007
F	3/6/1995	76063	61748.325	9/1/2019
F	5/17/1995	75104	58967.305	1/1/2021
F	4/11/1999	75407	56169.971	8/1/2023
M	3/22/2000	75407	52822.000	5/1/2024
M	2/16/1976	75025	71737.441	7/1/2016
M	1/19/1978	75414	73951.000	7/1/2007
F	5/6/1973	76227	53166.219	11/1/2023
M	7/14/1980	75068	73951.000	7/1/2007
M	8/23/1958	75009	72485.504	7/1/2007
M	7/30/1970	75092	73951.000	10/1/2006
M	2/21/1975	75495	53650.030	8/1/2023
M	8/22/1992	75071	67983.855	12/1/2020
F	9/7/1994	75407	66985.111	2/1/2018
F	6/11/1977	75495	73287.095	10/1/2006
F	9/5/1997	75092	55255.249	1/1/2022
F	11/23/1989	75454	67257.386	9/1/2014
F	3/9/1961	75002	65686.388	4/1/2018
F	8/15/1963	75442	73951.000	10/1/2006
F	6/20/1988	75069	73951.000	5/1/2011
M	1/20/1989	75454	53482.323	2/1/2022
M	3/3/1998	75409	55037.416	11/1/2021
F	8/8/1963	75070	73951.000	5/1/2011
F	5/23/1988	75409	57430.692	6/1/2020
F	12/12/1981	75097	73951.000	10/1/2006
F	12/4/1983	75442	73951.000	7/1/2009
F	2/10/1998	75452	53833.198	2/1/2019
F	9/1/1978	75076	70028.017	1/1/2017
F	1/31/1962	75002	73032.674	10/1/2006
M	4/2/1978	75009-51	73951.000	12/1/2006
F	11/26/1981	75454	66080.778	5/1/2017
M	6/10/1975	75072	53437.366	9/1/2023

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F	11/8/1983	75020	60178.364	9/1/2019
F	6/17/1989	75490	69590.341	10/1/2011
F	12/15/1975	76227	86135.765	10/1/2006
M	12/23/1978	75409	79578.948	10/1/2006
F	9/26/1973	76227	84645.200	3/1/2012
M	7/17/1980	75071	82486.265	10/1/2009
M	4/2/1976	75002	86656.000	10/1/2006
M	12/12/1977	75070	86064.490	4/1/2011
F	4/28/1978	75070	86064.490	3/1/2007
M	5/15/1979	75020	86656.000	10/1/2006
M	6/9/1965	75092	73951.000	6/1/2007
M	12/16/1974	75092	69847.229	9/1/2016
M	1/8/1955	75490	73951.000	10/1/2006
M	7/20/1964	75409	71288.154	1/1/2014
M	10/8/1993	75407	68849.901	8/1/2014
F	12/21/1961	75071	73951.000	2/1/2011
M	8/11/1977	75424	65926.549	11/1/2011
M	11/30/1970	75071	72599.077	6/1/2012
M	2/25/1972	75495	54188.375	10/1/2021
M	6/6/1967	75424	53582.707	10/1/2006
M	1/18/1962	75071	58299.000	1/1/2014
M	2/3/1966	75214	173449.064	2/1/2018
F	11/30/1953	75002	53856.000	6/1/2013
F	7/5/1969	75002	39582.481	4/1/2023
F	2/27/1999	75090	39476.590	5/1/2023
F	9/21/1993	75231	39510.650	4/1/2023
F	12/4/1969	75048	45864.202	3/1/2020
F	1/15/1990	75407	39840.394	2/1/2023
M	6/1/1965	75075	53307.392	10/1/2018
F	10/12/1989	75407	32467.000	7/1/2020
M	5/1/2005	75071	38702.539	4/1/2024
F	11/29/1999	75024	42019.449	9/1/2022
M	12/1/1997	75023	38909.757	9/1/2022
F	1/27/1999	75013	38468.000	9/1/2022
M	9/10/1997	75072	38702.539	3/1/2024
F	7/11/1999	75407	39352.742	6/1/2023
F	1/23/1979	75407	52608.159	6/1/2011
F	12/8/1974	75407	41320.381	6/1/2023
F	8/24/1989	75442	38468.000	12/1/2023
F	8/29/1967	75075	41656.880	9/1/2021
F	3/4/1986	75023	39126.564	7/1/2023
F	5/14/1956	75071	38702.539	3/1/2024
F	4/3/1954	75036	38702.539	1/1/2024
M	10/14/1971	75048	52540.314	5/1/2013
F	5/29/1991	75072	45717.165	2/1/2016
F	10/5/2003	75409	38702.539	2/1/2024
F	8/12/1960	75069	43547.371	11/1/2021

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M	10/16/1991	75075	39248.711	6/1/2023
F	10/14/1984	75069	48872.972	4/1/2018
F	5/10/1977	75041	52862.547	5/1/2015
F	5/22/1985	75423	47005.590	9/1/2019
F	4/9/1993	75033	41642.000	7/1/2022
F	5/26/1986	75071	47986.099	3/1/2022
F	8/30/2001	75452	47157.784	10/1/2022
F	4/7/2001	75069	45368.435	7/1/2023
F	8/10/1989	75442	62428.939	8/1/2013
F	7/28/1978	75071	62713.739	12/1/2015
F	6/24/1990	75002	63477.329	12/1/2014
F	12/14/1977	75490	65961.133	9/1/2012
F	5/3/1973	75078	51795.233	5/1/2022
F	8/31/1994	75071	50082.883	5/1/2023
F	3/25/1993	75409	67972.526	2/1/2016
F	3/29/1964	75002	67972.526	10/1/2006
F	3/14/1974	75407	67972.526	10/1/2006
F	2/6/1975	75002	51295.024	9/1/2022
F	3/17/1963	75409	62202.936	9/1/2016
F	7/20/1966	75459	68315.000	10/1/2006
F	7/3/1988	75071	52803.357	9/1/2021
F	11/5/1971	75097	67972.526	10/1/2006
F	12/30/1989	75006	49100.866	3/1/2024
F	7/8/1979	75454	57461.897	6/1/2017
F	4/2/1990	75459	48796.000	11/1/2023
F	4/16/1981	75495	67875.757	10/1/2010
F	10/15/1990	75495	58316.954	12/1/2017
F	6/24/1983	75072	55863.665	8/1/2019
F	7/28/1976	75424	67251.241	8/1/2015
F	10/1/1972	75230	54087.220	6/1/2019
M	3/29/1981	75002	123058.307	3/1/2008
M	1/11/1989	75009	104589.417	9/1/2012
M	11/19/1992	75189	114874.683	6/1/2016
M	11/18/1976	75424	123313.103	10/1/2006
M	1/11/1973	75069	123313.103	10/1/2006
M	7/8/1973	75070	123313.103	10/1/2006
M	4/1/1989	75454	101544.914	8/1/2016
M	1/31/1975	75479	123313.103	10/1/2006
M	11/24/1977	75490	114013.510	7/1/2013
F	1/6/1981	75475	101544.914	3/1/2015
M	7/8/1981	75409	123313.103	10/1/2006
M	10/12/1966	75071	114537.552	4/1/2010
M	12/19/1990	75442	120715.320	1/1/2013
M	10/19/1972	75409	128189.002	10/1/2006
M	4/20/1973	76227	114055.831	5/1/2023
M	3/4/1970	75093	131946.820	10/1/2006
M	8/12/1968	75071	131946.820	10/1/2006



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M	9/4/1981	75424	131946.820	10/1/2006
M	3/14/1975	75409	131946.820	10/1/2006
M	6/4/1979	75058	131946.820	10/1/2006
M	11/24/1968	75009	131946.820	10/1/2006
M	10/28/1985	75009	134372.598	12/1/2013
M	9/29/1999	75002	67588.026	3/1/2022
F	6/26/1962	75093	188566.272	1/1/2020
M	1/27/1985	75071	38687.214	1/1/2023
M	9/28/1958	75495	41508.706	10/1/2023
M	4/4/1959	75454	59210.420	2/1/2007
M	7/7/2003	75424	39863.616	2/1/2023
M	12/2/1963	75424	53658.490	10/1/2006
M	10/23/1961	75407	49976.225	12/1/2017
M	1/19/1971	75409	53658.490	3/1/2011
M	1/4/1962	75409	47391.112	3/1/2017
M	7/24/2002	75092	38702.539	4/1/2024
M	10/16/1968	75071	39308.459	6/1/2023
F	10/3/1996	75495	76565.572	8/1/2021
M	10/21/1966	75071	158475.000	10/1/2006
F	8/9/1984	75071	49116.323	2/1/2014
F	12/22/1994	75490	43139.522	12/1/2022
M	9/15/1969	75023-59	434902.784	6/1/2023
M	8/24/1971	75035	95857.471	10/1/2006
F	3/17/1990	75009	84246.604	11/1/2019
M	9/3/1975	75135	75337.607	6/1/2022
F	11/10/1971	75098	89169.710	1/1/2018
M	3/1/1965	75424	95857.471	11/1/2014
F	9/29/1986	75098	79013.705	3/1/2024
M	1/31/1998	75013	79013.705	2/1/2024
F	7/7/1995	75013	79013.705	2/1/2024
F	2/20/1998	75208	79013.705	3/1/2024
F	6/14/1998	75071	79013.705	2/1/2024
M	8/14/1987	75072	116277.661	7/1/2019
M	3/16/1988	75071	68802.382	1/1/2023
M	12/30/1994	75409	62294.231	6/1/2019
F	9/4/1990	75442	73077.874	9/1/2012
F	1/9/1983	75409	79045.092	10/1/2008
F	12/15/1978	75409	78336.853	6/1/2010
F	1/29/1991	75048	72349.873	1/1/2015
F	9/5/1993	75442	63930.809	12/1/2018
M	12/12/1969	75452	110684.593	10/1/2006
M	11/20/1957	75070	80321.626	3/1/2018
F	11/29/1961	75002	89507.192	11/1/2018
M	7/29/1967	75035	104270.897	10/1/2006
F	10/28/1967	75447	66516.531	10/1/2006
F	6/2/1982	75409	89392.114	1/1/2014
F	6/9/1984	75068	82518.670	4/1/2020

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F	3/15/1966	75409	101544.000	11/1/2017
F	11/15/1968	75424	99730.618	10/1/2006
F	3/20/1972	75071-62	73022.050	2/1/2024
M	12/26/1963	75071	86734.879	9/1/2016
F	1/25/1971	75442	80246.713	12/1/2019
F	11/2/1990	75071	74669.543	9/1/2022
F	1/2/1980	75068	89128.993	12/1/2019
M	1/21/1972	76227	79296.304	7/1/2022
F	2/27/1965	75033	75871.068	10/1/2021
F	12/7/1959	75002	151704.711	10/1/2006
M	6/27/1982	75495	158475.000	10/1/2023
F	9/8/1986	75067	66957.413	2/1/2022
F	11/28/1984	75409	59868.265	1/1/2022
F	10/16/1965	75070	72715.702	12/1/2015
F	4/1/1966	75007	73951.000	9/1/2008
F	12/29/1966	75069	73867.768	1/1/2009
F	1/7/1980	75409	69508.092	10/1/2017
F	12/26/1960	75490	85975.979	10/1/2006
F	5/25/1984	75452	82181.792	10/1/2006
F	10/28/1972	75407	85987.044	10/1/2006
F	12/9/1957	75002	80868.818	10/1/2013
F	8/9/1960	75071	86599.086	10/1/2006
F	11/7/1972	75071	81820.598	10/1/2008
F	6/8/1972	75454	86656.000	10/1/2006
F	7/18/1965	75087	86214.364	10/1/2006
F	11/30/1968	75495	57983.099	10/1/2006
M	6/14/1975	75454	133385.000	10/1/2006
F	10/14/1989	75454	91486.136	8/1/2019
F	8/5/1987	75068	73785.233	10/1/2022
F	11/7/1982	75495	91088.283	10/1/2006
F	7/15/1999	76258	67823.431	7/1/2023
F	2/17/1974	75013	82212.586	7/1/2012
F	10/17/1966	75009	122371.000	1/1/2010
M	12/19/1977	75424	72271.370	10/1/2006
M	7/13/1967	75454	73828.331	9/1/2016
F	9/21/1966	75454	67187.436	11/1/2019
F	10/19/1957	75409	78624.288	12/1/2011
F	2/18/1971	75438	50036.321	6/1/2020
F	2/14/1969	75495	62771.444	10/1/2006
F	7/1/1977	75002	312203.780	8/1/2016
F	6/22/1974	75094	284953.069	10/1/2019
F	2/14/2000	75002	43944.692	1/1/2023
F	1/26/1973	75002	90039.883	10/1/2006
F	12/17/1980	75407	77905.984	8/1/2009
F	2/8/1982	75069	157000.000	6/1/2024
M	7/2/1968	75040	96718.189	11/1/2016
F	8/13/1977	75490	100660.232	6/1/2007

Exhibit 6 Short-and-Long Term Disability Census-May 2024

M	4/18/1978	76264	79090.276	10/1/2015
M	6/5/1965	75070	80415.910	10/1/2020
F	1/21/1988	75495	113253.879	12/1/2008
M	9/27/1975	75074	92538.919	4/1/2017
F	7/17/1982	75056	73951.000	2/1/2009
F	4/8/1973	75424	109658.895	10/1/2006
M	12/28/1970	75078-17	85000.000	4/1/2024
F	6/14/1988	75407	41905.815	4/1/2024
M	6/14/1965	75002	80052.000	11/1/2008
F	7/27/1989	75424	70752.762	10/1/2012
F	11/2/1979	75006	153255.168	12/1/2017
M	11/23/1975	75459	93805.000	10/1/2006
F	11/10/1973	75070	52941.001	4/1/2022
F	7/18/1970	75490	98679.200	8/1/2007
M	4/4/1974	75409	74321.796	12/1/2014
F	8/9/1978	75409	89189.455	4/1/2022
M	12/28/1969	75002	92887.564	7/1/2017
F	8/6/1971	75452	84548.068	10/1/2013
F	2/9/1999	75034	42324.873	8/1/2023
M	11/2/1966	75409	59604.199	8/1/2019
F	1/18/1987	75072	94123.414	10/1/2017
F	6/12/1976	75071	58299.000	2/1/2018
F	7/10/1964	75070	50214.943	2/1/2017
F	4/2/1985	75071	44195.988	4/1/2022
F	2/11/1960	75002	57813.832	4/1/2007
F	9/7/2000	75023	41905.815	11/1/2023
F	12/3/1980	75002	44866.830	8/1/2021
F	6/28/1963	75409	51695.510	1/1/2022
F	5/2/1958	75454	50985.851	3/1/2017
F	2/15/1982	75071	103205.834	5/1/2015
F	2/3/1964	75072	47482.065	7/1/2015
F	7/4/1961	75069	49452.163	10/1/2006
M	6/13/1961	75409	49452.163	7/1/2009
F	6/12/1989	75013	36490.800	5/1/2023
F	3/14/1963	75407	49452.163	10/1/2006
M	3/13/1976	75418	49452.163	8/1/2008
M	12/29/1966	75407	49452.163	8/1/2017
F	8/14/1987	75072	47024.563	9/1/2016
F	5/23/2000	75424	36321.222	8/1/2023
M	1/23/1958	75424	38903.579	5/1/2021
F	12/2/1976	75070	97870.537	12/1/2013
F	2/23/1976	75075-44	98477.278	10/1/2006
F	8/18/1980	75002	84409.020	12/1/2013
F	4/4/1968	75092	95484.051	3/1/2015
F	6/3/1962	75442	97512.572	10/1/2006
F	9/20/1976	75078	80386.354	7/1/2012
F	11/13/1989	75013	70802.417	3/1/2022

# Exhibit 6 Short-and-Long Term Disability Census-May 2024

M	9/23/1976	75070	68519.584	4/1/2024
M	9/8/1994	75040	75584.303	11/1/2019
M	2/8/1962	75173	61897.000	5/1/2024
F	9/4/1969	75002	61423.262	10/1/2008
F	2/14/1982	75074	62553.922	6/1/2014
F	5/7/1988	75002	57818.602	6/1/2014
F	8/31/1976	75071	51392.189	6/1/2018
F	10/9/1978	75002	63109.000	2/1/2007
M	5/24/1989	75495	94556.123	8/1/2018
F	7/18/1972	75071	74787.377	11/1/2012
F	11/29/1973	75063	76152.443	8/1/2016
M	3/15/1990	75035	133385.000	1/1/2020
M	6/19/1966	75024	133385.000	8/1/2011
F	5/26/1962	75002	131971.050	10/1/2006
M	5/8/1973	75071	133385.000	10/1/2006
M	9/6/1969	75070	117440.063	10/1/2006
F	6/8/1993	75454	111456.466	12/1/2016
M	8/3/1969	75442	113231.287	10/1/2006
M	10/29/1990	76310	96026.643	4/1/2024
F	5/28/1988	75401	115427.970	6/1/2013
M	4/23/1972	75490	114983.855	10/1/2018
M	10/24/1988	75459	85501.000	1/1/2023
F	1/18/1986	75454	90250.543	8/1/2021
M	3/24/1979	75454	117440.063	4/1/2014
F	1/10/1986	75495	104739.251	10/1/2006
M	5/8/1976	75454	119701.000	10/1/2006
M	10/5/1977	75071	117440.063	10/1/2006
M	8/25/1980	75409	104987.640	10/1/2013
M	7/30/1959	75442	200363.358	4/1/2017
M	8/31/1967	75418	85719.395	9/1/2013
M	11/6/1995	75070	47451.393	4/1/2022
F	10/16/1989	75025	142454.434	11/1/2016
M	12/24/1961	75407	131108.029	10/1/2006
M	3/14/1985	75072	83366.000	2/1/2019
M	6/29/1968	75422	127831.821	10/1/2006
M	9/9/1985	75092	117042.531	10/1/2006
M	5/3/1974	75002	100746.422	11/1/2016
M	12/11/1982	75070	121139.665	1/1/2020
F	11/21/1962	75093	101501.315	11/1/2020
F	2/17/1992	75072	83886.963	2/1/2023
M	4/19/1967	75025	122371.000	9/1/2012
M	3/21/1973	76148	84875.077	12/1/2021
M	7/9/1960	75413	158475.000	10/1/2006
M	8/13/1990	75077	53942.855	5/1/2018
F	10/16/1958	75078	66516.531	10/1/2006
F	3/25/1987	75407	73022.050	10/1/2023
M	12/22/1938	75069	156280.800	10/1/2006

# Exhibit 6 Short-and-Long Term Disability Census-May 2024

F	1/22/2002	75495	35798.730	11/1/2023
F	9/30/1998	76271	35798.730	1/1/2024
F	5/29/1971	75407	35798.730	1/1/2024
F	2/10/1969	75070	49751.000	6/1/2016
F	5/21/1978	75409	35537.000	5/1/2024
M	4/18/1967	75075	31149.000	12/1/2022
F	10/1/2003	75409	36228.744	7/1/2023
F	6/5/2003	75069	37414.946	3/1/2023
F	10/22/1971	75020	48146.117	1/1/2017
F	12/12/1948	75495	39089.565	8/1/2023
F	5/13/1997	75490	44621.020	3/1/2019
F	9/12/1962	75002	52560.728	10/1/2006
F	10/1/1969	75409	47942.863	6/1/2018
F	6/8/1986	75071	73541.883	10/1/2011
F	2/26/1993	75407	44008.559	5/1/2022
F	5/14/1967	75070	41905.815	1/1/2023
F	8/10/1970	75074	43852.170	3/1/2022
F	10/12/1974	75409	42427.200	6/1/2022
F	10/6/1990	75074	41642.000	12/1/2023
M	9/23/1965	75074	41954.497	9/1/2022
M	10/28/2000	75074	43062.419	1/1/2023
F	9/21/1960	75035	41905.815	1/1/2023
F	10/15/1987	75070	44221.082	9/1/2019
F	9/8/1953	75070	55913.271	10/1/2011
F	1/26/1963	75090	50331.608	6/1/2019
M	7/12/1992	75074	41642.000	4/1/2023
F	2/22/1967	75072	45118.540	2/1/2020
F	7/28/1969	75069	44008.559	5/1/2022
F	3/14/1977	75071	41642.000	9/1/2023
F	4/29/1999	75407	41642.000	7/1/2023
F	11/30/1998	75070	41905.815	1/1/2023
F	1/28/1976	75071	57660.588	3/1/2017
F	8/29/1962	75070	43138.687	3/1/2018
F	10/26/1954	75075	55586.958	10/1/2006
M	6/5/2001	75023	45081.785	8/1/2022
F	4/28/1989	75414	55930.589	11/1/2013
F	11/24/1964	75454	56674.861	6/1/2011
F	11/6/1974	75072	41642.000	6/1/2022
F	4/21/1989	75069	41642.000	4/1/2023
F	5/22/1973	75023	44992.341	12/1/2019
F	3/3/1993	75068	54930.836	8/1/2015
F	2/28/1989	75074	41642.000	10/1/2020
F	7/12/1968	75078	45449.428	12/1/2018
F	11/25/1972	75409	47661.130	4/1/2019
F	12/15/1970	75173	44395.440	1/1/2022
F	8/10/1983	75248	41642.000	1/1/2021
F	9/4/1964	75035	42731.374	12/1/2017

# Exhibit 6 Short-and-Long Term Disability Census-May 2024

F	6/8/1978	75002	46908.240	6/1/2022
F	6/21/1974	75023	57785.061	10/1/2006
F	10/7/1976	75070	47496.880	7/1/2020
F	5/7/1968	75040	63109.000	10/1/2006
F	7/29/1972	75074	62629.517	10/1/2006
M	3/30/1971	75069	63109.000	3/1/2013
M	10/13/1998	75442	46227.268	2/1/2020
M	10/5/1971	75442	46671.471	10/1/2022
F	9/14/1971	75442	72532.000	6/1/2023
M	7/18/1975	75034	180236.907	1/1/2019
M	1/10/1989	75407	41905.815	4/1/2024
M	8/28/1963	75010	43113.682	10/1/2022
M	7/23/1973	75002	43724.100	6/1/2024
M	3/7/1956	75442	47179.384	8/1/2018
M	4/16/1963	75442	43724.100	6/1/2024
M	8/1/1964	75041	45603.841	9/1/2020
M	4/3/1996	75407	43113.682	10/1/2022
M	7/5/1969	75071-33	57583.720	10/1/2006
M	12/14/1974	75409	57563.038	7/1/2019
F	4/20/1959	75407	120970.085	10/1/2006
F	6/15/1983	75035	35798.730	12/1/2023
F	7/26/1974	75023	35537.000	5/1/2024
F	6/28/1974	75407	35537.000	5/1/2024
F	9/5/1971	75035-64	35798.730	4/1/2024
F	7/17/1973	76273	35798.730	2/1/2024
F	2/14/1992	75071	35798.730	2/1/2024
F	8/4/1992	75014	36421.964	4/1/2023
F	3/17/2005	75424	35798.730	2/1/2024
F	7/16/1987	75454	30242.000	3/1/2022
F	4/3/2003	75072	35798.730	2/1/2024
F	8/30/1995	75024	35798.730	12/1/2023
M	4/26/1997	75025	35537.000	5/1/2024
M	7/20/1966	75023	35537.000	5/1/2024
F	7/15/1950	75013	35798.730	2/1/2024
F	12/25/1976	75071	38468.000	4/1/2023
F	8/24/1988	75407	38468.000	11/1/2023
F	7/30/1965	75023	38468.000	7/1/2023
M	8/27/1977	75078	84540.896	2/1/2017
M	4/13/1973	75454	89794.270	6/1/2012
F	4/17/1989	75135	44385.085	9/1/2019
F	4/13/1957	75409	67621.812	11/1/2013
F	5/15/1990	75409	55364.456	4/1/2023
F	12/19/1991	75407	52885.971	2/1/2020
F	6/18/1972	75495	71371.152	10/1/2011
F	11/15/1970	75090	67934.840	10/1/2006
F	12/13/1991	75424	62561.060	12/1/2016
F	8/3/1986	75409	52896.460	3/1/2017

Exhibit 6 Short-and-Long Term Disability Census-May 2024

F	12/22/1957	75071	35537.000	5/1/2024
F	3/6/1972	75071	43182.385	6/1/2017
F	11/9/1951	75495	36422.182	11/1/2022
F	9/24/1965	75071	35798.730	12/1/2023
F	10/31/1961	75424	36657.110	8/1/2022
F	10/13/1986	75098	102998.000	5/1/2013
F	8/31/1987	75062	86358.781	2/1/2021

Exhibit 7 - Short Term Disability Count by Month

Notification Month	Closed	Denied	Open	Total	Total by Quarter
Jan-20	6	0	0	6	16
Feb-20	5	0	0	5	
Mar-20	5	0	0	5	
Apr-20	4	0	0	4	13
May-20	4	0	0	4	
Jun-20	4	1	0	5	
Jul-20	2	0	0	2	13
Aug-20	5	0	0	5	
Sep-20	6	0	0	6	
Oct-20	6	1	0	7	20
Nov-20	4	0	0	4	
Dec-20	9	0	0	9	
Jan-21	7	1	0	8	13
Feb-21	1	0	0	1	
Mar-21	4	0	0	4	
Apr-21	7	0	0	7	20
May-21	5	0	0	5	
Jun-21	8	0	0	8	
Jul-21	3	1	0	4	12
Aug-21	1	0	0	1	
Sep-21	7	0	0	7	
Oct-21	6	0	0	6	12
Nov-21	3	0	0	3	
Dec-21	1	2	0	3	
Jan-22	5	0	0	5	11
Feb-22	2	0	0	2	
Mar-22	4	0	0	4	
Apr-22	5	1	0	6	15
May-22	6	0	0	6	
Jun-22	2	1	0	3	
Jul-22	9	0	0	9	17
Aug-22	4	1	0	5	
Sep-22	3	0	0	3	
Oct-22	4	0	0	4	16
Nov-22	5	0	0	5	
Dec-22	7	0	0	7	
Jan-23	3	0	0	3	11
Feb-23	3	0	0	3	
Mar-23	5	0	0	5	
Apr-23	3	0	0	3	13
May-23	3	0	0	3	
Jun-23	7	0	0	7	
Jul-23	5	0	0	5	12
Aug-23	7	0	0	7	



Sep-23	0	0	0	0	
Oct-23	5	0	0	5	15
Nov-23	6	0	0	6	
Dec-23	4	0	0	4	
Jan-24	1	0	0	1	18
Feb-24	9	0	0	9	
Mar-24	7	0	1	8	
Apr-24	3	0	2	5	14
May-24	3	0	2	5	
Jun-24	3	0	1	4	
	246	9	6	261	261

BCBS has indicated this report can only be provided for short term disability

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 requested in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed it is understood that the contractor has agreed to all RFP requirements, even if a notation is referenced in an individual section.

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor doing business with local governmental entity

**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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <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. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## 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.

Social security number										
				-				-		
or										
Employer identification number										
				-						

## 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.

Sign Here	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.*