

1. INTRODUCTION

The City of Glendale (City) is soliciting Requests for Proposals from qualified firms experienced in basic life, accidental death and dismemberment insurance, optional life, accidental death and dismemberment and commuter insurance for employees and grandfathered retirees. The awarded vendor shall match the employee's current plan design (see **Attachments 2, 3, and 4**, attached separately), available to all regular-status full and part-time employees who work a minimum of 20 or more hours per week. It is the intent of the City to require Offerors to provide coverage on a no loss basis to all employees, retirees, and their dependents that are currently covered under the plan commencing July 1, 2024.

2. BACKGROUND AND OBJECTIVES

The current City program covers approximately 2,200 employee lives, (See **Attachment 10**, attached separately for a complete census of eligible employees and retirees). New employees scheduled to work at least 30 hours per week become eligible for benefits on the first of the month following 30 days of employment. Employees hired on the 1st, 2nd, or 3rd of the month are eligible for benefits on the first of the following month. Part-time employees scheduled to work 20 to 29 hours per week become eligible for benefits on the 1st of the month following five (5) months of employment. Terminated employee's coverage is cancelled at the end of the month in which they last worked.

Late entrants are allowed benefits as stipulated under HIPAA guidelines.

The City "Grandfathered" its existing retirees in the Retiree Life. Benefits for Retirees expire when the retiree attains age 70. However, the city may reintroduce retiree coverage and offer basic life to future retirees.

The City anticipates conducting open enrollment in late April and early May 2024; however, actual dates have not been set. Benefits will be effective July 1, 2024.

The City pays bills on a self-accounting basis. All monies are paid on the 15th of the month and are based on the enrollment on the 1st of the prior month. Adjustments are not made for partial months. Therefore, the City requires the payment grace period to be a minimum of 60 days from the due date.

Table 1. **Current Plan Summary:**

Contract Year:	July 1 – June 30
Waiting Period:	Regular status Employees scheduled to work at least 30 hours per week become eligible for benefits on the first of the month following 30 days of employment. Employees hired on the 1st, 2nd, or 3rd of the month are eligible for benefits on the first of the following month. Regular status Employees scheduled to work 20 – 29 hours per week become eligible for benefits on the 1st of the month following six (6) months of employment.
Basic Life/AD&D Coverage Amount:	
All City Managers	We are requesting. 2x Basic Annual Earnings (rounded to the next higher \$1,000, if not already a multiple of \$1,000) The Basic Maximum Benefit is \$500,000
All Regular Status Active Employees	1x Basic Annual Earnings (rounded to the next higher \$1,000, if not already a multiple of \$1,000) The Basic Maximum Benefit is \$300,000.
Retirees (Life Only)	1x Basic Annual Earnings (rounded to the next higher \$1,000, if not already a multiple of \$1,000) plus an additional \$1,000. The Basic Maximum Benefit is \$100,000. Terminates at age 70.
Basic Dependent Life Insurance:	
Spouse Life Insurance Amount	\$1,000
Child Life Insurance Amount	\$1,000 – to age 26 \$100 – Age 15 days but under 6 months of age. \$0 – Under 15 days old.
Optional Life Insurance	
Employee Optional Life	Increments of \$50,000 not to exceed \$500,000. GI is \$200,000
Spouse Optional Life	Increments of \$25,000 not to exceed \$100,000. GI is \$50,000
Dependent Optional Life	\$5,000 benefit

Table 2. **Current Premium Rates**

Premiums (Includes Waiver of Premium):																					
• Employer Paid Life Insurance:																					
• Group Term Life	\$.065 per \$1,000 of coverage/month																				
• Group AD&D	\$.015 per \$1,000 of coverage/month																				
• Dependent Life	\$.28 per Employee with Dependents/month																				
• Employee Paid Optional Life Insurance:																					
• Employee Optional Rates	<table> <tr><td><29</td><td>\$.060</td></tr> <tr><td>30 – 34</td><td>\$.080</td></tr> <tr><td>35 – 39</td><td>\$.090</td></tr> <tr><td>40 – 44</td><td>\$.150</td></tr> <tr><td>45 – 49</td><td>\$.240</td></tr> <tr><td>50 – 54</td><td>\$.420</td></tr> <tr><td>55 – 59</td><td>\$.690</td></tr> <tr><td>60 – 64</td><td>\$ 1.020</td></tr> <tr><td>65 – 69</td><td>\$ 1.520</td></tr> <tr><td>70+</td><td>\$ 2.370</td></tr> </table>	<29	\$.060	30 – 34	\$.080	35 – 39	\$.090	40 – 44	\$.150	45 – 49	\$.240	50 – 54	\$.420	55 – 59	\$.690	60 – 64	\$ 1.020	65 – 69	\$ 1.520	70+	\$ 2.370
<29	\$.060																				
30 – 34	\$.080																				
35 – 39	\$.090																				
40 – 44	\$.150																				
45 – 49	\$.240																				
50 – 54	\$.420																				
55 – 59	\$.690																				
60 – 64	\$ 1.020																				
65 – 69	\$ 1.520																				
70+	\$ 2.370																				
• Employee Optional AD&D	\$.020																				
• Spouse Optional Rates	<table> <tr><td><29</td><td>\$.060</td></tr> <tr><td>30 – 34</td><td>\$.080</td></tr> <tr><td>35 – 39</td><td>\$.090</td></tr> <tr><td>40 – 44</td><td>\$.150</td></tr> <tr><td>45 – 49</td><td>\$.240</td></tr> <tr><td>50 – 54</td><td>\$.420</td></tr> <tr><td>55 – 59</td><td>\$.690</td></tr> <tr><td>60 – 64</td><td>\$ 1.020</td></tr> <tr><td>65 – 69</td><td>\$ 1.520</td></tr> </table>	<29	\$.060	30 – 34	\$.080	35 – 39	\$.090	40 – 44	\$.150	45 – 49	\$.240	50 – 54	\$.420	55 – 59	\$.690	60 – 64	\$ 1.020	65 – 69	\$ 1.520		
<29	\$.060																				
30 – 34	\$.080																				
35 – 39	\$.090																				
40 – 44	\$.150																				
45 – 49	\$.240																				
50 – 54	\$.420																				
55 – 59	\$.690																				
60 – 64	\$ 1.020																				
65 – 69	\$ 1.520																				
• Child(ren) Optional Rates	\$.760 per enrolled employee																				

The City pays bills on a self-billing basis. All monies are paid at the end of the month and are based upon the enrollment on the 1st of the same month. Adjustments are not made for partial months. Therefore, the City requires the payment grace period be a minimum of 60 days from the due date.

The current carrier is The Standard for Life and AD&D and The Hartford for Commuter Life. Current coverage expires June 30, 2024, as detailed in **Attachments 1, 5, 6, 7, 8, and 9**, attached separately.

Eligibility and Participation

All employees of the City of Glendale meeting the following criteria are eligible to participate in the Plan:

- Employed by the City;
- Meet the eligibility requirements established by City as an Employee with a minimum of 20 hours worked per week.

**Temporary Employees are not eligible for coverage under the plan.

Eligible Dependents

Dependent means an Employee's:

- Spouse
- Child, including stepchild, foster child, or adopted child, from live birth to underage 26;
- A child is considered adopted if he is in the legal custody of the Employee under an interim court order of adoption, whether a final adoption order is ever issued.

Retirees

"Grandfathered" retirees will continue to participate in the Plan at an amount of 1 times the Employee's Basic Annual Earnings on the day prior to his retirement plus an additional \$1,000 to a maximum benefit of \$100,000. Retirees are only eligible for Basic Life only.

- Round to the nearest \$1000, if not already a multiple of \$1,000 plus \$1,000.
- Not eligible for AD&D

Waiting Period

- All eligible full-time employees hired on the 1st, 2nd, or 3rd day of the month. First of the month following date of employment.
- All other eligible full-time employees.
First of the month following 30 days of employment.
- All eligible part-time employees.
First of the month following **180** days of employment.

3. SCOPE OF WORK

It is the City's desire to engage a community partner to provide services at city-owned facilities that meet or exceed the following program objectives and create a focus on measuring for success. Responses to this RFP should clearly demonstrate how the Offeror intends to accomplish and measure successful outcomes of the program objectives.

General Services - Contractor shall:

- Provide Basic and Optional Life and Accidental Death & Dismemberment (AD&D) insurance and Commuter Life.

- Guarantee initial rates and contract terms at minimum effective July 1, 2024, through June 30, 2026.
- Provide claims experience for actives and retirees by employee, dependent spouse, and dependent child(ren) at minimum every six months.
- Provide final renewal rates, costs, and underwriting projections to the City at least 180 days prior to the contract anniversary date.
- Agree to provide coverage on a “no loss” basis for all participants enrolled in the current plan.
- Not include commissions in the rates submitted unless included in the carrier’s filing with the State. *Any proposal that includes payment of commissions or any other form of remuneration shall be deemed non-responsive unless fully disclosed and approved by the City.* If commissions or fees are included in the filed rates and cannot be removed from the rates provided, the level of commissions included in the proposed rates must be disclosed and noted.
- Comply with all HIPAA Privacy Rule Regulations where applicable.
- Provide all Plan Certificates and Summary Benefit Booklets, and other customized communications (i.e. payroll stuffers, etc.) at no additional charge.
- Provide any professional service representatives the City requires to understand, analyze, and/or plan for any plan changes including but not limited to general account servicing, underwriting- actuarial, clinical, and/or operational support.
- Maintain all pertinent claim records for up to seven (7) years including claim records, individual case review and notes, and any member inquiry records as prudent business practice and provisions dictate.
- Process Life and Accidental Death and Dismemberment insurance claims accurately and timely.
- Rates provided shall be based on current rates.
- Sign the Business Associate Amendment as written and attached to this proposal as **Attachment 11**, attached separately.

4. TERM

The term of the resultant contract shall be for a one (1) year initial term. The City may, at its option and upon mutual agreement with the Bidder(s), extend the term of this agreement for an additional four (4) years.

5. OPTION TO EXTEND

Based on satisfactory Bidder performance, the City, may at its option and upon mutual

agreement with the Bidder, extend the term of this agreement for an additional four (4) years renewable on an annual basis. Bidder shall be notified in writing by the City Materials Manager of the City's intention to extend the contract period at least ninety (90) calendar days prior to the expiration of the original contract period.

6. HOW WE CHOOSE

6.1 SCORING RESPONSES

The evaluation criteria are weighted in accordance with the Submission Requirements. Your response will be rated as follows:

- 20% Experience and qualifications
- 30% Method of Approach
- 30% Insurance Offering
- 20% Cost

6.2 LENGTH OF CONTRACT: The City will award for an initial one (1) year with four (4) additional one-year renewal options.

6.3 EVALUATION PANEL: Submittals will be evaluated by a panel based on the stated criteria and are responsible for selecting the proposal that is most advantageous to the City.

6.4 PANEL CONTACT: Offerors shall have no exclusive meetings, conversations or communications with an individual evaluation panel member on any aspect of the RFP, after submittal.

6.5 INTERVIEWS: City may ask some or all Offerors to participate in an interview at any point during the evaluation process but is not required to do so. Information gathered in an interview will be used by the panel to make a selection. Offeror is responsible for any costs incurred to participate in an interview.

6.6 ADDITIONAL INVESTIGATIONS: City may conduct additional investigations needed to determine the competence or financial stability of any Offeror.

6.7 BEST AND FINAL OFFERS: City may request best and final offers and will determine the scope and subject of any best and final request.

6.8 PROPOSAL EVALUATION: City reserves the right to secure additional information from the Offeror in various forms and to award based on submitted information.

7. NOTICE OF INTENT TO AWARD AND PROTEST PERIOD: Information about the recommended award for this solicitation will be posted [here](#) and will be available immediately after the City has completed its evaluation process. Questions regarding the notice of intent to award must be directed to the listed Procurement Officer immediately. Any protest must be submitted to the Procurement Administrator no later

than seven (7) calendar days from the date of posting on the Internet. Information and instructions on how to file a protest can be found [here](#).

8. **WITHDRAWAL OF PROPOSAL:** Offeror may withdraw a submitted proposal at any time prior to the specified solicitation due date and time through the City's online bidding system. Withdrawals must be made by the Offeror or designated representative listed on the proposal. Telephonic or oral withdrawals cannot be accepted.
9. **OFFER ERRORS OMISSIONS AND CORRECTIONS:** City will not be responsible for any offeror errors or omissions. Any corrections shall be submitted through the City's online bidding system prior to due date and time of the RFP. No corrections will be permitted after the offers have been opened.
10. **COMPETITIVE NEGOTIATIONS:** City may negotiate with multiple Offerors at the same time. Negotiations may result in changing the conditions, terms, or price of the proposed contract for the benefit of the City unless prohibited herein. All Offerors shall be treated fairly and equally while conducting negotiations and the City is prohibited from disclosing any information submitted by competing Offerors. Entering into negotiations does not constitute a contract award or confer any rights to Offerors. The City may formally terminate negotiations and enter into concurrent or exclusive negotiations with the next most qualified Offeror/s if it is in the City's best interest to do so.
11. **NO CONTACT, NO INFLUENCE DURING THE RFP PROCESS:** City is conducting a competitive RFP process for the contract, free from improper influence or lobbying. There shall be no contact concerning this RFP from Offerors submitting a Proposal with any member of the City Council, RFP Evaluation Committee Members, or anyone connected with the process for or on behalf of the City. Contact includes direct or indirect contact by the Offeror, its employees, attorneys, lobbyists, surrogates, etc. in an attempt to influence the RFP process.

From the time the RFP is issued until the expiration of the protest period or the resolution of any protest, whichever is later (the "Silent"), Offerors, directly or indirectly through others, are restricted from attempting to influence in any manner the decision making process through, including but not limited to, the use of paid media; contacting or lobbying the City Council or City Manager or any other City employee (other than Material Management employees); the use of any media for the purpose of influencing the outcome; or in any other way that could be construed to influence any part of the decision-making process about this RFP. This provision shall not prohibit an Offeror from petitioning an elected official or engaging in any other protected first amendment activity after the protest period has run or any protest has been resolved, whichever is later.

Violation of this provision will cause the proposal or offer of the Offeror to be found in violation and to be rejected.

- 12. PROPRIETARY INFORMATION** Offeror shall clearly mark any proprietary information contained in its bid with the words “Proprietary Information.” Offeror shall not mark any Solicitation Form as proprietary. Pricing data shall not be considered proprietary. Marking all, or nearly all, of a bid as proprietary may result in rejection of the bid.

Offerors acknowledge that the City is required by law to make certain records available for public inspection. In the event that the City receives a request for disclosure of Proprietary Information by any person, court, agency or administrative body, or otherwise has a reasonable belief that it is obligated to disclose the Proprietary Information to any such person or authority, the City will provide Offeror with prompt written notice so that Offeror may seek a protective order or other appropriate remedy. The Offeror, by submission of materials marked Proprietary Information, acknowledges and agrees that the City will have no obligation to advocate for non-disclosure in any forum or any liability to the Offeror in the event that the City must legally disclose the Proprietary Information.

13. SUBMISSION CHECKLIST

This section provides an overview of the submission instructions including a checklist to aid in the submission of complete proposals. Offerors shall complete the fillable “RESPONSE WORKBOOK” attachment and submit as their proposal.

Vendors are strongly advised to read this section in its entirety and complete the checklist to avoid disqualification. **Please note that the City will NOT be able to consider proposals that are submitted late or that do not follow these guidelines.**

The Offeror shall bear all costs associated with submitting the proposal, including proposal preparation, site visitation or any travel connected with submission of the proposal. The City shall have no liability whatsoever for such costs.

Checklist for Submitting Proposal	Complete (✓)
Submission Requirements	
OFFER SHEET (Response Workbook) Offeror Name Offeror Address	
1. EXPERIENCE AND QUALIFICATIONS	
2. METHOD OF APPROACH	
3. INSURANCE OFFERING 3.1 Claims & Administration 3.2 Plan Design 3.3 Insurance Financials 3.4 Basic Life 3.5 Optional Life	

3.6 Dependent Life 3.7 AD & D 3.8 Commuter Life	
4. COST (Must be submitted in a separate electronic file) (1 question)	
COMPLETED PRICING WORKBOOK	
ADDENDUM RESPONSES (if applicable)	
Return of Offer	
Electronic copies of all "SUBMISSION REQUIREMENTS" listed above. Pricing Workbook must be submitted separately from the rest of the proposal.	

14. SUBMISSION REQUIREMENTS

The proposal is every element of your response to this RFP. For this proposal, you must provide a completed OFFER SHEET in addition to answering the questions identified in the REQUIRED RESPONSES. (see Response Workbook)

Responses must be numbered to correspond to the question numbers to aid in the evaluation process; failure to do so may result in disqualification.

Should your offer contain any PROPRIETARY INFORMATION you must clearly mark that information with the words "Proprietary Information." Only information contained in your response questions may be marked as such, information on the OFFER SHEET or PRICING SHEET (if applicable) are not considered proprietary.

Offerors acknowledge that the City is required by law to make certain records available for public inspection. By submitting any materials marked as Proprietary Information, Offeror acknowledges and agrees that the City will have no obligation to advocate for non-disclosure in any forum or any liability to the Offeror if the City must legally disclose the Proprietary Information.

Helpful Hints:

- Answer each question completely, your answers will be the only basis on which your proposal is scored.
- Do not unnecessarily elaborate, keep your response complete and effective.
- Do not provide general answers or reference to sales literature.
- Only when applicable attach and reference supporting documents.

EXHIBIT 1: SPECIAL NOTICES

By signing on the Offer/Bid page, solicitation Addendum(a), or cover letter accompanying the submittal documents, Offerors are certifying that they understand the following notices and agree to comply with all required terms and conditions.

1. RETURN OF OFFER

The Offeror shall submit required proposal responses electronically in Vendor Self Service (VSS).

Offeror is required to register in VSS prior to submitting a proposal if they have not already registered.

<https://glendaleazvendors.munisselfservice.com/Vendors/default.aspx>

Guide to Register as a new vendor:

https://www.glendaleaz.com/your_government/city_finances/procurement/vendor_self_service_v_s_s (This is a PDF document "Vendor Registration Instructions" at the bottom of page.)

- a. The Offeror shall complete all sections of the solicitation in the format given and the spaces provided. Proposals that do not conform to the above format may be rejected.
- b. The Offeror shall bear all costs associated with submitting the proposal, including proposal preparation, site visitation or any travel connected with submission of the proposal. The City shall have no liability whatsoever for such costs.

2. PRE-OFFER CONFERENCE

A Pre-Offer meeting will be held on **the time and at the location shown on page 1 of this document**. Attendance is not required. Copies of the Request for Proposal (RFP) will NOT be available.

The purpose of the conference will be to clarify the contents of the solicitation to prevent any misunderstanding of the City of Glendale's position. Any doubt as to the requirements of the solicitation or any apparent omission or discrepancy should be presented to the City at the conference. The City will determine the appropriate action necessary, if any, and issue a written amendment to the solicitation if required. Oral statements or instructions will not constitute an amendment to the solicitation.

3. NO CONTACT, NO INFLUENCE DURING THE RFP PROCESS

The City is conducting a competitive RFP process for the contract, free from improper influence or lobbying. There shall be no contact concerning this RFP from Offerors submitting a Proposal with any member of the City Council, RFP Evaluation Committee Members, or anyone connected with the process for or on behalf of the City. Contact includes direct or indirect contact by the Offeror, its employees, attorneys, lobbyists, surrogates, etc. in an attempt to influence the RFP process.

From the time the RFP is issued until the expiration of the protest period or the resolution of any protest, whichever is later (the "Silent Period"), Offerors, directly or indirectly through others, are restricted from attempting to influence in any manner the decision making process through, including but not limited to, the use of paid media;

contacting or lobbying the City Council or City Manager or any other City employee (other than Procurement employees); the use of any media for the purpose of influencing the outcome; or in any other way that could be construed to influence any part of the decision-making process about this RFP. This provision shall not prohibit an Offeror from petitioning an elected official or engaging in any other protected first amendment activity after the protest period has run or any protest has been resolved, whichever is later.

Violation of this provision will cause the proposal or offer of the Offeror to be found in violation and to be rejected.

4. CONFLICT OF INTEREST

Contractor shall disclose the following: 1) the name(s) and position(s) of each Contractor's employee or subcontractor that participated in the preparation of the submittal or who will be involved, directly or indirectly, with performing the contract, if awarded; 2) the name(s) of any City of Glendale employee who is a relative of persons identified pursuant to No. 1; 3) the name(s) and position(s) of Contractor's personnel that have a financial or proprietary interest in the contract; 4) the name(s) of any City of Glendale employee who is a relative of persons identified pursuant to No. 3.

Providing such disclosure will not necessarily disqualify a Contractor. Failure to disclose the requested information or any potential conflict of interest pursuant to A.R.S. § 38-511 et seq. may result in rejection of the proposal or bid or any contract being void or terminated.

For purposes of this provision, the following definitions apply:

- i. "Employee" means all persons who are employed on a full-time, part-time or contract basis by the City of Glendale.
- ii. "Relative" means the spouse, child, child's child, parent, grandparent, brother or sister of the whole or half blood and their spouses and the parent, brother, sister or child of a spouse.

5. INQUIRIES

Any question related to the Request for Proposal shall be directed to the Procurement Officer whose name appears above. An Offeror shall not contact or ask questions of the department for whom the requirement is being procured. The Procurement Officer may require any and all questions be submitted in writing. Offerors are encouraged to submit written questions via electronic mail or facsimile, no later than **FIVE days** prior to the proposal due date. Any correspondence related to a solicitation should refer to the appropriate Request for Proposal number, page and paragraph number. An envelope containing questions should be identified as such; otherwise, it may not be opened until after the official proposal due date and time. Oral interpretations or clarifications will be without legal effect. Only questions answered by a formal written amendment to the Request for Proposal will be binding.

6. SPECIAL TERMS AND CONDITIONS

Additional terms and conditions specific to the provision of the services referenced will be negotiated with the successful bidder for inclusion in the contract.

7. PUBLIC RECORD REQUIREMENTS

Offeror acknowledges that the City is a public agency and must comply with all Public

Records laws and proposals submitted become the property of the City and are subject to public disclosure requirements in accordance with Arizona Public Records Law. Any portion of the proposal that the offeror deems confidential or proprietary must be clearly labeled as such. Labeling material does not automatically preclude the material from public disclosure, as the City is required to make an appropriate determination as to the confidentiality of the material in accordance with Arizona Public Records Law. It is the offeror's sole responsibility and cost to take action, including legal actions, to protect such material. Price is not confidential and will not be withheld.

8. PERMITS AND LICENSES

It is the offeror's sole responsibility to determine and secure any and all licenses and permits the contractor needs to operate the facility, from any regulatory body having jurisdiction related to the services being provided. Such costs are the exclusive responsibility of the operator, operator must also ensure appropriate licensing of any sub-contractors, operator shall notify the City in writing within two (2) working days of any suspension, revocation or renewal.

9. NO COLLUSION OR ANTI-COMPETITIVE PRACTICES

The submission of the offer did not involve collusion, and without any agreement, understanding or planned common course of action with, any other vendor of materials, supplies, equipment or services described in the invitation to bid, designed to limit independent bidding or competition or other anti-competitive practices.

10. NON-DISCRIMINATION

Contractor agrees not to discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, gender identity or expression, genetic characteristics, familial status, U.S. military veteran status or any disability. Contractor will require any Sub-contractor to be bound to the same requirements as stated within this section. Contractor, and on behalf of any subcontractors, warrants compliance with this section.

11. NO CONSIDERATIONS

The Contractor has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, meal or service to a public servant in connection with the submitted offer.

12. AUTHORIZED AGENT

The individual signing the submittal is an authorized agent and has the authority to bind the Offeror to the proposal and subsequent contract if awarded.

13. KEY PERSONNEL

If awarded, Offeror shall assign a specific individual as the key point of contact for the management of the contract, subject to specific notification requirements to be included in the final contract.

14. SITE INSPECTION

It is the responsibility of the Offeror to become familiar with any conditions which may affect the performance and cost of providing the service and this submission will serve as evidence that the Offeror did, in fact, make a site inspection and is aware of all conditions.

EXHIBIT 2: SPECIAL TERMS AND CONDITIONS

By signing on the Offer/Bid page, solicitation Addendum(a), or cover letter accompanying the submittal documents, Offerors are certifying that they understand the following notices and agree to comply with all required terms and conditions. The following terms are found on the City's Website and are applicable to Request for Proposal: [Standard Terms and Conditions](#)

1. TYPE OF AWARDS

The City reserves the right to make multiple awards or to award by individual line items, by group of line items, or to make an aggregate award, whichever is deemed most advantageous to the City. If the City determines that an aggregate award to one offeror is not in the City's best interest, "all or none" offers shall be rejected.

2. ALTERNATE OFFERS

Offers submitted as alternates, or on the basis of exceptions to specific conditions of purchase and/or required specifications, must be submitted as an attachment referencing the specific paragraph number(s) and adequately defining the alternate or exception submitted. Detailed product brochures and/or technical literature, suitable for evaluation, must be submitted with the offer. If no exceptions are taken, City will expect and require complete compliance with the specifications and all Conditions of Purchase.

3. EFFECTIVE PERIOD OF OFFER

Offers shall be valid for a minimum of 120 days following the deadline for submitting offers. If an award is not made during that period, all offers shall be automatically extended for another 120 days. Offers will be automatically renewed until the solicitation is either canceled, an award is made, or proper Notice is given to the Procurement Officer of Offeror's intent to withdraw its offer. Offers may only be withdrawn by submitting Notice at least 15 days before the expiration of the then current 120-day period.

4. PAYMENT TERMS

If payment terms are not indicated, terms of NET 30 days shall be applied by the City. Payment terms to apply after receipt of invoice or final acceptance of the products/services, whichever is later. Payment terms offering less than 20 days for payment will not be considered.

5. UNIT PRICE TO PREVAIL

In the event of a price disparity between the unit and extended price, the unit price shall prevail unless judged obviously in error by the City.

6. OFFER ERRORS OMISSIONS AND CORRECTIONS

The City will not be responsible for any offeror errors or omissions. All prices and notations shall be written in ink or typed. Changes or corrections made on the offer form must be initialed in ink by the individual signing the offer. No corrections will be permitted after the offers have been opened.

7. BRAND NAME REFERENCES AND TECHNICAL SPECIFICATIONS

Brand names or manufacturer's references shall be construed as a quality or performance level and does not indicate the item cited is mandatory. Technical specifications define the acceptable standard.

8. **RESTRICTIVE OFFER PROVISIONS** If specifications preclude an otherwise qualified offeror from submitting an offer, a written request for modification must be received by the Buyer at least seven (7) calendar days prior to the proposal due date. All offerors will be notified by a written addendum to the solicitation of any approved changes.
9. **DEFAULT** In case of default by the contractor, the City may, by written notice, cancel this contract and repurchase from another source and may recover the excess costs by (1) deduction from an unpaid balance due; (2) collection against the bid and/or performance bond; or (3) a combination of the aforementioned remedies or other remedies as provided by law.
10. **TERMINATION FOR CONVENIENCE** The City reserves the right to terminate any order or contract upon thirty days written notice. The City will be responsible only for those standard items which have been delivered and accepted. If the items are unique and not saleable or useable for any other application, the City will reimburse the Seller for actual labor, material, and burden costs, plus a profit not to exceed 8%. Title to all materials, work-in-process, and completed but undelivered goods will pass to the City after costs are claimed and allowed.
11. **SUB-CONTRACTING** The contract or any portion thereof, shall not be sub-contracted without the prior written approval of the Materials Manager. No such approval will be construed as making the City a party of or to such sub-contract or subjecting the City to liability of any kind to any sub-contractor. No sub-contract shall, under any circumstances, relieve the contractor of liability and obligation under this contract; and despite any such subletting the City shall deal through the contractor. Sub-contractors will be dealt with as workmen and representatives of the contractor.
12. **SAFETY DATA SHEETS (SDS).** Contractor is to supply SDS) in accordance with Federal requirements for The Globally Harmonized System of Classification and Labeling of Chemicals (GHS). Contractor entering the City workplace with hazardous materials will supply the City with a Safety Data Sheets (SDS) covering those particular products the contractor may expose City employees or the general public to while working at the site.
13. **GENERAL INDEMNIFICATION:** Contractor shall indemnify, defend, save and hold harmless the City of Glendale and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any Federal, State or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Contractor from and

against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the City, its officers, officials, agents, and employees for losses arising from the work performed by the Contractor for the City.

14. **RESPONSIBILITY FOR COMPLIANCE WITH LEGAL REQUIREMENTS** The offeror's products, services, and facilities shall be in full compliance with all applicable Federal, State, and local health, environmental, and safety laws, regulations, standards, and ordinances, regardless of whether or not they are referred to by the City.
15. **RESPONSIBILITY FOR CORRECTION** It is agreed that the offeror shall be fully responsible for making any correction, replacement, or modification necessary for specification or legal compliance. In the event of a call back, Offeror agrees to give the City first priority. Offeror agrees that if the product or service offered does not comply with the written specification, the Materials Manager has the right to cancel the sale at any time with full refund within thirty (30) calendar days after notice of noncompliance and offeror further agrees to be fully responsible for any consequential damages suffered by the City.
16. **WARRANTY** Unless otherwise specified, all items shall be guaranteed for a minimum period of one year against defects in material and workmanship. During the period, if a defect should occur, that item shall be repaired or replaced by the Seller at no obligation to the City, except where it be shown that the defect was caused by misuse and not by faulty manufacture. The offeror expressly warrants all items to be new, free from defects in design, materials, and workmanship, and to be fit and sufficient for their intended purpose. Any sample submitted shall create an expressed warranty that the whole of the goods shall conform to the sample or model.
17. **REJECTION OF OFFERS** The City reserves the right to reject any or all offers, or any part thereof; to accept any offer or any part thereof; or to waive any informalities when it is deemed to be in the City's best interest.
18. **DELAY IN EXERCISING CONTRACT REMEDY** Failure or delay by the City to exercise any right, power, or privilege shall not be deemed a waiver thereof.
19. **TAX EXEMPTION** The City is not exempt from paying Federal Excise Taxes and will furnish an exemption certificate upon request.
20. **ORDER OF PRECEDENCE** In the event of conflict, the following precedence shall prevail: (1) Special Terms and Conditions incorporated by attachment; (2) Special Terms and Conditions; (3) Drawings and Specifications; (4) referenced documents; and (5) the Standard Terms and Conditions.
21. **CHANGES** The City reserves the right to make changes in any of the following: (a) specifications; (b) methods of shipment; (c) place of delivery; (d) time of delivery; (e) quantities. If any change causes an increase or decrease in the cost of or the time

required for performance, an equitable adjustment may be made in the price or delivery schedule, or both. Any claim for adjustment shall be deemed waived unless asserted in writing within thirty days from receipt of the change. Price increases or extensions of delivery time shall not be binding on the City unless in writing and approved by the Materials Manager prior to the institution of the change.

- 22. PRICE ADJUSTMENTS** Price adjustments shall be addressed a minimum of Ninety (90) days prior to the contract renewal date, shall be in writing and include supportive justification for the proposed increase. Supportive justification means that the request shall include detailed information and calculations that make it clear how the claimed increase has an impact on the contract unit prices. The requested price increase must be based upon a cost increase that was clearly unpredictable at the time of the offer and can be shown to directly affect price of the item concerned. The rate increase shall only be considered at time of contract extension. The City will review the request and shall determine if the increase shall be granted or if an alternate option is in the best interest of the City. The price increase adjustment, if approved, will be effective and executed via a contract amendment.
- 23. LATE SUBMISSION OF CLAIM** The City will not honor any invoices or claims which are tendered one year after the last item of the account accrued.
- 24. PROTEST OF AWARD** Any person who has an objection to the awarding of a solicitation by the City, pursuant to competitive solicitation procedures, shall lodge that protest, in writing, with the Materials Manager. The protest should specifically identify the objection to the award, pursuant to the formal purchase procedure. The protest must be submitted no later than seven (7) calendar days after the notice of intent to award is posted on the City's Procurement Internet home page at <https://www.glendaleaz.com/your-government/city-finance/procurement/notice-of-intent-to-award>. Untimely protests will not be considered.
- 25. REMEDIES** City shall have, in addition to the remedies provided herein, all remedies afforded by the Uniform Commercial Code as adopted by the State of Arizona. Contractor shall have, subject to the limitation imposed by the terms of this agreement, all remedies afforded by the Uniform Commercial Code as adopted by the State of Arizona.
- 26. ASSIGNMENT** Neither an order nor monies due thereunder shall be assigned in whole or in part without the City's prior written consent.
- 27. ADDENDA** Any change to the proposal will be in the form of a numbered addendum issued by the Procurement Division. The addendum will be furnished to all who received the proposal. The City will not be responsible for any oral or written instructions made by any employees, officers, contracted consultant or agent of the City in regard to the proposal. The City will not be responsible for offerors adjusting their offer based on oral or written instructions.

28. **SPECIAL ACCOMMODATIONS** Please contact Procurement at 930-2862 at least 3 days prior to the meeting for special accommodation. Hearing impaired persons, please use the Arizona Relay Service (1-800-367-8939).
29. **OFFER IDENTIFICATION** The City is not responsible for the pre-opening of, post-opening of, or the failure to open, an offer not properly addressed or identified.
30. **OFFER TABULATION** An electronic copy of the scoring may be requested by e-mailing the Procurement office at procurement@glendaleaz.com and referencing the proposal title and number. The information will be available for distribution when the City has completed its evaluation process of the offers received.
31. **LIABILITY** Except for the sole negligence of the City, its officers, managers, employees, or agents, Contractor shall be liable to the City for any physical damage to City property or for the death of, or personal injury to, City personnel arising out of Contractor's occupancy, maintenance, repair, replacement, installation and/or any other work performed pursuant to the contract. Contractor agrees to indemnify, defend and hold the City harmless from any claim or loss arising from such damage or injury.
32. **OSHA GUIDELINES** The contractor shall be familiar with and operate within the guidelines set forth by the Occupational Safety and Health Act.
33. **PATENTS** Seller agrees to defend City at seller's own expense, in all suit, actions, or proceedings in which City is made a defendant for actual or alleged infringement of any United States of America or foreign letters patent resulting from City's use of the goods purchased as a result of this RFP. Seller further agrees to pay and discharge any and all judgments or decrees, which may be rendered in any such suit, action or proceedings against City. Seller agrees to indemnify and hold harmless the City from any and all license, royalty and proprietary fees or costs, including legal costs, which may arise out of City's purchase and use of goods supplied by the seller. It is expressly agreed by seller, that these covenants are irrevocable and perpetual.
34. **VENDOR PERFORMANCE** Prior offeror performance in regard to product, service, or representation of/from the offeror may be used in evaluation of this offer. Unsatisfactory performance to the City may be considered sufficient grounds for rejection of this offer. No offer will be awarded to any offeror who is in default on any contract with the City.
35. **PERFORMANCE SURETY REQUIREMENTS** The performance sureties shall be in the form of a bond, cashier's check, certified check or money order. Personal or company checks are not acceptable unless certified. Letters of credit are not acceptable. Individual sureties are not acceptable.

PERFORMANCE SURETY The successful proposer shall, at the time of entering into the contract, furnish a performance surety in the form of a bond, money order or certified or cashier's check, in the amount of 10 percent of the contract amount guaranteeing the faithful performance of the contract by the proposer.

If a bond is submitted, it shall be written on the form provided by the City as an attachment to the proposal documents. The attorney-in-fact who executes the bond on behalf of the surety shall affix to the bond a certified and current copy of the power of attorney. The bond must be written by a surety with a Best Rating no less than an A and must be authorized and licensed to do business in this State by the Arizona Department of Insurance. Individual sureties and letters of credit are not acceptable.

36. **FUND APPROPRIATION CONTINGENCY** The contractor and the City recognize that the continuation of any contract after the close of any given fiscal year of the City; which ends on June 30, shall be subject to the approval of the budget of the City providing the contract item is an expenditure therein. The City does not guarantee that the budget item will be actually adopted, as it is the determination of the City Council at the time of the adoption of the budget.
37. **NOTIFICATION OF AWARD** The successful offeror(s) will be notified that their offer has been accepted by the City Council as recommended for award.
38. **NON-EXCLUSIVITY** The City, in its sole discretion, reserves the right to request the materials or services set forth herein from other sources when deemed necessary and appropriate. No exclusive rights are included in this Agreement.
39. **PROHIBITIONS** - Contractor, and on behalf any subcontractor, certifies, to the extent applicable under A.R.S. §§ 35-391 *et seq* and 35-393 *et seq*, that neither has "scrutinized" business operations, as defined in the proceeding statutes, in the countries of Sudan or Iran.
40. **IMMIGRATION LAW COMPLIANCE** Contractor, and on behalf any subcontractor, warrants, to the extent applicable under A.R.S. § 41-4401, compliance with all federal immigration laws and regulations that relate to their employees as well as compliance with A.R.S. § 23-214(A) which requires registration and participation with the E-Verify Program. Any breach of warranty described above is considered a material breach of this Agreement and is subject to penalties up to and including termination of this Agreement. City of Glendale ("City") retains the legal right to inspect the papers of Contractor or subcontractor employee who performs work under this Agreement to ensure that Contractor or any subcontractor is compliant with the warranty described above. City may conduct random inspections, and upon request of the City, Contractor shall provide copies of papers and records demonstrating continued compliance with the warranty described above. Contractor agrees to keep papers and records available for inspection by the City during normal business hours and will cooperate with City in exercise of its statutory duties and not deny access to its business premises or applicable papers or records for the purposes of enforcement of this Section. Contractor agrees to incorporate into any subcontracts under this Agreement the same obligations imposed upon itself and expressly accrue those obligations directly to the benefit of the City. Contractor also agrees to require any subcontractor to

incorporate into each of its own subcontracts under this Agreement the same obligations above and expressly accrue those obligations to the benefit of the City. Contractor's warranty and obligations under this Section I to the City is continuing throughout the term of this Agreement or until such time as the City determines, in its sole discretion, that Arizona law has been modified in that compliance with this section is no longer a requirement. The "E-Verify Program" above means the employment verification program administered by the United States Department of Homeland Security, the Social Security Administration, or any successor program.

41. CONTRACT ADMINISTRATOR The staff member identified as the Contract Administrator for a solicitation serves as the liaison between Procurement, the city and the successful contractor. The Contract Administrator manages the contract, overseeing the daily operations, scheduling, performance and compliance of the agreement by all parties. The Contract Administrator is responsible for:

- a. Establishing and maintaining records and documentation
- b. Monitoring the contractor's performance
- c. Handling issues and disputes
- d. Exercising extension options
- e. Initiating contract modifications
- f. Initiating rebids or new solicitations

42. FORCE MAJEURE

- a. Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "force majeure" means an occurrence that is beyond the control of the part affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; war; riots; strikes; mobilization; labor disputes; civil disorders, fire; flood; lockouts; injunctions-interventions-acts; or failures or refusals to act by government authority; and other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence.
- b. Force majeure shall not include the following circumstances:
 - i. Late delivery of equipment or materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market.
 - ii. Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or
 - iii. Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits.

43. SUSPENSION AND DEBARMENT. (APPLIES TO ALL PURCHASES.)

- a. This contract is a covered transaction for purposes of 2 CFR pt. 180 and 2 CFR pt. 3000. As such, the Contractor is required to verify that none of Contractor's principals (defined at 2 CFR § 180.995) or its affiliates (defined at 2 CFR § 180.905) are excluded (defined at 2 CFR § 180.940) or disqualified (defined at 2 CFR § 180.935).
- b. The Contractor must comply with 2 CFR pt. 180, subpart C and 2 CFR pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- c. This certification is a material representation of fact relied upon by the City of Glendale. If it is later determined that the contractor did not comply with 2 CFR pt. 180, subpart C and 2 CFR pt. 3000, subpart C, in addition to remedies available to the City, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- d. The Contractor agrees to comply with the requirements of 2 CFR pt. 180, subpart C and 2 CFR pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Contractor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

EXHIBIT 3: INSURANCE REQUIREMENTS

By signing on the Offer/Bid page, solicitation addenda, or cover letter accompanying the submittal documents, Offerors are certifying that they understand the following notices and agree to comply with all required terms and conditions.

- 1) **INSURANCE REQUIREMENTS.** Offeror shall procure and maintain until all their obligations have been discharged, insurance against claims for injury to persons or damage to property that may arise from or in connection with this Solicitation. The *insurance requirements* herein are minimum requirements for this Solicitation and in no way limit the indemnity covenants contained herein. The City of Glendale in no way warrants that the minimum limits contained herein is sufficient to protect the OFFEROR from liabilities that might arise. Offeror is free to purchase such additional insurance as Offeror determines necessary.

- a) **Minimum Scope and Limits of Insurance:** Offeror shall provide coverage with limits of liability not less than those stated below.

i) **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal and advertising injury and broad form contractual liability coverage.

General Aggregate	\$2,000,000
Products – Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000

- (1) The policy shall be endorsed to include the following additional insured language: “**The City of Glendale, and its departments, officers, officials, agents, employees and volunteers shall be named as additional insureds with respect to liability arising out of the solicitation.**” Such additional insured shall be covered to the full limits of liability purchased by the OFFEROR, even if those limits of liability are in excess of those required herein.

- (2) Policy shall contain a waiver of subrogation endorsement in favor of the “**City of Glendale, and its departments, officers, officials, agents, employees and volunteers**”. This provision applies regardless of whether or not the City of Glendale has received a waiver of subrogation endorsement from the insurer.

ii) **Business Automobile Liability – (if driving is not a part of the scope of work, excluding driving from the place of business and to the City departments, this coverage can be eliminated.)**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Agreement. Combined Single Limit (CSL) \$1,000,000.

- (1) The policy shall be endorsed to include the following additional insured language: "The City of Glendale and its departments, officers, officials, agents, employees and volunteers shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Offeror, involving automobiles owned, licensed, hired or borrowed by the OFFEROR." Such additional insured shall be covered to the full limits of liability purchased by the Offeror, even if those limits of liability are in excess of those required by this license.
- (2) Policy shall contain a waiver of subrogation endorsement in favor of the "City of Glendale, and its departments, officers, officials, agents, employees and volunteers" for losses arising from work performed by or on behalf of the Offeror. This provision applies regardless of whether or not the City of Glendale has received a waiver of subrogation endorsement from the insurer.

iii) **Worker's Compensation and Employers' Liability**

Workers' Compensation Statutory

Employers' Liability

Each Accident	\$1,000,000
Disease – Each Employee	\$1,000,000
Disease – Policy Limit	\$1,000,000

- (1) Policy shall contain a waiver of subrogation endorsement in favor of the "**City of Glendale, and its departments, officers, officials, agents, employees and volunteers**" for losses arising from OFFEROR activities. This provision applies regardless of whether or not the City of Glendale has received a waiver of subrogation endorsement from the insurer.

The Department shall be endorsed (Blanket Endorsements are not acceptable) as a Loss Payee as our interest may appear.

- iv) **Professional Liability (Errors & Omissions)** – no less than \$2,000,000 per occurrence or claim, \$4,000,000 aggregate. Should include coverage for Plan administration and fiduciary administrative duties. Full description of the E&O Coverage provided.

Errors & Omissions are written as Claims Made Policies. If any of the policies provide coverage on a claims-made basis the following shall apply:

- (1) The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
- (2) Insurance must be maintained, and evidence of insurance must be provided ***for at least five (5) years after completion of the contract of work.***

- (3) If coverage is canceled or non-renewed, and not ***replaced with another claims-made policy form with a Retroactive Date*** prior to the contract effective date, the Consultant must purchase "extended reporting" coverage for a minimum of ***five (5)*** years after completion of contract work

v) Additional Insurance Requirements: The policies shall include, or be endorsed to include the following provisions:

- (1) Policies shall stipulate that the insurance afforded by the organization shall be primary insurance and that any insurance carried by the City of Glendale shall be excess and not contributory insurance.
- (2) Coverage provided by the organization shall not be limited to the liability assumed under the indemnification provisions of the license or contract.
- (3) If the Vendor maintains broader coverage and/or higher limits than the minimum shown, the City requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Vendor. Any available insurance proceeds in excess of the specified minimum of insurance and coverage shall be available to the City.
- (4) Vendor shall require and verify that all subcontractors (subconsultants) maintain insurance meeting all the requirements stated herein, and Vendor shall ensure that City is an additional insured on insurance required from subcontractors (subconsultants).
- (5) If the Vendor is awarded the solicitation, the Vendor shall furnish the City with original Certificates of Insurance including all required amendatory endorsements before the work begins. However, failure to obtain the required documents prior to the work beginning shall not waive the Vendor's obligation to provide them. The City reserves the right to require complete, certified copies of all required insurance policies including endorsements required by these specifications, at any time.

ATTACHMENT 1 - ADDITIONAL LIFE COVERAGE HIGHLIGHTS

Standard Insurance Company
City of Glendale
Group Policy #165794



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life Insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) Insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die
- A special Guarantee Issue enrollment opportunity this year. See Open Enrollment section for additional details.

🔗 About This Coverage

If you take no action you'll be covered under Basic Life Insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.	For You:	\$50,000 – \$500,000 in increments of \$50,000
	For Your Spouse:	\$25,000 – \$100,000 in increments of \$25,000
	For Your Child(ren):	\$5,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$50,000

Group Additional Life and AD&D Insurance

AD&D Insurance		
The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D Insurance coverage amount matches what you elect for Additional Life Insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

≡ Open Enrollment

During Open Enrollment From April 22, 2019 Through May 10, 2019

For You. If you are currently enrolled in Additional Life Insurance for an amount less than \$200,000, you may elect to increase your coverage up to, but not to exceed, the guarantee issue amount of \$200,000 without having to answer health questions. If you are not currently enrolled in Additional Life Insurance, you may elect up to \$200,000 of coverage without having to answer health questions.

≡ Additional Feature

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

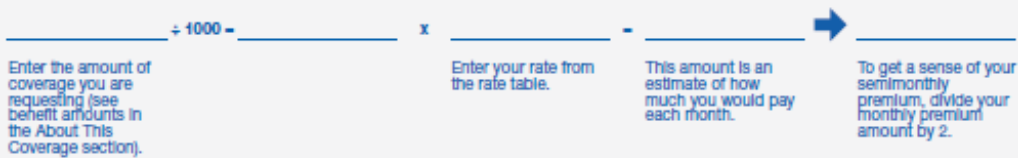
To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

Group Additional Life and AD&D Insurance

💰How Much Your Coverage Costs

Your Basic Life Insurance is paid for by City of Glendale. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:



If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.76 for \$5,000, no matter how many children you're covering.

Your Age (as of July 1)	Your Rate* (Per \$1,000 of Total Coverage)
<30	\$0.08
30-34	\$0.10
35-39	\$0.11
40-44	\$0.16
45-49	\$0.25
50-54	\$0.42
55-59	\$0.68
60-64	\$0.99
65-69	\$1.46
70+	\$2.27

Spouse's Age (as of July 1)	Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.14
45-49	\$0.23
50-54	\$0.40
55-59	\$0.66
60-64	\$0.97
65-69	\$1.44
70+	\$2.25

*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.

Exhibit A

Group Additional Life and AD&D Insurance

Employee Life with AD&D Semi-Monthly Premiums

Coverage Amount	Employee's Age as of July 1											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75-79*	80+*
\$50,000	2.00	2.50	2.75	4.00	6.25	10.50	17.00	24.75	36.50	36.89	28.38	17.03
\$100,000	4.00	5.00	5.50	8.00	12.50	21.00	34.00	49.50	73.00	73.78	56.75	34.05
\$150,000	6.00	7.50	8.25	12.00	18.75	31.50	51.00	74.25	109.50	110.66	85.13	51.08
\$200,000	8.00	10.00	11.00	16.00	25.00	42.00	68.00	99.00	146.00	147.55	113.50	68.10
\$250,000	10.00	12.50	13.75	20.00	31.25	52.50	85.00	123.75	182.50	184.44	141.88	85.13
\$300,000	12.00	15.00	16.50	24.00	37.50	63.00	102.00	148.50	219.00	221.33	170.25	102.15
\$350,000	14.00	17.50	19.25	28.00	43.75	73.50	119.00	173.25	255.50	258.21	198.63	119.18
\$400,000	16.00	20.00	22.00	32.00	50.00	84.00	136.00	198.00	292.00	295.10	227.00	136.20
\$450,000	18.00	22.50	24.75	36.00	56.25	94.50	153.00	222.75	328.50	331.99	255.38	153.23
\$500,000	20.00	25.00	27.50	40.00	62.50	105.00	170.00	247.50	365.00	368.88	283.75	170.25

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of July 1											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75-79*	80+*
\$25,000	0.75	1.00	1.13	1.75	2.88	5.00	8.25	12.13	18.00	18.28	14.06	8.44
\$50,000	1.50	2.00	2.25	3.50	5.75	10.00	16.50	24.25	36.00	36.56	28.13	16.88
\$75,000	2.25	3.00	3.38	5.25	8.63	15.00	24.75	36.38	54.00	54.84	42.19	25.31
\$100,000	3.00	4.00	4.50	7.00	11.50	20.00	33.00	48.50	72.00	73.13	56.25	33.75

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Semi-Monthly Premium

Coverage Amount	Premium
\$5,000	0.38

Group Additional Life and AD&D Insurance

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- A regular-status full and part-time employee of City of Glendale
- Regularly working at least 30 hours per week
- Insured for Basic Life Insurance through The Standard

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D Insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life Insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. You may also choose to cover your child. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the

scheduled effective date of your insurance, including any optional coverages, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including any optional coverages.

*If you are hired on the 1st, 2nd or 3rd of the month, you are eligible on the first day of the following month. If you are hired after the 3rd of the month, you are eligible on the first of the month that follows 30 consecutive days.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. Your spouse's coverage amount reduces by your spouse's age as follows: to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. If you or your spouse are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life Insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life Insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

Group Additional Life and AD&D Insurance

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)

- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

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

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

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

SI 12506-D-ALAA-AZ-165794 (4/19)
0013286-339407

ATTACHMENT 2 - EMPLOYEE BENEFITS BOOKLET – CITY MANAGER

Welcome to your employee benefits.

Enroll in coverage now to help protect
yourself and your loved ones in the future.



City of Glendale
City Manager

Standard Insurance Company



(PAGE 2 INTENTIONALLY LEFT BLANK)

Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process.



Protection for Your Loved Ones

Life Insurance helps provide support and stability to your family if something were to happen to you or your spouse or children. It can help your family financially through a difficult time and provide support into the future.

Accidental Death and Dismemberment (AD&D) Insurance helps protect against a sudden financial loss brought on by an accidental death. It can also help pay for the high cost of living associated with surviving an accident that results in a severe physical loss.

Ready to Apply? You'll Find the Form(s) Right Here

Once you've reviewed your options, the next step is to apply using the form(s) included at the end of this guide. Don't forget to turn in your forms before your enrollment period ends.

SI 16919-D-AZ-165794 (1/23)

Your Employer-Paid Benefits

- Basic Life and AD&D Insurance
- Basic Dependents Life Insurance

Benefits You Can Apply for Now:

- Additional Life and AD&D Insurance
- Additional Dependents Life Insurance

Standard Insurance Company
 City of Glendale
 Group Policy #165794
 Effective Date July 1, 2019



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life Insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) Insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this Insurance is paid by City of Glendale.

Eligibility

Definition of a Member	You are a member if you are an active full-time employee or grant-funded employee of City of Glendale and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - City Manager
Eligibility Waiting Period	If you are hired on the 1st, 2nd or 3rd of the month, you are eligible on the first day of the following month. If you are hired after the 3rd of the month, you are eligible on the first of the month that follows 30 consecutive days.

Benefits

Basic Life Coverage Amount	2 times your annual earnings to a maximum of \$500,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80.
Basic Dependents Life Coverage Amount	The Basic Dependents Life coverage amount for your eligible spouse is \$1,000. Your spouse is the person to whom you are legally married. The Basic Dependents Life coverage amount for each of your eligible children is \$1,000. Child means your child from live birth through age 25.

Group Basic Life and Accidental Death and Dismemberment Insurance

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Expanded AD&D Package
- Family Benefits Package
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D and Basic Dependents Life insurance policy sponsored by City of Glendale. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and City of Glendale may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

SI 13279-D-AZ-165794-C1 (1/23)

7263310-963428

Standard Insurance Company
City of Glendale
Group Policy #165794



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life Insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) Insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

? About This Coverage

If you take no action you'll be covered under Basic Life Insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.	For You:	\$50,000 – \$500,000 in increments of \$50,000
	For Your Spouse:	\$25,000 – \$100,000 in increments of \$25,000
	For Your Child(ren):	\$5,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$50,000

Group Additional Life and AD&D Insurance

AD&D Insurance		
The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D Insurance coverage amount matches what you elect for Additional Life Insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D Insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Additional Feature

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

Group Additional Life and AD&D Insurance

How Much Your Coverage Costs

Your Basic Life Insurance is paid for by City of Glendale. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

$$\frac{\text{Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).}}{+ 1000 -} \times \frac{\text{Enter your rate from the rate table.}}{-} = \text{This amount is an estimate of how much you would pay each month.}$$

➔ To get a sense of your semimonthly premium, divide your monthly premium amount by 2.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.76 for \$5,000, no matter how many children you're covering.

Your Age (as of 1st of month following/coinciding with birthday)	Your Rate* (Per \$1,000 of Total Coverage)
<30	\$0.08
30-34	\$0.10
35-39	\$0.11
40-44	\$0.16
45-49	\$0.25
50-54	\$0.42
55-59	\$0.68
60-64	\$0.99
65-69	\$1.46
70+	\$2.27

Spouse's Age (as of 1st of month following/coinciding with birthday)	Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.14
45-49	\$0.23
50-54	\$0.40
55-59	\$0.66
60-64	\$0.97
65-69	\$1.44
70+	\$2.25

*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.

Exhibit A

Group Additional Life and AD&D Insurance

Employee Life with AD&D Semimonthly Premiums

Coverage Amount	Employee's Age as of 1st of month following/coinciding with birthday											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*	80+*
\$50,000	2.00	2.50	2.75	4.00	6.25	10.50	17.00	24.75	36.50	36.89	25.54	17.03
\$100,000	4.00	5.00	5.50	8.00	12.50	21.00	34.00	49.50	73.00	73.78	51.08	34.05
\$150,000	6.00	7.50	8.25	12.00	18.75	31.50	51.00	74.25	109.50	110.66	76.61	51.08
\$200,000	8.00	10.00	11.00	16.00	25.00	42.00	68.00	99.00	146.00	147.55	102.15	68.10
\$250,000	10.00	12.50	13.75	20.00	31.25	52.50	85.00	123.75	182.50	184.44	127.69	85.13
\$300,000	12.00	15.00	16.50	24.00	37.50	63.00	102.00	148.50	219.00	221.33	153.23	102.15
\$350,000	14.00	17.50	19.25	28.00	43.75	73.50	119.00	173.25	255.50	258.21	178.76	119.18
\$400,000	16.00	20.00	22.00	32.00	50.00	84.00	136.00	198.00	292.00	295.10	204.30	136.20
\$450,000	18.00	22.50	24.75	36.00	56.25	94.50	153.00	222.75	328.50	331.99	229.84	153.23
\$500,000	20.00	25.00	27.50	40.00	62.50	105.00	170.00	247.50	365.00	368.88	255.38	170.25

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Semimonthly Premiums

Coverage Amount	Spouse's Age as of 1st of month following/coinciding with birthday											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*	80+*
\$25,000	0.75	1.00	1.13	1.75	2.88	5.00	8.25	12.13	18.00	18.28	12.66	8.44
\$50,000	1.50	2.00	2.25	3.50	5.75	10.00	16.50	24.25	36.00	36.56	25.31	16.88
\$75,000	2.25	3.00	3.38	5.25	8.63	15.00	24.75	36.38	54.00	54.84	37.97	25.31
\$100,000	3.00	4.00	4.50	7.00	11.50	20.00	33.00	48.50	72.00	73.13	50.63	33.75

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Semimonthly Premium

Coverage Amount	Premium
\$5,000	0.38

Group Additional Life and AD&D Insurance

Important Details

Here's where you'll find the details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life Insurance through The Standard
- An active full-time employee of City of Glendale
- Regularly working at least 30 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D Insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life Insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit <https://myeol.standard.com/165794> to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and

- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependents Life Insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life Insurance.

*If you are hired on the 1st, 2nd or 3rd of the month, you are eligible on the first day of the following month. If you are hired after the 3rd of the month, you are eligible on the first of the month that follows 30 consecutive days.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. Your spouse's coverage amount reduces by your spouse's age as follows: to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. If you or your spouse are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled. Please contact your benefits administrator for more details.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Group Additional Life and AD&D Insurance

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and Index finger of the same hand ³	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

¹ Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia, involving the same hand or foot.

³ This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

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

- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

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

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

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

SI 12506-D-ALAA-AZ-165794 (1/23)
7263310-962433

Life Insurance

Online Will Preparation

A simplified way to take care of important life matters



If creating a will has been on your radar, Online Will Preparation can help you get it done. Use this easy tool to help make important decisions for you and your family. Online Will Preparation is included in the Life Services Toolkit, an additional service with your Group Life Insurance from Standard Insurance Company (The Standard).



Why Create a Will?

A will is a legal document that describes how you want to divide up your assets after your death. If you don't have a will, state law will determine how your assets will be divided. A will can also be used to designate a guardian for minor children. Moreover, a will helps your family and friends understand your wishes.



How It Works

Online Will Preparation is an easy-to-follow process. Just answer a series of questions — on your own time — and watch as the document is created. You can save and close the document at any time, then work on it later. After you've created the will, follow instructions to complete the process.

Start Creating Your Will



Go to standard.com/mytoolkit.



In the username field, enter "assurance."



Locate the step-by-step instructions for creating a will on the home page.



Click on the instructions and follow the steps to create a will.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland OR 97204 | standard.com

Life Services Toolkit is provided through an arrangement with Health Advocate™ and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. Life Services Toolkit is not available to Life Insurance beneficiaries who are minors or to non-individual entities such as trusts, estates or charities.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York.

Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.

continued on reverse



The Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life Insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Life Services EE

D

(8/21)

13

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

² The Life Services Toolkit is not available to Life Insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

Travel Assistance

Explore the World with Confidence

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the Included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

SI 14684

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else

+1.609.986.1234

Text:

+1.609.334.0807

Email:

medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Travel Assistance EE
D
(5/23)
15

(PAGE INTENTIONALLY LEFT BLANK)

Standard Insurance Company

Enrollment and Change**To Be Completed By Human Resources**

Group Number 165794	Division	Billing Category	Date of Employment

To Be Completed By Applicant

- ☐ Apply for Coverage ☐ Name Change Former Name _____
☐ Add Dependent ☐ Delete Dependent Date of Add/Delete _____
☐ Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	☐ Male ☐ Female	
Employer Name City of Glendale	Hours Worked Per Week		
Earnings \$ _____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year			
Spouse Full Name		Birth Date	

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

Life Insurance ☒ Basic Life with AD&D (Employer Paid) ☐ Additional Life with AD&D (Employee Paid) requested amount \$ _____
Dependents Life Insurance ☐ Spouse Life \$1,000 / Child(ren) Life \$1,000 (Employer Paid)
Additional Dependents Life Insurance ☐ Spouse Life (Employee Paid) requested amount \$ _____ ☐ Child(ren) Life (Employee Paid) requested amount \$5,000

Your Full Name

Beneficiary

This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*

*Total must equal 100%

Signature

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of Insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my Insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)

Date

Your Full Name

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.



About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

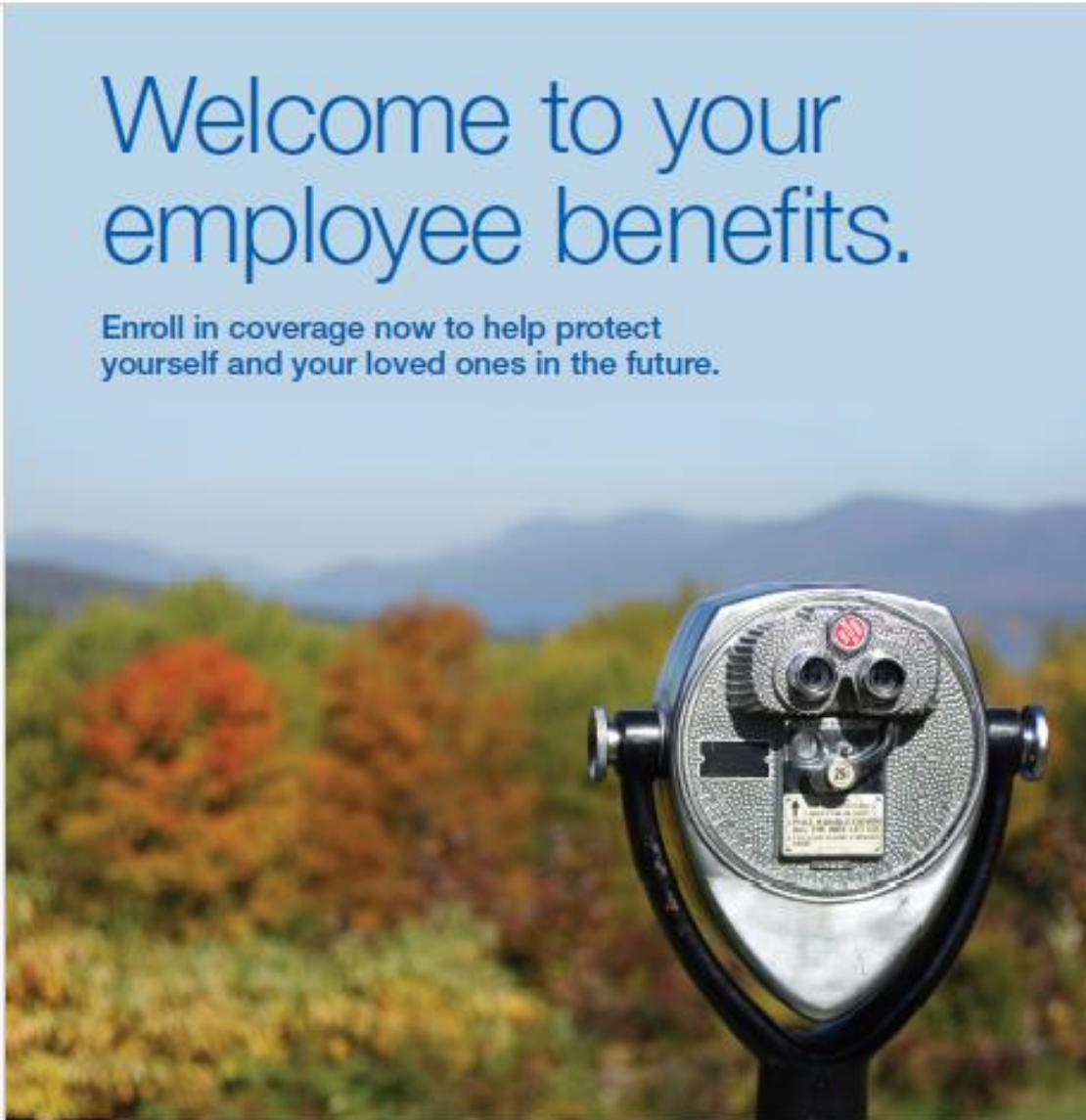
Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

Enrollment Booklet
SI 10891-D-AZ-105794-C1 (1/23)
72633710-963412

ATTACHMENT 3 - EMPLOYEE BENEFITS BOOKLET – ALL OTHER MEMBERS, OTHER THAN CITY MANAGER

Welcome to your employee benefits.

Enroll in coverage now to help protect
yourself and your loved ones in the future.



City of Glendale

All other Members, other than City Manager

Standard Insurance Company



(PAGE INTENTIONALLY LEFT BLANK)

Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process.



Protection for Your Loved Ones

Life insurance helps provide support and stability to your family if something were to happen to you or your spouse or children. It can help your family financially through a difficult time and provide support into the future.

Accidental Death and Dismemberment (AD&D) insurance helps protect against a sudden financial loss brought on by an accidental death. It can also help pay for the high cost of living associated with surviving an accident that results in a severe physical loss.

Ready to Apply? You'll Find the Form(s) Right Here

Once you've reviewed your options, the next step is to apply using the form(s) included at the end of this guide. Don't forget to turn in your forms before your enrollment period ends.

SI 10919-D-AZ-105794 (1/23)

Your Employer-Paid Benefits

- Basic Life and AD&D insurance
- Basic Dependents Life insurance

Benefits You Can Apply for Now:

- Additional Life and AD&D insurance
- Additional Dependents Life insurance

Standard Insurance Company
 City of Glendale
 Group Policy #165794
 Effective Date July 1, 2019



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by City of Glendale.

Eligibility

Definition of a Member	You are a member if you are an active full-time employee or grant-funded employee of City of Glendale and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 2 - All other active Members, other than City Manager
Eligibility Waiting Period	If you are hired on the 1st, 2nd or 3rd of the month, you are eligible on the first day of the following month. If you are hired after the 3rd of the month, you are eligible on the first of the month that follows 30 consecutive days.

Benefits

Basic Life Coverage Amount	1 times your annual earnings to a maximum of \$300,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80.
Basic Dependents Life Coverage Amount	The Basic Dependents Life coverage amount for your eligible spouse is \$1,000. Your spouse is the person to whom you are legally married. The Basic Dependents Life coverage amount for each of your eligible children is \$1,000. Child means your child from live birth through age 25.

Group Basic Life and Accidental Death and Dismemberment Insurance

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Expanded AD&D Package
- Family Benefits Package
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D and Basic Dependents Life insurance policy sponsored by City of Glendale. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and City of Glendale may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

SI 13279-D-AZ-165794-C2 (1/23)

7283310-963525

Standard Insurance Company
City of Glendale
Group Policy #165794



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

🔍 About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 6 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage.	For You:	\$50,000 – \$500,000 in increments of \$50,000
	For Your Spouse:	\$25,000 – \$100,000 in increments of \$25,000
	For Your Child(ren):	\$5,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$50,000

Group Additional Life and AD&D Insurance

AD&D Insurance		
The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Additional Feature

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

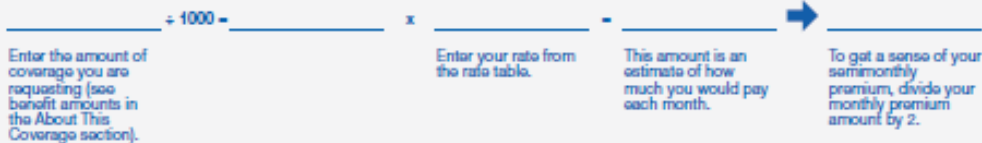
To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

Group Additional Life and AD&D Insurance

💰How Much Your Coverage Costs

Your Basic Life insurance is paid for by City of Glendale. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:



If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.76 for \$5,000, no matter how many children you're covering.

Your Age (as of 1st of month following/coinciding with birthday)	Your Rate* (Per \$1,000 of Total Coverage)
<30	\$0.08
30-34	\$0.10
35-39	\$0.11
40-44	\$0.16
45-49	\$0.25
50-54	\$0.42
55-59	\$0.68
60-64	\$0.99
65-69	\$1.46
70+	\$2.27

Spouse's Age (as of 1st of month following/coinciding with birthday)	Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.14
45-49	\$0.23
50-54	\$0.40
55-59	\$0.66
60-64	\$0.97
65-69	\$1.44
70+	\$2.25

*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.

Exhibit A

Group Additional Life and AD&D Insurance

Employee Life with AD&D Semimonthly Premiums

Coverage Amount	Employee's Age as of 1st of month following/coinciding with birthday											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*	80+*
\$50,000	2.00	2.50	2.75	4.00	6.25	10.50	17.00	24.75	36.50	36.89	25.54	17.03
\$100,000	4.00	5.00	5.50	8.00	12.50	21.00	34.00	49.50	73.00	73.78	51.08	34.05
\$150,000	6.00	7.50	8.25	12.00	18.75	31.50	51.00	74.25	109.50	110.66	76.61	51.08
\$200,000	8.00	10.00	11.00	16.00	25.00	42.00	68.00	99.00	146.00	147.55	102.15	68.10
\$250,000	10.00	12.50	13.75	20.00	31.25	52.50	85.00	123.75	182.50	184.44	127.69	85.13
\$300,000	12.00	15.00	16.50	24.00	37.50	63.00	102.00	148.50	219.00	221.33	153.23	102.15
\$350,000	14.00	17.50	19.25	28.00	43.75	73.50	119.00	173.25	255.50	258.21	178.76	119.18
\$400,000	16.00	20.00	22.00	32.00	50.00	84.00	136.00	198.00	292.00	295.10	204.30	136.20
\$450,000	18.00	22.50	24.75	36.00	56.25	94.50	153.00	222.75	328.50	331.99	229.84	153.23
\$500,000	20.00	25.00	27.50	40.00	62.50	105.00	170.00	247.50	365.00	368.88	255.38	170.25

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Semimonthly Premiums

Coverage Amount	Spouse's Age as of 1st of month following/coinciding with birthday											
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75-79*	80+*
\$25,000	0.75	1.00	1.13	1.75	2.88	5.00	8.25	12.13	18.00	18.28	12.66	8.44
\$50,000	1.50	2.00	2.25	3.50	5.75	10.00	16.50	24.25	36.00	36.56	25.31	16.88
\$75,000	2.25	3.00	3.38	5.25	8.63	15.00	24.75	36.38	54.00	54.84	37.97	25.31
\$100,000	3.00	4.00	4.50	7.00	11.50	20.00	33.00	48.50	72.00	73.13	50.63	33.75

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Semimonthly Premium

Coverage Amount	Premium
\$5,000	0.38

Group Additional Life and AD&D Insurance

Important Details

Here's where you'll find the details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- An active full-time employee of City of Glendale
- Regularly working at least 30 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit <https://myeoi.standard.com/165794> to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and

- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependents Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

*If you are hired on the 1st, 2nd or 3rd of the month, you are eligible on the first day of the following month. If you are hired after the 3rd of the month, you are eligible on the first of the month that follows 30 consecutive days.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. Your spouse's coverage amount reduces by your spouse's age as follows: to 65 percent at age 70, to 45 percent at age 75 and to 30 percent at age 80. If you or your spouse are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled. Please contact your benefits administrator for more details.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Group Additional Life and AD&D Insurance

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

¹ Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

² Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia, involving the same hand or foot.

³ This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

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

- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

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

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

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

SI 12506-D-ALAA-AZ-105704 (1/23)
7280310-900529

Life Insurance

Online Will Preparation

A simplified way to take care of important life matters



If creating a will has been on your radar, Online Will Preparation can help you get it done. Use this easy tool to help make important decisions for you and your family. Online Will Preparation is included in the Life Services Toolkit, an additional service with your Group Life Insurance from Standard Insurance Company (The Standard).



Why Create a Will?

A will is a legal document that describes how you want to divide up your assets after your death. If you don't have a will, state law will determine how your assets will be divided. A will can also be used to designate a guardian for minor children. Moreover, a will helps your family and friends understand your wishes.



How It Works

Online Will Preparation is an easy-to-follow process. Just answer a series of questions — on your own time — and watch as the document is created. You can save and close the document at any time, then work on it later. After you've created the will, follow instructions to complete the process.

Start Creating Your Will



Go to standard.com/mytoolkit.



In the username field, enter "assurance."



Locate the step-by-step instructions for creating a will on the home page.



Click on the instructions and follow the steps to create a will.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland OR 97204 | standard.com

Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. Life Services Toolkit is not available to Life Insurance beneficiaries who are minors or to non-individual entities such as trusts, estates or charities.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York.

Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.

continued on reverse

The Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

Travel Assistance

Explore the World with Confidence

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

(THIS PAGE INTENTIONALLY LEFT BLANK)

Standard Insurance Company

Enrollment and Change**To Be Completed By Human Resources**

Group Number 165794	Division	Billing Category	Date of Employment

To Be Completed By Applicant

- ☐ Apply for Coverage ☐ Name Change Former Name _____
☐ Add Dependent ☐ Delete Dependent Date of Add/Delete _____
☐ Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	☐ Male ☐ Female	
Employer Name City of Glendale	Hours Worked Per Week		
Earnings \$ _____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year			
Spouse Full Name		Birth Date	

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

Life Insurance

- ☒ Basic Life with AD&D (Employer Paid)
☐ Additional Life with AD&D (Employee Paid) requested amount \$ _____

Dependents Life Insurance

- ☐ Spouse Life \$1,000 / Child(ren) Life \$1,000 (Employer Paid)

Additional Dependents Life Insurance

- ☐ Spouse Life (Employee Paid) requested amount \$ _____
☐ Child(ren) Life (Employee Paid) requested amount \$5,000

Your Full Name

Beneficiary

This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*

*Total must equal 100%

Signature

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)

Date

Your Full Name

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.



About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

Enrollment Booklet
SI 16891-D-AZ-165704-C2 (1/23)
7263310-963308

ATTACHMENT 4 - EMPLOYEE BENEFITS BOOKLET - RETIRED MEMBERS

Welcome to your
employee benefits.



City of Glendale

Retired Members

Standard Insurance Company



(PAGE INTENTIONALLY LEFT BLANK)

Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. City of Glendale provides benefits to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance from Standard Insurance Company (The Standard) and the form you need to assign your beneficiaries.



Protection for Your Loved Ones

Life insurance helps provide support and stability to your family if something were to happen to you. It can help your family financially through a difficult time and provide support into the future.

SI 16019-D-AZ-165794 (2/23)

Your Employer-Paid Benefits

- Basic Life insurance

Standard Insurance Company
 City of Glendale
 Group Policy #165794
 Effective Date July 1, 2019



Group Basic Life Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death.

The cost of this insurance is paid by City of Glendale.

Eligibility

Definition of a Member	You are a member if you are an employee of City of Glendale who retired under the employer's retirement program prior to July 1, 2018 and who was granted retiree status.
Class Definition	Class 3 - Retired Members
Eligibility Waiting Period	You are eligible on the date you retire.

Benefits

Basic Life Coverage Amount	1 times your annual earnings on the day prior to retirement, plus an additional \$1,000, to a maximum of \$100,000.
Life Age Reductions	Basic Life insurance coverage amount does not reduce due to age, but coverage does terminate at age 70.

Other Basic Life Features and Services

- Life Services Toolkit
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance

This information is only a brief description of the group Basic Life insurance policy sponsored by City of Glendale. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and City of Glendale may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For complete details of coverage, contact your human resources representative.

Life Insurance

Online Will Preparation

A simplified way to take care of important life matters



If creating a will has been on your radar, Online Will Preparation can help you get it done. Use this easy tool to help make important decisions for you and your family. Online Will Preparation is included in the Life Services Toolkit, an additional service with your Group Life Insurance from Standard Insurance Company (The Standard).



Why Create a Will?

A will is a legal document that describes how you want to divide up your assets after your death. If you don't have a will, state law will determine how your assets will be divided. A will can also be used to designate a guardian for minor children. Moreover, a will helps your family and friends understand your wishes.



How It Works

Online Will Preparation is an easy-to-follow process. Just answer a series of questions — on your own time — and watch as the document is created. You can save and close the document at any time, then work on it later. After you've created the will, follow instructions to complete the process.

Start Creating Your Will



Go to standard.com/mytoolkit.



In the username field, enter "assurance."



Locate the step-by-step instructions for creating a will on the home page.



Click on the instructions and follow the steps to create a will.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland OR 97204 | standard.com

Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. Life Services Toolkit is not available to Life Insurance beneficiaries who are minors or to non-individual entities such as trusts, estates or charities.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York.

Life Insurance

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.

continued on reverse



The Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Life Services EE
D
(8/21)
6

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

Travel Assistance

Explore the World with Confidence

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

SI 14684

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-S201



Travel Assistance EE
0
(6/20)
8

Standard Insurance Company

Enrollment and Change**To Be Completed By Human Resources**

Group Number 165794		Billing Category	Date of Employment

To Be Completed By Applicant

- ☐ Apply for Coverage ☐ Name Change Former Name _____
☐ Beneficiary Change **Complete Beneficiary Section**

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	☐ Male ☐ Female	
Employer Name City of Glendale	Hours Worked Per Week		
Earnings \$ _____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year			

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

Life Insurance

- ☒ Basic Life (Employer Paid)

Beneficiary

This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
*Total must equal 100%						

Your Full Name

Signature

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)

Date

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.



About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

Enrollment Booklet
SI 19465-D-AZ-165794-C3 (2/23)
7262894-954930

ATTACHMENT 5 - COMMUTER LIFE POLICY

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, CT 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



SCHEDULE

POLICY NUMBER:	59-GTA-101658		
POLICYHOLDER NAME:	City of Glendale		
POLICYHOLDER'S ADDRESS:	5850 W Glendale Avenue Glendale, AZ 85301		
Policy Issue State:	Arizona		
Previous Policy No:	59 ETB 147033		
Policy Period:	Policy Effective Date:	7/1/2021	
		7/1/2022	
		7/1/2023	
	Policy Termination Date:	7/1/2024	
Covered Affiliate(s) or Subsidiary(ies):	None		

Newly Acquired Corporations, Partnerships, or Sole Proprietorships

The premium for this Policy applies only to the Policyholder as constituted on the Policy Effective Date (or any renewal date of this Policy). However, any corporation, partnership, or sole proprietorship and acquired by the Policyholder after the Policy Effective Date (or any renewal date) will be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, as of the date of the acquisition, but only if the following conditions are both met by the Policyholder within a reasonable time after the acquisition date:

- 1) Policyholder must report to Us, in writing, the name of the newly acquired entity and all underwriting information We deem necessary to determine any additional premium required; and
- 2) it must agree to, and must pay, any required additional premium (or an appropriate portion thereof as agreed upon with Us).

If both conditions are not met within a reasonable time after the acquisition date, the newly acquired entity will not be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, and the employees from the newly acquired entity will not be considered as employees of the Policyholder or a Covered Affiliate or Subsidiary for Policy purposes, until the date both conditions are met.

PREMIUM

Policy Premium:	\$46,998.
Premium Mode:	3 year annual installments due on the Effective Date and each Anniversary Date thereafter
	1 st annual installment: July 1, 2021 – July 1, 2022
	2 nd annual installment: July 1, 2022 – July 1, 2023
	3 rd annual installment: July 1, 2023 – July 1, 2024

DESCRIPTION OF ELIGIBLE CLASS(ES):

Class	Description Of Class(es)	Applicable Hazard Riders	Applicable Benefit Riders
1	All active employees of the Policyholder domiciled in the US.	H-3, H-8, H-15	B-4, B-7, B-13, B-21, B-32, B-39, B-49, B-50, B-51, B-55
2	All eligible Spouses, who are traveling with the Employee at the direction and expense of the Policyholder.	H-7, H-21	B-4, B-7, B-13, B-32, B-39, B-49, B-50, B-51, B-55
3	All eligible Dependent Children, who are traveling with the Employee at the direction and expense of the Policyholder.	H-7, H-21	B-4, B-7, B-13, B-32, B-39, B-49, B-50, B-51, B-55

BENEFITS AND AMOUNTS

Class 1	PRINCIPAL SUM
Accidental Death & Dismemberment	\$200,000
Class 2	
Accidental Death & Dismemberment	\$25,000
Class 3	
Accidental Death & Dismemberment	\$10,000

AGGREGATE LIMIT: \$2,000,000 Per Covered Accident

HAZARD RIDER(S) - This Policy covers Injury resulting from the following hazard(s):

Identifier	Form Number	Description
H-3	Form BTA PA-10053	24-Hour Accident Protection While on Business Hazard Rider
H-7	Form BTA PA-10050	24-Hour Family Relocation Trip Hazard Rider
H-8	Form BTA PA-10055	24-Hour Hijacking or Sky-jacking Business Hazard Rider
H-15	Form BTA PA-10062	Commutation Hazard Rider
H-21	Form BTA PA-10068	Family Travel Hazard

BENEFIT RIDER(S)

Identifier	Form Number	Description
B-4	Form BTA PA-10115	Adaptive Home & Vehicle Benefit Rider
B-7	Form BTA PA-10093	Bereavement Counseling Benefit Rider
B-13	Form BTA PA-10099	Coma Benefit Rider
B-21	Form BTA PA-10107	Education Expense Benefit Rider
B-32	Form BTA PA-10119	Medical Emergency Evacuation Benefit Rider
B-39	Form BTA PA-10124	Paralysis Benefit Rider
B-49	Form BTA PA-10133	Rehabilitation Expense Benefit Rider
B-50	Form BTA PA-10134	Repatriation of Remains Benefit Rider
B-51	Form BTA PA-10135	Seat Belt and Airbag Benefit Rider
B-55	Form BTA PA-10139	Therapeutic Counseling Benefit Rider

BLANKET TRAVEL ACCIDENT POLICY

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

We will pay benefits according to the conditions of this Policy.

This is a legal contract between the Policyholder and Us. We agree to provide the rights and benefits of this Policy according to its conditions and provisions.

This Policy begins on the Policy Effective Date shown in the Schedule and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent between Us and the Policyholder at the premium rates set by Us for the renewal period.

PLEASE READ THE POLICY CAREFULLY.

This Policy is delivered in and governed by the laws of the Policy Issue State. This Policy may be inspected at the office of the Policyholder.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

**THIS IS A LIMITED BENEFIT POLICY.
IT PROVIDES BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY. IT IS NOT INTENDED TO COVER ALL
MEDICAL COSTS.**

Signed for Hartford Fire Insurance Company at Hartford, Connecticut

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, Secretary

A handwritten signature in black ink, appearing to read "Douglas Elliot".

Douglas Elliot, President

Non-Participating

TABLE OF CONTENTS

Section:	Page:
Definitions	3
Policy Effective and Termination Dates	9
Insured Person's Effective and Termination Dates	10
Premium	11
Accidental Death & Dismemberment (AD&D) Benefits	12
Limitations and Exclusions	13
Claims Provisions	15
General Provisions	18

DEFINITIONS

Accident, Accidental means a sudden, abrupt, and unexpected event.

Aircraft means a vehicle which:

- 1) has a valid Airworthiness Certificate issued by the FAA;
- 2) is being flown by a pilot with a valid license to operate the Aircraft.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

Alcohol and Substance Abuse means the overindulgence in or dependence on a stimulant, depressant or other chemical substance, leading to effects that are detrimental to the individual's physical or mental health or the welfare of others.

Automobile means a self-propelled private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to:

- 1) a sedan;
- 2) station wagon;
- 3) sport utility vehicle; and
- 4) a motor vehicle of the pickup, panel, van, camper, or motor home type.

Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

Benefit Plan means a policy or other benefit or service arrangement for medical or dental care, or providing accident or health coverage, under any of the following:

- 1) individual, group or blanket coverage, whether on an insured or self-funded basis;
- 2) hospital or medical service organizations;
- 3) health maintenance organizations;
- 4) labor-management plans;
- 5) employee benefit organization plans;
- 6) association plans; or
- 7) any other "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended.

Business of the Policyholder means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time:

- 1) while the Insured Person is working at his or her regular place of employment;
- 2) during the course of everyday travel to and from work; or
- 3) during an authorized leave of absence or vacation.

If an Insured Person's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured Person's residence and regular place of employment to the new location.

Civil Aircraft means a civilian or public Aircraft which:

- 1) has an Airworthiness Certificate;
- 2) is piloted by a person who has:
 - a) a current pilot certificate which the appropriate Aircraft category rating for that Aircraft; and
 - b) a current medical certificate which is appropriate for the operation of that Aircraft; and
- 3) is not operated by the militia, or armed forces of any state, national government or international authority.

A Civil Aircraft does not include a Policyholder Aircraft.

Coma, Comatose means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness by external or internal stimulation, as determined by a Physician.

Common Carrier means any air, land or water motorized Conveyance operated under a license for the transportation of fare-paying Passengers, including ridesharing programs. Common Carrier does not include courtesy transportation for which a charge is not made or cruise ships at sea more than 24 consecutive hours or any Conveyance, regardless of whether the Conveyance is licensed that is hired or used for a sport, gamesmanship, contest, or recreational activity.

These Conveyances can include, but are not limited to, race cars, bobsleds, hunting vehicles, sightseeing vehicles, helicopters, fishing boats, parasails, paragliders, and boat cruises operating beyond 12 hours.

Complications of Pregnancy means any condition, whether or not a pregnancy is terminated, that requires Hospital Confinement and whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy. Examples include: acute nephritis; cardiac decompensation; disease of the endocrine, hemopoietic, nervous or vascular systems; ectopic pregnancy that is terminated; hyperemesis gravidarum; missed abortion; nephrosis; non-elective caesarean section; spontaneous termination of pregnancy that occurs during a period of gestation when a viable birth is not possible; or any similar condition(s) of comparable severity.

This definition does not include: elective caesarean section unrelated to a diagnosed complication of pregnancy; false labor; morning sickness; multiple gestation pregnancy; occasional spotting; physician prescribed rest during pregnancy; pre-eclampsia; any similar condition(s) associated with a difficult pregnancy but not considered a classifiable, distinct complication of pregnancy; or any other condition associated with pregnancy but has not been diagnosed by a Physician as a complication of pregnancy as defined.

Confined, Confinement means the assignment to a bed in a medical facility for a period of at least 24 consecutive hours.

Conveyance means any motorized craft, vehicle, or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

Covered Accident means an Accident that occurs directly and independently of all other causes while coverage is in effect for an Insured Person resulting in a Covered Loss under the Policy for which benefits are payable.

The Insured Person must be participating in a Covered Hazard, as identified in the Schedule, when the Accident occurs.

Covered Hazard means those hazards set out in the Covered Hazards section of the Schedule, in which Insured Persons are provided insurance under the Policy.

Covered Loss means an accidental death, dismemberment or other Injury covered under the Policy.

Dependent Child(ren) means:

- 1) an Insured Person's or Spouse's natural child, legally adopted child or stepchild;
- 2) a child placed into the Insured Person's or Spouse's custody for adoption (regardless of whether the adoption has become final);
- 3) a child for whom the Insured Person or Spouse is ordered by a court or administrative order to provide coverage regardless of whether he/she is the custodial or non-custodial parent; or
- 4) an Insured Person's or Spouse's foster child or any other child for whom the Insured Person or Spouse has been appointed legal guardian; or
- 5) any other child who lives with the Insured Person in a regular parent/child relationship and is dependent on the Insured Person for support and maintenance;

who is/are:

- 1) unmarried; and
- 2) under 18 years of age; or
- 3) a student age 18 or older but under age 26.

If an unmarried child is age 18 or older and is:

- 1) incapable of self-sustaining employment because of a mental or physical disability;
- 2) chiefly dependent on the Insured Person or Spouse for financial support and maintenance;

and proof has been provided of his/her disability upon Our request, that child will continue to be a dependent child until these conditions cease to exist.

Eligible Class means any group of people listed in the Description of Eligible Class(es) shown in the Schedule.

Emergency Sickness means an illness or disease diagnosed by a Physician which causes a severe or acute symptom that, if not provided with immediate Treatment, would reasonably be expected to result in serious deterioration of the person's health, or place his/her life in jeopardy. Emergency Sickness also includes Complications of Pregnancy.

Extra-Hazardous Aviation Activity means an Aircraft while it is being used for one or more of the following activities:

- 1) acrobatics or stunt flying;
- 2) racing or any endurance test;
- 3) crop dusting or seeding;
- 4) Spraying;
- 5) Exploration;
- 6) pipe or power line inspection;
- 7) any form of hunting;
- 8) bird or fowl herding;
- 9) aerial photography or banner towing;
- 10) any test or experiment;
- 11) Firefighting;
- 12) any flight which requires:
 - a) a special permit; or
 - b) waiverfrom the FAA, even though granted.

Extreme Sport or Extra-Hazardous Activities means sky diving, bungee jumping, zip lining, base jumping, parachuting, hang gliding, hot air ballooning, mountain climbing, rock or ice climbing, spelunking, paintballing, scuba diving, snow or water skiing, snowboarding, jet skiing, white or black water rafting, surfing, parasailing, parasoending, windsurfing, motorcycling, motocross, off-road bicycle racing, cycle touring, triathlon competitions, safari, animal riding (i.e. camel, elephant), running with the bulls, rodeos, racing of any motor vehicle on land or water, use of pyrotechnics, use of any dangerous animals during production (i.e. sharks, tigers, bears), any undersea/underwater productions, or any equestrian productions.

FAA means:

- 1) the Federal Aviation Administration of the United States; or
- 2) the similar aviation authority for the country of the Aircraft's registry, if the country is recognized by the United States.

Geographic Area means the city, providence or region in which the service, procedure, devices, drugs, Treatment or supplies are provided or a greater area, if necessary, to obtain a representation cross-section of charges for a like treatment, service, procedure, device, drug, or supply. Inside the United States, this would be based on the first three digits of the zip code.

Hospital means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides Medical Care and Treatment of sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof, which is used primarily as:

- 1) a nursing home, convalescent home or Skilled Nursing Facility;
- 2) an alcohol or drug treatment facility; or
- 3) a place for rest, custodial care or for the aged.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes step-parent), grand-parent (includes step grand-parent), brother or sister (includes stepbrother or stepsister and half-brother or half-sister), or child (includes a child legally adopted or a child placed for adoption but not yet adopted), or stepchild.

Injury means bodily injury sustained by an Insured Person caused from a Covered Accident that:

- 1) occurs while this Policy is in force as to the Insured Person whose Injury is the basis of claim; and
- 2) occurs under the circumstances described in a Covered Hazard applicable to that Insured Person.

See the Schedule for applicability of all Covered Hazards and benefits. All Injuries sustained by one Insured Person in any one Covered Accident, including all related conditions and recurrent symptoms of the Injuries are considered a single Injury.

Insured Person means a person:

- 1) who is a member of an Eligible Class described in the Schedule;
- 2) for whom premium has been paid; and
- 3) while covered under this Policy.

Leased Aircraft means any Aircraft not owned by the Policyholder but:

- 1) furnished for the use of and at the discretion of the Policyholder;
- 2) under the Policyholder's care, custody, or control for a stated period of time other than for a specific purpose or trip;
- 3) subject to a formal written lease agreement defining:
 - a) all terms, conditions, and obligations of both parties during the term of the lease; and
 - b) provisions for the safe return of the Aircraft to the owner, fair wear and tear expected;
- 4) with or without a pilot or crew furnished by the owner in attendance; and
- 5) with or without maintenance furnished by the owner.

Medical Care means necessary:

- 1) medical or surgical Treatment, services and supplies;
- 2) Hospital, nursing and ambulance services.

Each item of Medical Care must be:

- 1) prescribed by a Physician;
- 2) for the sole purpose of treating the Injury.

Medical Emergency Evacuation means, if warranted by the severity of the Insured Person's Injury or Emergency

Sickness:

- 1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained;
- 2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local Hospital or other medical facility; or
- 3) both 1) and 2) above.

A Medical Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Medically Necessary or Medical Necessity means a determination by the Insured Person's Physician that Treatment, service or supply provided to treat an Injury is:

- 1) appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate treatment of the Injury;
- 2) is commonly accepted as proper care or Treatment of the Injury in accordance with the medical practices of the United States and federal guidelines;
- 3) can reasonably be expected to result in or contribute to the improvement of the Injury; and
- 4) is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the Injury or the quality of the Medical Care provided.

The fact that a Physician may prescribe, order, recommend, or approve a treatment, service or supply does not, of itself, make the treatment, service, or supply medically necessary for the purpose of determining eligibility for coverage under the Rider.

The Medical Professional must be acting within the scope of his/her license. A Medical Professional does not include an Insured Person or any Immediate Family Member.

Medical Professional means a person who is appropriately licensed to provide Medical Care and Treatment, including a nurse practitioner (NP/APRN), physician's assistant (PA) or registered nurse (RN). The medical professional must be acting within the scope of his/her license. A medical professional does not include an Insured Person or any Immediate Family Member.

Member of the Household means a person who maintains residence at the same address as the Insured Person at the time of the Injury.

Military Transport Aircraft means a transport Aircraft operated by:

- 1) the United States Air Mobility Command (AMC); or
- 2) a national military air transport service of any country.

Paralysis means the complete loss of muscle function in a part of the body as a result of neurological damage, as determined by a Physician.

Passenger(s) means a person not performing as a pilot, operator, or crew member of a Conveyance.

Permanent Total Loss of Use means a complete and irreversible loss of functional, normal, or characteristic use of the entire arm from the shoulder joint, hand from the wrist joint, leg from the hip joint, or foot from the ankle because of:

- 1) complete and irreversible Paralysis;
- 2) atrophy; or
- 3) an arthritic condition.

Physician means a provider or practitioner who:

- 1) is properly licensed or certified to provide care or Treatment under the laws of the state where he or she practices;
- 2) provides services that are within the scope of his or her license or certificate; and
- 3) is not the Insured Person, a Member of the Household of the Insured Person or an Immediate Family Member.

Policy means this insurance policy, certificate, the Schedule and all attached riders, amendments, endorsements or other papers.

Policy Period means the period between the Policy Effective Date and Policy Termination Date. These dates are shown on the Schedule.

Policyholder Aircraft means an Aircraft which is owned by the Policyholder, a Leased Aircraft or an Aircraft operated by or on behalf of the Policyholder.

Relocation Trip means a trip which:

- 1) begins when the Insured Person or his or her Spouse or Dependent Child(ren) leave his or her former place of residence for the purpose of relocating to a new residence; and
- 2) ends when he or she arrives at his or her new place of residence;

provided such trip is due to the Insured Person's relocation which is at the request and expense of the Policyholder.

A Relocation Trip will not include any period of time in excess of 14 days of the Relocation Trip during which the Insured Person or his or her Spouse or Dependent Child(ren) take a vacation or Sojourn and/or Personal Deviation which substantially differs from the Relocation Trip.

Schedule means the benefits, benefit amounts, terms, limitations, and provisions of coverage selected by the Policyholder which is attached to and made a part of this Policy.

Sickness means an illness, disease or condition that impairs an Insured Person's normal functioning of mind or body and which is not the direct result of an Injury or Accident. Sickness also includes Complications of Pregnancy.

Sojourn and/or Personal Deviation means non-business travel or activities undertaken while on the Business of the Policyholder, or during a Business Trip, but unrelated to furthering the Business of the Policyholder.

Spouse means any individual who is recognized as the spouse of the Insured Person, under applicable state law.

Spouse will also include a domestic partner or civil union partner as determined by any controlling legal authority or, in the absence of such authority, by agreement between Us and the Policyholder.

Surgical Replantation means the surgical reattachment of an arm, leg, hand, foot, finger, or toe that has been severed from an Insured Person's body.

Therapy Services means acupuncture, respiratory therapy, occupational therapy, physical therapy or speech therapy.

Transportation means moving an individual by the most efficient and available land, water or air Conveyance.

Treatment means medical advice, diagnosis, care or services (including diagnostic measures) received by a person, or the use of drugs or medicines by a person.

Trip means a trip taken by an Insured Person which begins when the Insured Person leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured Person returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured Person is on an authorized leave of absence or vacation or travel to and from the Insured Person's place of regular employment. This definition does not include the Insured Person's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured Person's residence or place of regular employment to the new location.

Usual and Customary Charge(s) means the average amount charged by most providers for Treatment, service or supplies in the Geographic Area where the Treatment, service or supply is provided.

We, Us or Our means the Hartford Fire Insurance Company.

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. This Policy begins on the Policy Effective Date shown in the Schedule at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Policy Termination Date. We may terminate this Policy by giving 31 days advance notice in writing to the Policyholder. Either We or the Policyholder may terminate this Policy on any premium due date by giving 31 days advance notice in writing to the other party.

This Policy may, at any time, be terminated by mutual written consent of the Policyholder and Us.

This Policy terminates automatically on the earlier of:

- 1) the Policy Termination Date shown in the Schedule; or
- 2) the end of the Grace Period if premiums are not paid when due.

Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED PERSON'S EFFECTIVE AND TERMINATION DATES

Insured Person's Effective Date. An Insured Person's coverage under this Policy begins on the latest of:

- 1) the Policy Effective Date;
- 2) the date for which the first premium for the Insured Person's coverage is paid; or
- 3) the date the person becomes a member of an Eligible Class as described in the Schedule.

A change in an Insured Person's coverage under this Policy due to a change in his or her Eligible Class, or Covered Hazard becomes effective on the later of:

- 1) when the change in his or her Eligible Class or Covered Hazard occurs; or
- 2) if the change requires a change in premium, the date the changed premium is paid.

However, a change in coverage applies only with respect to a Covered Loss that occurs once the change becomes effective.

Insured Person's Termination Date. An Insured Person's coverage under this Policy ends on the earliest of:

- 1) the date this Policy is terminated (unless the Policyholder and Us agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums);
- 2) the end of the Grace Period if premiums are not paid when due; or
- 3) the date the Insured Person ceases to be a member of any Eligible Class described in the Schedule.

Termination of coverage will not affect a claim for a Covered Loss that occurs either before or after such termination if that loss results from a Covered Accident that occurred while the Insured Person's coverage was in force under this Policy.

PREMIUM

Premiums

Premiums are payable to Us as shown in the Schedule. We may change the required premiums due on any Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice.

We may change the required premiums as a condition of any renewal of this Policy. We may also change the required premiums at any time when any change affecting rates is made in this Policy. Any such change in this Policy will not take effect until any required additional premium is received by Us, except as otherwise agreed to in writing by the Policyholder and Us.

We may change the premium rates if:

- 1) there is a change in the Policy;
- 2) there is any change to state or federal law or inaction by state or federal law makers which affects Our liability under the Policy on a temporary or permanent basis;
- 3) Social Security Disability benefits are reduced or eliminated on a temporary or permanent basis due to the actual or threatened insolvency of the Social Security Disability Insurance Trust Fund;
- 4) there is a 10% increase or decrease in the number of insured;
- 5) the Policyholder adds or deletes a subsidiary, affiliated business entity or Policyholder Aircraft; or
- 6) there has been a material misstatement in the reported experience during the pre-sale process.

Renewal

This Policy may be renewed, subject to Our consent, by payment of premiums as they become due. The renewal premiums will be based on Our rates in effect at the time of renewal.

Grace Period

A grace period of 31 days will be provided for the payment of any premium due after the Initial Premium. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If We expressly agree to accept late payment of a premium without terminating the Policy, the Policyholder will be liable to Us for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if We receive notice to terminate this Policy prior to a premium due date.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFIT(S)

If the Insured Person's Injury results in any of the losses listed in the table below within 365 days after the date of the Covered Accident, We will pay the sum shown opposite the loss. We will not pay more than the Accidental Death or Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule. The Accidental Death or Accidental Dismemberment Principal Sum amount is shown in the Schedule.

FOR LOSS OF:

Life.....
 Both Hands or Both Feet or Sight of Both Eyes.....
 One Hand and One Foot.....
 One Hand and Sight of One Eye.....
 One Foot and Sight of One Eye.....
 Speech and Hearing in Both Ears.....
 Speech and Hearing in One Ear.....
 One Arm or One Leg.....
 One Hand or One Foot.....
 Sight of One Eye.....
 Speech or Hearing in Both Ears.....
 Thumb and Index Finger on the Same Hand.....
 Hearing in One Ear.....
 One Thumb.....

BENEFIT:

100% of the Accidental Death Principal Sum
 100% of the Accidental Dismemberment Principal Sum
 100% of the Accidental Dismemberment Principal Sum
 100% of the Accidental Dismemberment Principal Sum
 100% of the Accidental Dismemberment Principal Sum
 100% of the Accidental Dismemberment Principal Sum
 75% of the Accidental Dismemberment Principal Sum
 75% of the Accidental Dismemberment Principal Sum
 50% of the Accidental Dismemberment Principal Sum
 50% of the Accidental Dismemberment Principal Sum
 50% of the Accidental Dismemberment Principal Sum
 25% of the Accidental Dismemberment Principal Sum
 25% of the Accidental Dismemberment Principal Sum
 10% of the Accidental Dismemberment Principal Sum

For purposes of this benefit:

- 1) **Loss of Arm** means Severance of an arm above the elbow joint, including the Severance of the entire arm.
- 2) **Loss of Both Feet, Loss of One Foot** means Severance of a foot or both feet above the ankle joint, including the Severance of an entire leg or any part of a leg that includes an entire foot.
- 3) **Loss of Both Hands, Loss of One Hand** means Severance of at least four whole fingers at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand) from one or both hands, including the Severance of an entire arm or any part of an arm that includes an entire hand.
- 4) **Loss of Fingers or Thumb** means Severance of more than one finger or the thumb at least at or proximal to the first interphalangeal joint of each finger.
- 5) **Loss of Hearing** means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.
- 6) **Loss of Leg** means Severance of a leg above the knee joint, including the Severance of the entire leg.
- 7) **Loss of Sight of Both Eyes, Loss of Sight of One Eye** means total and permanent loss of sight or blindness which cannot be corrected by any means, or Severance of one or both eyes.
- 8) **Loss of Speech** means total and permanent loss of audible voice communication which cannot be corrected by any means.
- 9) **Severance** means the complete separation and dismemberment of the part from the body.

Surgical Replantation Benefit

If a limb or appendage is Surgically Replanted, the amount payable will be 50% of the amount which would have been paid for a Loss of such limb or appendage. If the Surgical Replantation fails to provide the person with at least 75% use of the limb or appendage, the Benefit Amount for the Loss will be paid, less any amount paid for the Surgical Replantation.

The amount payable depends on the type of Loss as shown above. All benefits are subject to the Accidental Dismemberment Principal Sum amount shown in the Schedule. We will not pay more than the Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule.

Exposure and Disappearance

We will presume an Insured Person has died due to Injuries if, while insurance is in effect, the Insured Person dies as a result of exposure to the elements as a result of an Injury.

We will presume the Insured Person has died if, while insurance is in effect and after the forced landing, stranding, sinking, or wrecking of a vehicle:

- 1) the Insured Person disappears; and
- 2) the Insured Person's body is not found within 1 year(s) of disappearance; and
- 3) a valid death certificate is issued by a court of competent jurisdiction.

LIMITATIONS AND EXCLUSIONS

Economic Sanction

We will not provide coverage or pay benefits under this Policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government.

Age Reduction Schedule

The Principal Sum used to determine the amount payable for a Covered Loss will be reduced if an Insured Person is age 70 or older on the date of the Covered Accident with respect to any of the following Benefits provided by this Policy:

- 1) Accidental Death & Dismemberment Benefit;
- 2) Coma Benefit;
- 3) Paralysis Benefit;

The reduced amount will be determined by multiplying the Principal Sum by the percentage shown below for the Insured Person's attained age:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF PRINCIPAL SUM
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

These reductions also apply if:

- 1) You become covered under The Policy; or
- 2) Your coverage increases;

on or after the date You attain age 70.

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

Age refers to the age of the Insured Person's most recent birthday, regardless of the actual time of birth.

Limitation on Multiple Benefits

If an Insured Person suffers one or more Covered Losses from the same Covered Accident for which amounts are payable under all of the benefits provided by this Policy, the maximum amount payable under all of the benefits combined will not exceed the largest amount payable for one of those Covered Losses.

Limitation on Multiple Covered Hazards or Classes

If an Insured Person's Injury is caused by a Covered Accident that occurs while the Insured Person is covered under more than one Covered Hazard or Class, and if the same benefit applies to that Insured Person with respect to more than one such Covered Hazard or Class, then the Accidental Death or Accidental Dismemberment Principal Sum for that Insured Person for that Covered Accident will be determined as though the Covered Accident occurred while the Insured Person was covered under only one such Covered Hazard and Class. We will pay the benefits for the Covered Hazard and Class with the largest Principal Sum for that Insured Person.

Aggregate Limit

The Accidental Death or Accidental Dismemberment Principal Sum otherwise payable shall be reduced if more than one Insured Person suffers a loss as a result of the same Covered Accident, and if amounts are payable for those losses under all of the benefits provided by the Policy.

The Accidental Death or Accidental Dismemberment Principal Sum payable for all such losses for all Insured Persons under all those benefits combined will not exceed the amount shown as the Aggregate Limit in the Schedule or shown on the Hazard Rider Schedule. If the combined Accidental Death or Accidental Dismemberment Principal Sum otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Accidental Death or Accidental Dismemberment Principal Sum otherwise payable for each Insured Person for all such losses under all those benefits combined.

Exclusions

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted Injury;
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
- 4) Injury sustained while on any Aircraft except a Civil Aircraft, or Military Transport Aircraft, unless specifically covered by a Hazard Rider;
- 5) except when specifically covered by a Hazard Rider, Injury sustained while on any Aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization covering any Eligible Class under the Policy; or
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- 7) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 8) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 9) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 10) Mental and Nervous Disorders;
- 11) services for which no charge is normally made.

CLAIMS PROVISIONS

Notice of Claim

The person who has the right to claim benefits (the claimant, beneficiary or his or her representative) must give Us written Notice of a Claim within 30 days after a Covered Loss begins or as soon as reasonably possible. Notice of claim may be submitted as instructed on the applicable form or mailed to Our home office in Hartford, CT. Notice given by or on behalf of an Insured Person to Us, or to Our authorized agent, with information sufficient to identify the Insured Person, shall be notice to Us. Failure to give notice within this time frame will not invalidate nor reduce any claim. The notice should include the Insured Person's name and the Policy Number.

Claim Forms

When We receive the notice of claim, We will send forms to the claimant for giving Us Proof of Loss. The forms will be sent within 10 days after We receive the notice of claim. If the forms are not received, the claimant will satisfy the Proof of Loss requirement if a written notice of the occurrence, character and extent of the loss is sent to Us.

Proof of Loss

Written Proof of Loss must be furnished to Us within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

All Proof of Loss submitted must be satisfactory to Us and must include information which is required by Us to adjudicate the claim. In addition, the claimant must provide Us any Proof of Loss documentation specifically required in any relevant Rider. We reserve the right to request additional information reasonably related to the claim.

Time of Payment of Claims

We will pay any benefit due, other than benefits for which the Policy provides periodic payment, immediately after We receive Proof of Loss. Subject to due written Proof of Loss, all accrued benefits for which the Policy provides periodic payment will be paid not later than at the expiration of each period of 30 days during the continuance of the period for which benefits are due, and any balance remaining unpaid at the termination of the period will be paid immediately upon receipt of the proof.

Payment of Claims

We will pay any benefit due for loss of life:

- 1) according to the written beneficiary designation on file with the Policyholder; otherwise, if no beneficiary is named or no named beneficiary survives the Insured Person, We will pay
- 2) to the survivors in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
 - a) Spouse;
 - b) children;
 - c) parents;
 - d) brothers and sisters.

If there is no survivor in these classes or if there are legal impediments to determining who the survivors or beneficiaries are, payment will be made to the Insured Person's estate.

If a benefit due is payable to:

- 1) the Insured Person's estate; or
- 2) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment,

We may pay up to \$1,000 of the benefit due to some other person whom We believe is entitled to the payment, and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith. We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files Proof of Loss.

Upon receipt of due written Proof of Loss, benefit payments for charges incurred by the Insured Person for covered medical services will be made directly to the provider at Our option. If any such charges have been paid by the Insured Person, the benefit payment for those charges will be made to the Insured Person upon written proof of payment.

Modified Payment of Claims

When We receive notice for losses suffered by an Insured Person whose residence is outside the United States, We may pay any benefits that may become payable under the Policy to the Policyholder, who:

- 1) will hold such payment in trust for the sole use and benefit of the Insured Person or his or her beneficiary or other person to whom such benefits are payable (the Payee), as described in the Payment of Claims provision within this section;
- 2) will transmit such payment to such Payee in accordance with the Payment of Claims and Time of Payment of Claims provisions of this section;
- 3) agrees that any such payment made by Us to the Policyholder constitutes a full discharge of Our liability with respect to the claim for which payment is made;
- 4) will alone assume full responsibility for the proper application or distribution of such payment; and
- 5) will indemnify, defend and hold Us harmless for any claims, demands, judgments, losses, costs, expenses, liabilities and damages whatsoever, including interest, penalties and legal fees, arising from or relating in any way to such payment or to the amount, application or distribution thereof; and
- 6) will, with respect to any application or disbursement of such payment in foreign currency, use the foreign exchange rate in effect at the Policyholder's payor bank on the date the benefits become payable to convert United States of America dollar-denominated currency into foreign currency.

Appealing Denial of Claims

If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person. This written decision will:

- 1) give the specific reason or reasons for denial;
- 2) make specific reference to Policy provisions on which the denial is based;
- 3) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may:

- 1) request a review upon written request within 60 days of receipt of claim denial;
- 2) review pertinent documents; and
- 3) submit issues and comments in writing.

We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after We receive the request for review. The written decision will include specific reasons for the decision on which the decision is based.

Subrogation

In the event:

- 1) an Insured Person suffers a Covered Loss caused, in full or in part, by the act or omission of any person or legal entity;
- 2) the Insured Person or claimant becomes entitled to and are paid benefits under the Policy; and
- 3) the Insured Person or claimant does not initiate legal action for the recovery of such benefits from a Third Party in a reasonable period of time or notify Us that he or she does not intend to do so;

then We will be subrogated to any rights such person may have against a Third Party and may, at Our option, bring legal action against or otherwise pursue a Third Party to recover any payments made by Us in connection with the Covered Loss.

Third Party, as used in this provision, means:

- 1) any person or legal entity whose act or omission, in full or in part, causes the Covered Loss for which benefits are paid or payable under the Policy; or
- 2) any insurer, including the Insured Person's own, that provides benefits to the Insured Person or claimant as a result of the act or omission which caused the Covered Loss for which benefits are paid or payable under the Policy.

This provision does not apply to Accidental Death and Dismemberment benefits.

Physical Examinations and Autopsy

We, at Our own expense, shall have the right and opportunity to have:

- 1) a claimant for whom a claim is made examined by a Physician or Medical Professional of Our choice during the pendency of a claim as often as reasonably required; and
- 2) an autopsy conducted for a claimant for whom a claim is made in case of death, where not prohibited by law.

Legal Actions

No legal action may start:

- 1) until 60 days after Proof of Loss has been given; or
- 2) more than 3 years after the time Proof of Loss is required to be given, unless otherwise required by law.

Assignment

This insurance may not be assigned. The Insured Person may not assign any of his or her rights, privileges or benefits under this Policy. Benefit payments may be assigned as allowed in the Payment of Claims provision.

Workers' Compensation Coverage

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

GENERAL PROVISIONS

Entire Contract

The entire contract between the Policyholder and Us consists of this Policy and any other papers made a part of this Policy at issue.

Incontestability

In the absence of fraud, the validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

Statements

In the absence of fraud, all statements made by the Policyholder and persons insured under this Policy will be deemed representations and not warranties. No statement will be used in any contest unless it is in writing, signed by the person making it and a copy of it is given to the person who made it, or, in the event of the death or incapacity of the Insured Person, to the Insured Person's beneficiary or personal representative.

Changes

No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, approved by one of Our officers and made part of this Policy.

Noncompliance with Policy Requirements

Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Data Furnished by Policyholder

The Policyholder must maintain adequate records acceptable to Us and provide any information required by Us relating to this insurance, its premium, and any benefits claimed or paid hereunder.

Right to Audit

We will have the right to inspect and audit, at any reasonable time, all records and procedures of the Policyholder that may have a bearing on this insurance, its premium, and any benefits claimed or paid hereunder.

Certificates

If required by the laws of the state where this Policy is delivered, We will give certificates to the Policyholder for delivery to Insured Persons. The certificates will state the features of this Policy which are important to Insured Persons.

Conformity with State and Federal Law

Any provision of the Policy that is contrary to the law of the jurisdiction in which it is delivered or with any other applicable law is amended to meet the minimum requirements of the law.

Right to Receive and Release Needed Information

We have the right to decide in Our sole judgment what facts We need to administer this Policy. We may get needed facts from, or give them to, any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Policy must give Us any facts We need to determine coverage under this Policy or determine the correct payment of a claim.

Facility of Payment and Right to Recovery

If a payment made under another plan includes an amount that should have been paid under this Policy, We may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under this Policy, and We will not have to pay that amount again. If the amount of the payments made by Us is more than it should have paid under this Policy, We may recover the excess from any person(s) to or for whom We have overpaid, including insurance companies or other organizations. If benefits are overpaid, We may recover the amount overpaid by requesting a lump sum payment of the overpaid amount or reducing future benefits payable under this Policy.

New Entrants

This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the Eligible Class(es) of Insured Persons originally insured under this Policy.

Misstatement of Age

If premiums for the Insured are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. We require satisfactory proof of age before paying any claim.

Clerical Error

Clerical error, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Policy Interpretation

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy. This provision applies where the interpretation of the Policy is governed by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Disclosure of Services

In addition to the insurance coverage, We may offer noninsurance benefits and services under this Policy.

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

H-3 – 24-HOUR ACCIDENT PROTECTION WHILE ON BUSINESS HAZARD RIDER

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

24-HOUR ACCIDENT PROTECTION WHILE ON BUSINESS HAZARD

We will pay the Policy benefits for the Hazard described in this Rider when an Insured Person suffers an Injury resulting from a Covered Loss during a Trip and while on the Business of the Policyholder, not lasting for more than 365 days, including an Injury while:

- 1) operating or a Passenger on, boarding, alighting from, or being struck or run down by any Conveyance being used as a means of land or water Transportation, except:
 - a) any such Conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such Conveyance; or
 - b) any such Conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including while on, boarding, alighting from, or being struck or run down by) for the Transportation of Passengers or property for hire, profit or gain; or
- 2) a Passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or
- 3) being struck or run down by an Aircraft.

The benefits under this Rider also apply where the Sojourn or Personal Deviation involves one or more stops en route to the destination, and extensions time spent at the destination, that do not last longer than a total of 14 days.

EXCLUSIONS

This Hazard does not cover Injury resulting from an Accident that occurs while the Insured Person is operating or a Passenger on, boarding, or alighting from or by being struck or run down by any Aircraft engaged in an Extra-Hazardous Aviation Activity.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Kevin Barnett, Secretary

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

H-7 – 24-HOUR FAMILY RELOCATION TRIP HAZARD RIDER

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

24-HOUR FAMILY RELOCATION TRIP HAZARD

We will pay the Policy benefits for the Hazard described in this Rider when an Insured Person's Spouse or Dependent Child(ren) suffer(s) an Injury as a result of a Covered Loss which occurs anywhere in the world during a Relocation Trip.

A Relocation Trip will not include any period of time in excess of 14 days during which the Insured Person takes a vacation, or a Sojourn or Personal Deviation from the Relocation Trip.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, Secretary

A handwritten signature in black ink, appearing to read "Douglas Elliot".

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

H-8 – 24-HOUR HIJACKING OR SKY-JACKING BUSINESS HAZARD RIDER

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

24-HOUR HIJACKING OR SKY-JACKING BUSINESS HAZARD

We will pay the Policy benefits for the Hazard described in this Rider when an Insured Person suffers an Injury resulting from a Covered Loss which occurs during a Hijacking or Sky-jacking anywhere in the world while the Insured Person is on a Trip on the Business of the Policyholder. Coverage under this Rider shall continue while the Insured Person is subject to the control of the hijacker(s) and during travel directly to his or her residence or original destination.

DEFINITIONS

Hijacking means unlawful seizure or wrongful exercise of control of an Aircraft or other Conveyance, or the crew thereof, in which the Insured Person is traveling as a Passenger.

Sky-jacking means unlawful seizure or wrongful exercise of control of an Aircraft or other Conveyance, or the crew thereof, in which the Insured Person is traveling as a Passenger. It will also include any attempt at Sky-jacking and consequent exposure to the Insured Person.

EXCLUSIONS

This Hazard does not cover Injury resulting from an Accident that occurs while the Insured Person is operating or a Passenger on, boarding, or alighting from or by being struck or run down by any Aircraft engaged in an Extra-Hazardous Aviation Activity.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, Secretary

A handwritten signature in black ink, appearing to read "Douglas Elliot".

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

H-15 – COMMUTATION HAZARD RIDER

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

BROAD COMMUTATION COVERAGE

We will pay the Policy benefits for the Hazard described in this Rider, for an Injury which occurs while the Insured Person is commuting directly between his or her residence and place of regular employment either:

- 1) as a pedestrian; or
 - 2) as a bicyclist; or
 - 3) while traveling in or on, boarding, or alighting from a Conveyance;
- on a regularly scheduled workday.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, Secretary

A handwritten signature in black ink, appearing to read "Douglas Elliot".

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

H-21 – FAMILY TRAVEL HAZARD RIDER

This Hazard Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses for which benefits are payable on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Hazard Rider.

This Hazard Rider applies only with respect to an Insured Person in an Eligible Class(es) to which this Hazard applies as stated in the Schedule.

FAMILY TRAVEL HAZARD

We will pay the Policy benefits for the Hazard described in this Rider when the Spouse or Dependent Child(ren) of the Insured Person suffer(s) an Injury resulting from a Covered Loss:

- 1) while accompanying the Insured Person or on his or her way to join the Insured Person on a Trip while on the Business of the Policyholder, including a Sojourn or Personal Deviation taken during the course of such Trip; and
- 2) when such Trip is authorized by and/or paid for in whole or in part by the Policyholder.

Benefits payable under this Hazard are subject to the Exclusions listed in the Policy.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, Secretary

A handwritten signature in black ink, appearing to read "Douglas Elliot".

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-4 – ADAPTIVE HOME & VEHICLE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

ADAPTIVE HOME & VEHICLE MODIFICATION BENEFIT

If an Insured Person suffers an Injury, other than loss of life, that results in a loss payable under the Accidental Dismemberment or Paralysis Benefit, We will pay an additional benefit that is the lesser of:

- 1) the Benefit Amount as indicated in the Rider Schedule; or
- 2) the actual cost

for Home Alteration and Vehicle Modification Expenses that are incurred within 24 months of the date of the Covered Accident that caused the Injury if an Insured Person:

- 1) did not require, prior to the date of the Covered Accident that caused the Injury, the use of a wheelchair or other adaptive device to be ambulatory; and
- 2) as a direct result of such Injury, the use of a wheelchair or other adaptive device to be ambulatory is now compulsory.

This benefit will be payable only if:

- 1) such Home Alterations are:
 - a) made by a person(s) with experience in such alterations; and
 - b) recommended by a recognized organization providing support and assistance to wheelchair or other adaptive device users; and
- 2) such Vehicle Modifications are:
 - a) carried out by a person(s) with experience in Vehicle Modifications; and
 - b) approved by the motor vehicle department of the state.

RIDER SCHEDULE

Adaptive Home & Vehicle Modification Benefit

Class:	Benefit Amount:
Class 1, 2, 3	\$25,000

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Home Alteration means changes to the residence of the Insured Person that are necessary to make the residence accessible and habitable to the Insured Person.

Home Alteration and Vehicle Modification Expenses as used in this Rider mean one-time expenses that:

- 1) are charged for:
 - a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person or adaptive device user; or
 - b) modifications to an Automobile owned or leased by the Insured Person or modifications to an Automobile newly purchased for the Insured Person that are necessary to make the Automobile accessible to and/or driveable by the Insured Person;
- 2) do not include charges that would not have been made if no coverage existed; and
- 3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred.

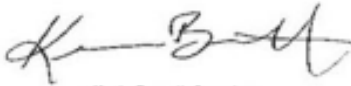
Expenses incurred due to the alterations to the Automobile and residence of the Insured Person must:

- 1) be made on behalf of the Insured Person; and
- 2) be in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

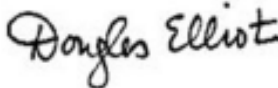
Vehicle Modifications means changes, including but not limited to installation of equipment to an Automobile that are necessary to make such Automobile accessible to or drivable by an Insured Person.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Kevin Barnett, Secretary



Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-7 – BEREAVEMENT COUNSELING BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

BEREAVEMENT COUNSELING BENEFIT

If the Insured Person suffers an accidental death or an accidental dismemberment or Paralysis for which an Accidental Death, or Accidental Dismemberment or Paralysis Benefit is payable under the Policy or if he or she goes into a Coma for which a Coma Benefit is payable, We will pay the Bereavement Counseling Benefit if an Insured Person or his or her Spouse and/or Dependent Child(ren) receives Bereavement Counseling.

We will pay the Bereavement Counseling Benefit Amount for each Bereavement Counseling session he or she attends, up to the Maximum Number of Sessions as found in the Rider Schedule.

Bereavement Counseling sessions must first begin within 365 days after the date of the Covered Accident. Benefits for any Bereavement Counseling session must be incurred within 2 year(s) after the date of the Insured Person's Covered Accident.

RIDER SCHEDULE

Bereavement Counseling Benefit

Class:	Benefit Amount:	Maximum Number of Sessions:
Class 1, 2, 3	\$150 per session	10

ADDITIONAL PROOF OF LOSS

In addition to the Proof of Loss requirements in the Policy, evidence of expenses incurred for services provided for Bereavement Counseling is required in order to receive benefits under this Rider.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Bereavement Counseling means treatment or counseling for the grief reaction resulting from an Insured Person's Covered Accident. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Kevin Barnett, Secretary

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-13 – COMA BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

COMA BENEFIT

If an Injury renders the Insured Person Comatose within 30 days of the date of the Covered Accident, and if the Coma continues for a period of 30 consecutive days, We will pay a monthly benefit equal to the Monthly Benefit Amount shown in the Rider Schedule. No benefit is provided for the first 30 days of the Coma.

The benefit is payable monthly as long as the Insured Person remains Comatose due to the Injury, but ceases on the earliest of:

- 1) the end of the month in which the Insured Person dies;
- 2) the end of the month in which the Insured Person recovers from the Coma;
- 3) the end of the month in which the Monthly Benefit Period ends; or
- 4) the total payments equal the Maximum Benefit Amount.

We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which We are liable when the Insured Person is Comatose for less than a full month.

If an Insured Person is in a Coma for which the Monthly Benefit Amount is payable and dies within 365 days after the Covered Accident, We will pay a lump sum equal to the Insured Person's Maximum Benefit Amount, less any benefit amount for Coma already paid.

We reserve the right, at the end of the first 30 consecutive days of Coma and as often as We may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at Our expense.

RIDER SCHEDULE

Coma Benefit

Class:	Maximum Benefit Amount:	Monthly Benefit Amount:	Monthly Benefit Period:
Class 1	\$200,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months
Class 2	\$25,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months
Class 3	\$10,000	1% of the Maximum Benefit Amount per month for the Monthly Benefit Period	100 months

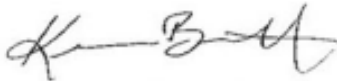
DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

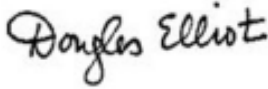
Monthly Benefit Period means the number of months as shown in the Rider Schedule during which the Insured Person remains in a Coma and for which the monthly Coma benefit is payable.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, Secretary

A handwritten signature in black ink, appearing to read "Douglas Elliot".

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-21 – EDUCATION EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

EDUCATION EXPENSE BENEFIT

If an Insured Person suffers a loss of life for which an Accidental Death Benefit is payable under the Policy, We will pay the following benefit(s):

Dependent Child Education

We will pay a benefit to or on behalf of any child of the Insured Person who meets the definition of Dependent Child on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person's death and who, on the date of the Insured Person's death:

- 1) is a full-time student in any Institution of Higher Learning above grade 12; or
- 2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured Person's death.

The benefit will be paid for each year of the Dependent Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years or the date the Dependent Child reaches age 29, whichever comes first.

The total amount of the benefit each year is equal to the least of:

- 1) the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Dependent Child;
- 2) the Percentage of Principal Sum shown in the Rider Schedule based on the Insured Person's Principal Sum on the date of the Covered Accident; or
- 3) the Maximum Annual Amount shown in the Rider Schedule.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment and payment for that term.

A Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she re-enrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured Person's death.

Spouse Education

We will pay a benefit to or on behalf of the Spouse of the Insured Person who meets the definition of Spouse on the date of the Covered Accident causing the Insured Person's death and on the date of the Insured Person's death and who, for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living:

- 1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured Person's death; or
- 2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured Person's death.

The benefit will be paid for each year of the Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years.

Form BTA PA-10107

The total amount of the benefit each year is equal to the least of:

- 1) the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for the Spouse;
- 2) the Percentage of Principal Sum shown in the Rider Schedule based on the Insured Person's Principal Sum on the date of the Covered Accident; or
- 3) the Maximum Annual Amount shown in the Rider Schedule.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment and payment for that term.

A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she re-enrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured Person's death.

RIDER SCHEDULE

Dependent Child Education:

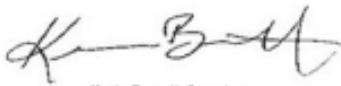
Class:	Percentage of Principal Sum	Maximum Annual Amount
Class 1	5% of Principal Sum	\$5,000

Spouse Education:

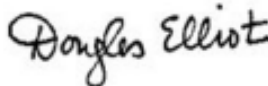
Class:	Percentage of Principal Sum	Maximum Annual Amount
Class 1	5% of Principal Sum	\$5,000

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Kevin Barnett, Secretary



Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-32 – MEDICAL EMERGENCY EVACUATION BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents and Emergency Sickneses that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

MEDICAL EMERGENCY EVACUATION BENEFIT

We will pay for Covered Medical Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Medical Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount shown in the Rider Schedule for all Medical Emergency Evacuations due to all Injuries from the same Covered Accident or all Emergency Sickneses from the same or related causes.

Benefits will not be payable, unless:

- 1) the Physician ordering the Medical Emergency Evacuation certifies that the severity of the Insured Person's Injury or Emergency Sickness requires a Medical Emergency Evacuation;
- 2) all Transportation arrangements made for the Medical Emergency Evacuation are by the most direct and economical method and route possible;
- 3) the charges incurred are Medically Necessary, and do not exceed the usual level of charges for similar Transportation, Treatment, services, or supplies in the locality where the expense is incurred; and
- 4) the charges incurred do not include charges that would not have been incurred if no insurance existed.

FAMILY TRAVEL BENEFIT

Following an Insured Person's Medical Emergency Evacuation, We will pay for expenses reasonably incurred:

- 1) to return to their current place of primary residence, the Insured Person's Spouse and any of the Insured Person's Dependent Children who were accompanying the Insured Person when the Medical Emergency Evacuation became necessary, with an attendant for the Dependent Children if necessary and if the Dependent Children are not accompanied by the Spouse; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person;
- 2) for lodging and meals for up to 10 days for the Insured Person's Spouse and Dependent Children in the area where the Insured Person is Confined, if:
 - a) they were accompanying the Insured Person when the Medical Emergency Evacuation became necessary, and
 - b) the place of Confinement is outside a 100 mile radius from the Insured Person's place of primary residence.We will only pay for such expenses for days in excess of the days that had been planned for the trip prior to the Insured Person's Medical Emergency Evacuation, and only while he or she remains so Confined. We will not pay for such expenses in excess of, for the Spouse and Dependent Children combined, \$100 per day for lodging and \$50 per day for meals.

EMERGENCY REUNION BENEFIT

Following a Medical Emergency Evacuation for which a Medical Emergency Evacuation Benefit is payable under this Rider, We will pay for the expenses reasonably incurred

- 1) to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is Confined if:
 - a) the Insured Person is alone; and
 - b) the place of Confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket; and
- 2) for lodging and meals for up to 10 days for such person in the area of such place of Confinement, but:
 - a) only while the Insured Person remains so Confined; and
 - b) not to exceed \$100 per day for lodging and \$50 per day for meals.

The total of all benefits outlined in this Rider may not exceed the Maximum Benefit Amount shown in the Rider Schedule.

RIDER SCHEDULE

Medical Emergency Evacuation Benefit

Class:	Maximum Benefit Amount:
Class 1, 2, 3	actual cost of the Medical Emergency Evacuation up to a maximum amount of \$1,000,000

LIMITATIONS AND EXCLUSIONS

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Benefits will not be payable unless We authorize in writing, or by authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designated travel assistance provider. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Us in advance. In the event the Insured Person refuses to be evacuated, We will not be liable for any expenses incurred after the date medical evacuation is recommended.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Covered Medical Emergency Evacuation Expense(s) means an expense that:

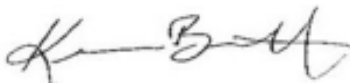
- 1) is charged for a Medically Necessary Emergency Evacuation Service;
- 2) does not exceed the usual level of charges for similar Transportation, Treatment, services or supplies in the locality where the expense is incurred; and
- 3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Emergency Evacuation Service means any Transportation, medical Treatment, medical service or medical supply that:

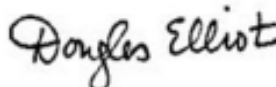
- 1) is an essential part of a Medical Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed;
- 2) meets generally accepted standards of medical practice; and
- 3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the Conveyance transporting the Insured Person.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Kevin Barnett, Secretary



Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-39 – PARALYSIS BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

PARALYSIS BENEFIT

We will pay the percentage of the Maximum Benefit Amount shown below if Injury to the Insured Person results in any one of the types of loss(es) specified below within 365 days of the date of the Covered Accident that caused the Injury, provided that the Paralysis is diagnosed by a Physician as reasonably expected to continue for the duration of his or her lifetime.

If an Insured Person dies within 365 days of the Covered Accident, then We will pay a lump sum equal to the Insured Person's Maximum Benefit Amount shown in the Rider Schedule, less any Benefit Amount for Paralysis already paid.

RIDER SCHEDULE

Class:	Maximum Benefit Amount:
Class 1	\$200,000
Class 2	\$25,000
Class 3	\$10,000
Loss	Class 1
Quadriplegia	100% of the Maximum Benefit Amount
Triplegia	75% of the Maximum Benefit Amount
Paraplegia	75% of the Maximum Benefit Amount
Hemiplegia	50% of the Maximum Benefit Amount
Uniplegia	25% of the Maximum Benefit Amount

LIMITATIONS AND EXCLUSIONS

Rider Exclusions

If an Insured Person suffers a loss for which a benefit is payable under more than one of the following provisions: Accidental Death and Dismemberment Benefit; or only one benefit, the one which would pay the largest benefit amount, will be paid.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Hemiplegia means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

Limb, Limbs means entire arm or entire leg.

Paraplegia means the complete and irreversible paralysis of both lower Limbs.

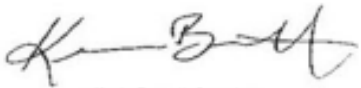
Quadriplegia means the complete and irreversible paralysis of both upper and both lower Limbs.

Triplegia means the complete and irreversible paralysis of three Limbs.

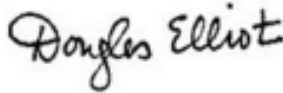
Uniplegia means the complete and irreversible paralysis of one Limb.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Kevin Barnett, Secretary



Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-49 – REHABILITATION EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

REHABILITATION EXPENSE BENEFIT

If the Insured Person is participating in a Covered Hazard and suffers a Covered Accident for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, We will reimburse the Insured Person for Covered Rehabilitative Expenses that result from the Injury causing the dismemberment or Paralysis up to the Maximum Benefit Amount shown in the Rider Schedule for all Injuries caused by the same Covered Accident. The Covered Rehabilitative Expenses must be incurred within 2 years after the date of the Covered Accident causing the Injury.

RIDER SCHEDULE

Rehabilitation Expense Benefit

Class:	Maximum Benefit Amount:
Class 1, 2, 3	\$25,000

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Covered Rehabilitative Expense(s) means expenses that:

- 1) are charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician;
- 2) do not exceed the usual level of charges for similar Treatment, supplies, or services in the locality where the expenses are incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and
- 3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Rehabilitative Training Service means any medical service, medical supply, medical Treatment or Hospital Confinement (or part of a Hospital Confinement) that:

- 1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed;
- 2) meets generally accepted standards of medical practice; and
- 3) is ordered by a Physician.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Kevin Barnett, Secretary

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-49 – REHABILITATION EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

REHABILITATION EXPENSE BENEFIT

If the Insured Person is participating in a Covered Hazard and suffers a Covered Accident for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, We will reimburse the Insured Person for Covered Rehabilitative Expenses that result from the Injury causing the dismemberment or Paralysis up to the Maximum Benefit Amount shown in the Rider Schedule for all Injuries caused by the same Covered Accident. The Covered Rehabilitative Expenses must be incurred within 2 years after the date of the Covered Accident causing the Injury.

RIDER SCHEDULE

Rehabilitation Expense Benefit

Class:	Maximum Benefit Amount:
Class 1, 2, 3	\$25,000

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Covered Rehabilitative Expense(s) means expenses that:

- 1) are charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician;
- 2) do not exceed the usual level of charges for similar Treatment, supplies, or services in the locality where the expenses are incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and
- 3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Rehabilitative Training Service means any medical service, medical supply, medical Treatment or Hospital Confinement (or part of a Hospital Confinement) that:

- 1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed;
- 2) meets generally accepted standards of medical practice; and
- 3) is ordered by a Physician.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Kevin Barnett, Secretary

Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-50 – REPATRIATION OF REMAINS BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

REPATRIATION OF REMAINS BENEFIT

If an Insured Person suffers an Injury or Emergency Sickness that results in loss of life for which an Accidental Death Benefit is payable under this Policy, We will pay for certain expenses incurred as a result of such death including, but not limited to, the following:

- 1) the expense incurred for the preparation of the deceased's body for burial or cremation;
- 2) the most economical coffin or receptacle adequate for transporting the remains; and
- 3) transportation of the deceased's body to the place of burial or cremation;

up to the Maximum Benefit Amount shown in the Rider Schedule below, provided that the death of the Insured Person occurred outside a 100 mile radius from his or her current place of primary residence.

FAMILY TRAVEL BENEFIT

Following an Insured Person's death for which a Repatriation of Remains benefit is payable under this Rider, We will pay for expenses reasonably incurred:

- 1) to return to their current place of primary residence, the Insured Person's Spouse and any of the Insured Person's Dependent Children who were accompanying the Insured Person when his or her death occurred, with an attendant for the Dependent Children if necessary and if the Dependent Children are not accompanied by the Spouse; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
- 2) for lodging and meals for up to 10 days for the Insured Person's Spouse and Dependent Children in the area where the Insured Person's death occurred, if they were accompanying the Insured Person at that time. We will only pay for such expenses for days in excess of the days that had been planned for the trip prior to the Insured Person's death, and only prior to the repatriation of his or her remains. We will not pay for such expenses in excess of, for the Spouse and Dependent Children combined, \$100 per day for lodging and \$50 per day for food.

IDENTIFICATION AND ESCORT EXPENSE BENEFIT

If an Insured Person suffers an Injury or an Emergency Sickness that results in loss of life and the Repatriation of Remains Benefit is payable, We will pay for expenses reasonably incurred if an Immediate Family Member or authorized representative incurs Identification Expenses or Escort Expenses while:

- 1) en route and during the stay in the city or town where the Insured Person's body is located, including transportation by the most direct route by a licensed Common Carrier to and from such location, but not to exceed the cost of one round-trip economy airfare ticket; and
- 2) for lodging and meals for up to 10 days for such person in the area where the Insured Person's death occurred, and not to exceed \$100 per day for lodging and \$50 per day for meals.

The total of all benefits outlined in this Rider may not exceed the Maximum Benefit Amount shown in the Rider Schedule.

RIDER SCHEDULE

Repatriation of Remains Benefit

Class:
Class 1, 2, 3

Maximum Benefit Amount:
actual cost of the Repatriation of Remains up to a
maximum amount of \$1,000,000

LIMITATIONS AND EXCLUSIONS

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Benefits will not be payable unless We authorize in writing, or by authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designated travel assistance provider. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Us in advance. In the event the Insured Person refuses to be evacuated, We will not be liable for any expenses incurred after the date medical evacuation is recommended.

DEFINITIONS

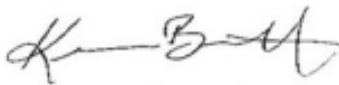
Except as defined below, the definitions in the Policy apply to this Rider.

Escort Expenses mean expenses for an Immediate Family Member or authorized representative to join the Insured Person's body during the repatriation to the Insured Person's place of permanent residence.

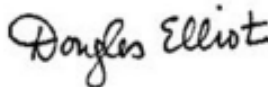
Identification Expenses mean expenses incurred by an Immediate Family Member or authorized representative when identifying the remains of the Insured Person.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Kevin Barnett, Secretary



Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-51 - SEAT BELT AND AIRBAG BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

SEAT BELT BENEFIT

If an Insured Person suffers a loss of life for which the Accidental Death Benefit is payable under the Policy and the Covered Accident causing death occurs while the Insured Person is operating, or riding as a Passenger in, an Automobile and wearing a properly fastened Seat Belt, We will pay the Seat Belt Benefit.

The Seat Belt Benefit is equal to the lesser of:

- 1) the Percentage of Principal Sum shown in the Rider Schedule; or
- 2) the Maximum Benefit Amount shown in the Rider Schedule.

AIRBAG BENEFIT

If the Insured Person is wearing a Seat Belt and received a payment as indicated above, We will pay the Airbag Benefit if:

- 1) the Insured Person was positioned in a seat equipped with a factory installed Airbag;
- 2) the Insured Person was properly strapped in the Seat Belt when the Airbag inflated; and
- 3) the police report establishes that the Airbag inflated properly upon impact.

The Airbag Benefit is equal to the lesser of:

- 1) the Percentage of Principal Sum shown in the Rider Schedule; or
- 2) the Maximum Benefit Amount shown in the Rider Schedule.

LIMITED BENEFIT

If a police report is not available, or it is unclear whether the Insured Person was wearing a Seat Belt, or positioned in a seat protected by a properly functioning and properly deployed Airbag, We will pay a limited benefit of \$1,000.

RIDER SCHEDULE

Seat Belt Benefit

Class:	Percentage of Principal Sum:	Maximum Benefit Amount:
Class 1, 2, 3	10% of Principal Sum	\$25,000

Airbag Benefit

Class:	Percentage of Principal Sum:	Maximum Benefit Amount:
Class 1, 2, 3	10% of Principal Sum	\$25,000

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

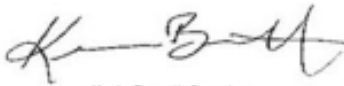
Airbag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications that inflates upon collision to protect an individual from injury and death. An Airbag is not considered a Seat Belt.

Seat Belt means:

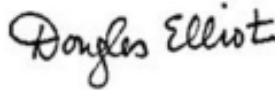
- 1) an unaltered belt, lap restraint, or shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications; or
- 2) a child restraint device that meets the standards of the National Safety Council and is properly secured and utilized in accordance with applicable state law and the recommendations of its manufacturer for children of like age and weight.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company



Kevin Barnett, Secretary



Douglas Elliot, President

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: City of Glendale
Policy Number: 59-GTA-101658

B-55 – THERAPEUTIC COUNSELING BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy Schedule. It applies only with respect to Covered Losses that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Rider. Please refer to the Policy Schedule for the applicability of this Rider with respect to each Description of Eligible Class(es) and each Covered Hazard.

THERAPEUTIC COUNSELING BENEFIT

We will pay for expenses incurred by the Insured Person for Therapeutic Counseling sessions up to the Therapeutic Counseling Benefit Amount per session for the Maximum Number of Sessions as shown in the Rider Schedule below, if:

- 1) an Insured Person incurs a Covered Loss, other than a loss of life, for which a benefit is payable under the Accidental Dismemberment or Paralysis Benefits of the Policy; and
- 2) the Insured Person initially requires Therapeutic Counseling within 365 days due to the Covered Loss.

Benefits for any Therapeutic Counseling session must be incurred within 2 year(s) after the date of the Covered Accident causing the Injury.

RIDER SCHEDULE

Therapeutic Counseling Benefit

Class:	Benefit Amount:	Maximum Number of Sessions:
Class 1, 2, 3	\$150 per session	10

ADDITIONAL PROOF OF LOSS

In addition to the Proof of Loss requirements in the Policy, evidence of expenses incurred for services provided for Therapeutic Counseling is required in order to receive benefits under this Rider.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Rider.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

In all other respects, the Policy remains the same.

Signed for Hartford Fire Insurance Company

Kevin Barnett, Secretary

Douglas Elliot, President

ATTACHMENT 6 - LIFE CERTIFICATE



STANDARD INSURANCE COMPANY

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

CERTIFICATE AND SUMMARY PLAN DESCRIPTION GROUP LIFE INSURANCE

Policyholder:	City of Glendale
Policy Number:	165794-A
Effective Date:	July 1, 2019

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

This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

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

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

A handwritten signature in black ink, appearing to read "J. Greg Davis".

Chairman, President and CEO

Table of Contents

COVERAGE FEATURES	1
GENERAL POLICY INFORMATION	1
BECOMING INSURED	1
PREMIUM CONTRIBUTIONS.....	3
SCHEDULE OF INSURANCE.....	3
REDUCTIONS IN INSURANCE	6
OTHER BENEFITS.....	7
OTHER PROVISIONS.....	7
ERISA SUMMARY PLAN DESCRIPTION INFORMATION	9
LIFE INSURANCE	10
A. Insuring Clause.....	10
B. Amount Of Life Insurance.....	10
C. Changes In Life Insurance	10
D. Repatriation Benefit	10
E. Suicide Exclusion: Life Insurance	10
F. When Life Insurance Becomes Effective.....	11
G. When Life Insurance Ends.....	11
H. Reinstatement Of Life Insurance.....	12
DEPENDENTS LIFE INSURANCE	12
A. Insuring Clause.....	12
B. Amount Of Dependents Life Insurance.....	12
C. Changes In Dependents Life Insurance	12
D. Suicide Exclusion: Dependents Life Insurance	13
E. Definitions For Dependents Life Insurance.....	13
F. Becoming Insured For Dependents Life Insurance	13
G. When Dependents Life Insurance Ends.....	14
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.....	14
A. Insuring Clause.....	14
B. Definition Of Loss For AD&D Insurance	14
C. Amount Payable.....	15
D. Changes In AD&D Insurance.....	15
E. AD&D Insurance Exclusions.....	15
F. Additional AD&D Benefits.....	16
G. Becoming Insured For AD&D Insurance	18
H. When AD&D Insurance Ends	18
ACTIVE WORK PROVISIONS	18
CONTINUITY OF COVERAGE	18
PORTABILITY OF INSURANCE	19
WAIVER OF PREMIUM.....	20
ACCELERATED BENEFIT.....	21
RIGHT TO CONVERT	22
CLAIMS	23
ASSIGNMENT	26
BENEFIT PAYMENT AND BENEFICIARY PROVISIONS	26
ALLOCATION OF AUTHORITY	28
TIME LIMITS ON LEGAL ACTIONS	29
INCONTESTABILITY PROVISIONS	29
CLERICAL ERROR AND MISSTATEMENT.....	29
TERMINATION OR AMENDMENT OF THE GROUP POLICY	30
DEFINITIONS.....	30
ERISA INFORMATION AND NOTICE OF RIGHTS.....	32

Index of Defined Terms

Accelerated Benefit, 21	Life Insurance, 31
Active Work, Actively At Work, 18	Loss, 14
AD&D Insurance, 30	Maximum Conversion Amount, 7
Air Bag System, 16	Member, 1
Annual Earnings, 30	Minimum Time Insured, 7
Automobile, 16	Noncontributory, 31
Beneficiary, 26	P.C. Partner, 31
Child, 31	Physician, 31
Class Definition, 1	Policyholder, 1
Contributory, 31	Pregnancy, 31
Conversion Period, 23	Prior Plan, 31
Dependent, 13	Proof Of Loss, 24
Dependents Life Insurance, 31	Qualifying Event, 23
Eligibility Waiting Period, 31	Qualifying Medical Condition, 21
Employer(s), 1	Recipient, 27
Evidence Of Insurability, 31	Right To Convert, 22
Group Policy, 31	Seat Belt System, 16
Group Policy Effective Date, 1	Sickness, 31
Group Policy Number, 1	Spouse, 31
Guarantee Issue Amount (for Plan 2	Totally Disabled, 20
Dependents Life Insurance), 2	Waiting Period (for Waiver Of Premium),
Guarantee Issue Amount (for Plan 2), 2	20
Injury, 31	Waiver Of Premium, 20
Insurance (for Accelerated Benefit), 22	War, 15
Insurance (for Right to Convert), 23	You, Your (for Right To Convert), 23
Insurance (for Waiver Of Premium), 20	
L.L.C. Owner-Employee, 31	
Leave Of Absence Period, 7	

COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	165794-A
Type of Insurance Provided:	
Life Insurance:	Yes
Dependents Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Policyholder:	City of Glendale
Employer(s):	City of Glendale
Group Policy Effective Date:	July 1, 2019
Policy Issued in:	Arizona

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The Active Work requirement does not apply to Members who are retired and eligible on the Group Policy Effective Date. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:	You are a Member if you are one of the following:
	1. An active regular-status full or part-time employee of the Employer who is regularly working at least 20 hours each week; or 2. An employee of the employer who retired under the Employer's retirement program prior to 7/1/2018 and who was granted retiree status.

You are not a Member if you are:

1. A temporary or seasonal employee.
2. A leased employee.
3. An independent contractor.
4. A full time member of the armed forces of any country.

Class Definition:

Class 1:	Active City Managers
Class 2:	All Other Active Members
Class 3:	Retirees

Classes for retired Members do not include a Member who is covered under Waiver Of Premium.

Eligibility Waiting Period: You are eligible on one of the following dates, but not before the Group Policy Effective Date:

Class 1 and 2: If you are a Member on the Group Policy Effective Date, you are eligible on the first day of the calendar month following the date you become a Member.

If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month following the date you become a Member.

Class 3: If you are a Member on the Group Policy Effective Date, you are eligible on that date.

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

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

Evidence Of Insurability: Required:

- a. For late application for Contributory Insurance.
- b. For reinstatements if required.
- c. For Members and Dependents eligible but not insured under the Prior Plan.
- d. For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$200,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of additional life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- e. For any Plan 2 Dependents Life Insurance Benefit for your Spouse in excess of the Guarantee Issue Amount of \$50,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of additional dependents life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- f. For any increase resulting from a plan or option change you elect.

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

One Time Open Enrollment Period: April 22, 2019 through May 10, 2019

If you were eligible for or insured for Plan 2 (additional) life insurance or dependents life insurance under the Prior Plan on the day before the Group Policy Effective Date, certain Evidence Of Insurability requirements will be waived with respect to Life Insurance. However, we will not waive the Evidence Of Insurability requirements if you previously submitted Evidence Of Insurability that was not approved by us under any group policy issued by us to the Policyholder or covering your Employer.

1. If you were eligible but not insured for Plan 2 (additional) life insurance under the Prior Plan on the day before the Group Policy Effective Date, requirements a. and c. above will be waived for you if you apply for an amount of Plan 2 (additional) Life Insurance up to the Guarantee Issue Amount during your Employer's One Time Open Enrollment Period.
2. If you were insured for additional life insurance under the Prior Plan on the day before the Group Policy Effective Date for an amount less than the Guarantee Issue Amount, requirement f. above will be waived for you if you apply for an increase in your Plan 2 (additional) Life Insurance up to the Guarantee Issue Amount during your Employer's One Time Open Enrollment Period. However, Evidence Of Insurability is required to become insured for any Plan 2 (additional) Life Insurance Benefit that exceeds the Guarantee Issue Amount.

PREMIUM CONTRIBUTIONS

Life Insurance:

Plan 1:	Noncontributory
Plan 2:	Contributory

AD&D Insurance:

Plan 1:	Noncontributory
Plan 2:	Contributory

Dependents Life Insurance:

Spouse:

Plan 1:	Noncontributory
Plan 2:	Contributory

Child:

Plan 1:	Noncontributory
Plan 2:	Contributory

If you are a retired Member whose Life Insurance under the Waiver Of Premium provision is scheduled to end, you may apply for Life Insurance under the Group Policy as a Retired Member within 31 days following the date your coverage under the Waiver Of Premium provision ends.

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

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

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

A Member may not be insured as both an active Member and a retired Member. Retired members are not eligible for Plan 2 Life Insurance.

Plan 1 (basic):	Class 1: 2 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$500,000. Class 2: 1 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$300,000. Class 3: 1 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$100,000.
Plan 2 (additional):	You may apply for Life Insurance in multiples of \$50,000, from \$50,000 to \$500,000.

The combined maximum benefit of your Plan 1 (basic) and Plan 2 (additional) Life Insurance Benefit may not exceed 6 times your Annual Earnings.

The Repatriation Benefit:	The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

Dependents Life Insurance Benefit:

If you are an active Member and insured under Plan 1 Life Insurance, your Dependents are eligible for Plan 1 Dependents Life Insurance.

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

For your Spouse:

Plan 1 (basic):	\$1,000
Plan 2 (additional):	You may apply for Dependents Life Insurance in multiples of \$25,000 from \$25,000 to \$100,000.

The amount of Plan 2 Dependents Life Insurance for your Spouse may not exceed 50% of the amount of your Plan 2 Life Insurance.

For your Child:

Plan 1 (basic):	\$1,000
Plan 2 (additional):	\$5,000

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

A Member may not be insured as both an active Member and a retired Member. Retired members are not eligible for Dependents Life Insurance.

SCHEDULE OF AD&D INSURANCE

For you:

AD&D Insurance Benefit:	If you are insured for Plan 1 Life Insurance, you are insured for Plan 1 AD&D Insurance. The amount of your Plan 1 AD&D Insurance Benefit is equal to the amount of your Plan 1 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

If you are insured for Plan 2 Life Insurance, you are insured for Plan 2 AD&D Insurance. The amount of your Plan 2 AD&D Insurance Benefit is equal to the amount of your Plan 2 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

Retired Members are not eligible for AD&D Insurance.

Seat Belt Benefit:	The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.
Air Bag Benefit:	The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.
Career Adjustment Benefit:	The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Child Care Benefit:	The total child care expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Higher Education Benefit:	The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Occupational Assault Benefit:	The lesser of (1) \$25,000; or (2) 50% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Public Transportation Benefit:	The lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss of your life.

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%

c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b. and c. above	100%
e. Thumb and index finger of the same hand	25% *
f. Quadriplegia	100%**
g. Hemiplegia	50% **
h. Paraplegia	50% **

No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.

*** No AD&D Insurance Benefit will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.**

**** No AD&D Insurance Benefit will be paid for loss of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving that same hand or foot.**

REDUCTIONS IN INSURANCE

If you or your Spouse reach an age shown below, the amount of insurance will be the amount determined from the Schedule Of Insurance, multiplied by the appropriate percentage below:

Class 1 and 2:

Life and AD&D Insurance:

Age Of Member	Percentage
70 through 74	65%
75 through 79	45%
80 or over	30%

Plan 1 Dependents Life Insurance for your Spouse:

Your insurance will not be reduced because of your age unless your insurance is subject to termination under the Waiver of Premium provision.

Plan 2 Dependents Life Insurance for your Spouse:

Age Of Spouse	Percentage
70 through 74	65%
75 through 79	45%
80 or over	30%

Class 3:

Retirees- Your Life Insurance will terminate at age 70.

OTHER BENEFITS

Waiver Of Premium:	Class 1 and 2: Yes
	Class 3: No
Accelerated Benefit:	Class 1 and 2: Yes
	Class 3: No

OTHER PROVISIONS

Limits on Right To Convert if
Group Policy terminates
or is amended:

Minimum Time Insured:	5 years

Maximum Conversion Amount:	\$2,000

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

Leave Of Absence Period:	60 days

Continuity Of Coverage:	Yes

Insurance Eligible For Portability:	If as a retired Member you are insured or eligible for insurance under the Group Policy, you are not eligible to buy portable group insurance coverage.

For you:

Life Insurance	Yes

Minimum amount:	\$10,000

Maximum amount:	\$300,000

AD&D Insurance	Yes

Minimum amount:	\$10,000

Maximum amount:	\$300,000

For your Spouse:

Dependents Life Insurance	Yes

Minimum amount:	\$5,000

Maximum amount:	\$100,000

For your Child:

Dependents Life Insurance	Yes

Minimum amount:	\$1,000
Maximum amount:	\$5,000
Annual Earnings based on:	Earnings in effect on your last full day of Active Work.

 ERISA SUMMARY PLAN DESCRIPTION INFORMATION

Name of Plan:	Life, AD&D and Dependents Life Insurance
Name, Address of Plan Sponsor:	City of Glendale 5850 W Glendale Ave B56 Glendale AZ 85301
Plan Sponsor Tax ID Number:	86-6000247
Plan Number:	501
Type of Plan:	Group Insurance Plan
Type of Administration:	Contract Administration
Name, Address, Phone Number of Plan Administrator:	Plan Sponsor (623) 930-2297
Name, Address of Registered Agent for Service of Legal Process:	Plan Administrator
If Legal Process Involves Claims For Benefits Under The Group Policy, Additional Notification of Legal Process Must Be Sent To:	Standard Insurance Company 1100 SW 6th Ave Portland OR 97204-1093
Sources of Contributions:	Employer/Member
Funding Medium:	Standard Insurance Company - Fully Insured
Plan Fiscal Year End:	June 30

LIFE INSURANCE

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

C. Changes In Life Insurance

1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase or the date of change in your classification, age or Annual Earnings.

2. Decreases

A decrease in your Life Insurance because of a change in your classification, age or Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the date of the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

E. Suicide Exclusion: Life Insurance

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

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.

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

F. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

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

1. Life Insurance subject to Evidence Of Insurability

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

2. Life Insurance not subject to Evidence Of Insurability

- a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

- b. Contributory Life Insurance

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

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

- (ii) The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

G. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance;
2. The date the Group Policy terminates;
3. The date your employment terminates, unless you are covered as a retired Member; and
4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.
 - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
 - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy.
 - c. During the first 60 days of
 - (1) A temporary layoff; or

- (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
 - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
 - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than the period shown in the **Coverage Features**.
- H. **Reinstatement Of Life Insurance**
- If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.
- 1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
 - 2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
 - 3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
 - 4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

(REPAT, SUIC, ALL, RETIREES) LILF.OT.3

DEPENDENTS LIFE INSURANCE

- A. **Insuring Clause**
- If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.
- B. **Amount Of Dependents Life Insurance**
- See the **Coverage Features** for the amount of your Dependents Life Insurance.
- C. **Changes In Dependents Life Insurance**
- 1. **Increases**
- You must apply in writing for any elective increase in your Dependents Life Insurance.
- Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:
- a. **Increases Subject To Evidence Of Insurability**
- An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve that Dependent's Evidence Of Insurability.
- b. **Increases Not Subject To Evidence Of Insurability**
- An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase.
- An increase in your Dependents Life Insurance because of an increase in your Life Insurance becomes effective on the date your Life Insurance increases.

2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

A decrease in your Dependents Life Insurance because of a change in age becomes effective on the first day of the calendar month coinciding with or next following the change in age.

D. Suicide Exclusion: Dependents Life Insurance

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

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

E. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

F. Becoming Insured For Dependents Life Insurance

1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date you become eligible for Life Insurance; and
- b. The date you first acquire a Dependent.

A Member may not be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

2. Effective Date

The **Coverage Features** states whether your Dependents Life Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the later of:

1. The date your Life Insurance becomes effective; and
2. The first day of the calendar month coinciding with or next following the date we approve the Dependent's Evidence Of Insurability.

b. Dependents Life Insurance Not Subject To Evidence Of Insurability

1. Noncontributory Dependents Life Insurance

Noncontributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the later of:

- i. The date your Life Insurance becomes effective; and
- ii. The date you first acquire a Dependent.

2. Contributory Dependents Life Insurance

You must apply in writing for Contributory Dependents Life Insurance and agree to pay premiums. Contributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the latest of:

- i. The date your Life Insurance becomes effective if you apply on or before that date;
- ii. The date you become eligible to insure your Dependents if you apply on or before that date; and
- iii. The date you apply if you apply within 31 days after you become eligible.

Late Application: Evidence Of Insurability is required for each Dependent if you apply more than 31 days after you become eligible.

- c. While your Dependents Life Insurance is in effect, each new Child becomes insured immediately.
- d. Takeover Provision

Each Dependent who was eligible under the Prior Plan for more than 31 days but was not insured must submit satisfactory Evidence Of Insurability to become insured for Dependents Life Insurance.

G. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die (no premiums will be charged for your Dependents Life Insurance during this time);
2. The date your Life Insurance ends;
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy;
4. The date the last period ends for which you made a premium contribution, if your Dependents Life Insurance is Contributory;
5. For your Spouse, the date of your divorce;
6. For any Dependent, the date the Dependent ceases to be a Dependent; and
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

(SP & CH_SUC ALL) LLDL OT 4

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

If you have an accident, including accidental exposure to adverse weather conditions, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, thumb and index finger of the same hand and Quadriplegia, Hemiplegia or Paraplegia which meets all of the following requirements:

1. Is caused solely and directly by an accident.

2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.
4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to Quadriplegia, Hemiplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs.

C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

D. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

E. AD&D Insurance Exclusions

No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
5. Sickness or Pregnancy existing at the time of the accident.

6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Additional AD&D Benefits

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your Life; and
2. You are wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

Occupational Assault Benefit

The amount of the Occupational Assault Benefit is shown in the **Coverage Features**.

We will pay an Occupational Assault Benefit if all of the following requirements are met:

1. While Actively At Work you suffer a Loss for which an AD&D Insurance Benefit is payable.
2. The Loss is the result of an act of physical violence against you that is punishable by law and is evidenced by a police report.

Public Transportation Benefit

The amount of the Public Transportation Benefit is shown in the **Coverage Features**.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The accident occurs while you are riding as a fare-paying passenger on Public Transportation.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.

G. Becoming Insured For AD&D Insurance

1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

b. Contributory AD&D Insurance

You must apply in writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The first day of the calendar month coinciding with or next following the date you apply, if you apply after you become eligible.

H. When AD&D Insurance Ends

AD&D Insurance ends automatically on the earlier of

1. The date your Life Insurance ends.
2. The date your Waiver Of Premium begins.
3. The date AD&D Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your AD&D Insurance.

(FB NO DEP REGD_FULL XP BEN PEG_ALCOHL EXCL_SEAT AIR COMBO) LLAD.OT.5

ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

LLAW.OT.1

CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

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

B. Payment Of Benefit

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

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

LLCCAZ.1

PORTABILITY OF INSURANCE

A. Portability Of Insurance

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the **Coverage Features** for yourself and your Dependents without submitting Evidence Of Insurability. To be eligible you must satisfy the following requirements:

1. On the date your employment terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.

(If you are unable to meet this requirement, see the **Right To Convert and Waiver Of Premium** provisions for other options that may be available to you under the Group Policy.)

2. On the date your employment terminates, you are under age 65.
3. On the date your employment terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date your employment terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

B. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the **Coverage Features**. You may buy less than the maximum amounts in increments of \$1,000.

The combined amounts of insurance purchased under this **Portability Of Insurance** provision and the **Right To Convert** provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

C. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 31 days after the date your employment terminates.

If death occurs within 31 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates.

(WITH DL REF WITH AD&D REF) LI TP.OT.1

WAIVER OF PREMIUM

A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us satisfactory Proof Of Loss.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy, except AD&D Insurance.
2. Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.
3. Waiting Period means the 180 consecutive day period beginning on the date you become Totally Disabled. Waiver Of Premium begins when you complete the Waiting Period.

C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium.

D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for insurance after the date you become Totally Disabled.

E. Amount Of Insurance

The amount of insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled. However, the following will apply:

1. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you become insured under a group life insurance plan that replaces the Group Policy while you are eligible for Waiver Of Premium, any death benefit payable under the Group Policy will be reduced by the amount payable under the replacement group life insurance plan.
3. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given;
3. The date you fail to attend an examination or cooperate with the examiner;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured; and
5. The date you reach age 65.

(ELIG 60, TERMS 65) LLWP.OT.2

ACCELERATED BENEFIT

A. Accelerated Benefit

If you qualify for Waiver Of Premium and give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

If your Insurance is scheduled to end within 24 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give us satisfactory Proof Of Loss on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 24 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the Group Policy, the amount of your Insurance will be the amount in (2) below.

(1) 10% of the amount of your Insurance as if no Accelerated Benefit had been paid; or

(2) The amount of your Insurance as if no Accelerated Benefit had been paid; minus

The amount of the Accelerated Benefit; minus

An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

The amount of your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit. AD&D is not continued under Waiver Of Premium.

Note: If you assign your rights under the Group Policy, the amount of your Insurance after payment of the Accelerated Benefit will be the amount in (2) above.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit under the Group Policy.

LLAB.OT.5

RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under Waiver Of Premium, but excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:
 - a. The Member's failure to make a required premium contribution.
 - b. Payment of an Accelerated Benefit.
4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.
2. The maximum amount you have a Right To Convert is the lesser of:
 - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
 - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

LLRC.OT.1

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the Waiver Of Premium claim (or other benefits based on disability); or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the Waiver Of Premium claim (or other benefits based on disability), the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium (or other benefits based on disability);
2. Within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

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

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

With respect to Waiver Of Premium claims (or other benefits based on disability), the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgment and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium (or other benefits based on disability).

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

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

(2ND REV PUB WRDG_NEW WOP WRDG) LLCL.OT.5

ASSIGNMENT

The rights and benefits under the Group Policy cannot be assigned.

LLAS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 5 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
2. AD&D Insurance benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living.
 - a. AD&D Insurance benefits payable because of the death of your Dependent.
 - b. Dependents Life Insurance benefits.
 - c. Accelerated Benefits.
4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.
5. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or

fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.

3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits.

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

Your designation:

1. Must be dated;
2. Must be delivered to us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent; during your lifetime.
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered or, if a telephonic or electronic designation, verified by us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent.

If we approve it, a designation, which meets the requirements of a Prior Plan, will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the following classes:

1. Your Spouse. (See **Definitions**)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest at a rate equal to the 13-week Treasury Bill (T-Bill) auction rate, but not to exceed 5%;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(PB_REPAT_ELECT/TEL DESIG WITH DEF SP WITH REV SSA SPOUSE DEF TERM THIRD PARTY DESIG) LLBLAZ.6

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. Amount of benefits payable;
 - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

LLALOT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LL.TL.OT.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

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

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years during the lifetime of the insured.

B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

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

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

LL.IN.OT.2

CLERICAL ERROR AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

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

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LLCE.OT.2

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

LLTA.OT.1

DEFINITIONS

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Features**). Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

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

7. Any other extra compensation.

Child means:

1. Your child from live birth through age 25; or
2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental or physical handicap and chiefly dependent upon you for support and maintenance or institutionalized because of mental retardation or physical handicap.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child; or
- ii. Your stepchild, if living in your home.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

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

Evidence Of Insurability means an applicant must:

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

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

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

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

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

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

Sickness means your sickness, illness, or disease.

Spouse means a person to whom you are legally married. However, for purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced.

(BASE NO STOCK) LLDL.OT.5

ERISA INFORMATION AND NOTICE OF RIGHTS

The following information and notice of rights and protections is furnished by the Plan Administrator as required by the Employee Retirement Income Security Act of 1974 (ERISA)

A. General Plan Information

The General Plan Information required by ERISA is shown in the **Coverage Features**.

B. Statement Of Your Rights Under ERISA

1. Right To Examine Plan Documents

You have the right to examine all Plan documents, including any insurance contracts or collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. These documents may be examined free of charge at the Plan Administrator's office.

2. Right To Obtain Copies Of Plan Documents

You have the right to obtain copies of all Plan documents, including any insurance contracts or collective bargaining agreements, a copy of the latest annual report (Form 5500 Series), and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for these copies.

3. Right To Receive A Copy Of Annual Report

The Plan Administrator must give you a copy of the Plan's summary annual financial report, if the Plan was required to file an annual report. There will be no charge for the report.

4. Right To Review Of Denied Claims

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have the right: a) to know why this was done; b) to obtain copies of documents relating to the decision, without charge; and c) to have your claim reviewed and reconsidered, all within certain time schedules.

C. Obligations Of Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of all Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

D. Enforcing ERISA Rights

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

E. Additional Procedures For Claims Based on Disability Determinations Filed on or after April 1, 2018

If we deny any part of your claim for a benefit that relies on a disability determination, you will receive a written notice of denial containing a copy of any internal rule or guideline relied upon in making the decision, or a statement that no such rules or guidelines exist. The notice of denial will also include information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

If all or part of a claim is denied, you may request a review. Before we issue a decision on review for a benefit that relies on a disability decision, we will provide you, free of charge, with any new evidence or rationale considered, relied upon, or generated by us in connection with the claim, and we will provide such new evidence or rationale sufficiently in advance of the decision deadline date to give you a reasonable opportunity to respond prior to that date.

If our review results in a denial of any part of your claim for a benefit that relies on a disability decision, your written notice of denial will contain a copy of any internal rule or guideline relied upon in making the decision, or a statement that no such rules or guidelines exist. The notice of denial will also include information concerning your right to bring a civil action for benefits under section 502(a) of ERISA and a description of any applicable contractual limitations period that applies to your right to bring such an action, including the calendar date on which the contractual limitations period expires for the claim.

F. Plan And ERISA Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

(NON-DENT_WITHOUT T/A REFS) ERISA 3

AL199X

ATTACHMENT 7 – LIFE EXPERIENCE (BASIC)



Life Experience Report - Cash Basis

City of Glendale

Groups: 165794

Segment: Basic Life

As Of: 8/31/2023

	7/1/2019 to 6/30/2020	7/1/2020 to 6/30/2021	7/1/2021 to 6/30/2022	7/1/2022 to 6/30/2023	7/1/2023 to 8/31/2023	TOTAL
Earned Premium	106,862	108,708	108,772	152,783	28,651	505,776
Paid Claims	118,000	364,000	385,000	461,000	-	1,328,000
Reserve Change	-	72,800	55,900	(91,000)	-	37,700
IBNR Change	22,473	503	(184)	8,354	2,715	33,860
Conversion Charges	-	-	-	-	-	-
Incurred Claims	140,473	437,303	440,716	378,354	2,715	1,399,560
Loss Ratio	95%	291%	293%	248%	9%	222%
Life Years	1,961	1,934	1,831	1,846	320	7,893
Death - Claim Count	2	5	6	5	-	18
Death - Incidence	1.02	2.59	3.28	2.71	-	2.28
Waiver - Reserve (EOP)	-	72,800	37,700	37,700	37,700	
Waiver - Open Claims (EOP)	-	2	1	1	1	
Waiver - Avg Reserve	-	36,400	37,700	37,700	37,700	37,180

Case Summary

Life Case Summary

City of Glendale

Groups: 165794

Segment: Basic Life

As Of: 8/31/2023

	7/1/2019 to 8/31/2023	
Earned Premium	505,776	
Constant Premium	630,523	Earned Premium using current rate level for all past years
Incurred Claims	1,399,560	
Loss Ratio	276.7%	(Incurred Claims / Earned Premium)
Constant Loss Ratio	222.0%	(Incurred Claims / Constant Premium)
Inforce Rate	0.090	
Experience Rate	0.261	
Calc Rate	0.228	
Credibility	43%	
Blended Rate	0.242	

Blended = ExRate * Credibility + CalcRate * (1-Credibility)

ATTACHMENT 8 - LIFE EXPERIENCE (EMPLOYEE)



Life Experience Report - Cash Basis

City of Glendale

Groups: 165794

Segment: Additional Life

As Of: 8/31/2023

	7/1/2019 to 6/30/2020	7/1/2020 to 6/30/2021	7/1/2021 to 6/30/2022	7/1/2022 to 6/30/2023	7/1/2023 to 8/31/2023	TOTAL
Earned Premium	434,975	438,153	430,751	441,488	79,083	1,824,450
Paid Claims	100,000	450,000	500,000	200,000	-	1,250,000
Reserve Change	-	195,000	(130,000)	-	-	65,000
IBNR Change	92,085	1,616	(1,951)	4,257	2,998	99,005
Conversion Charges	-	-	-	-	-	-
Incurred Claims	192,085	646,616	368,049	204,257	2,998	1,414,005
Loss Ratio	44%	148%	85%	46%	4%	78%
Life Years	804	799	761	767	132	3,263
Death - Claim Count	1	2	2	1	-	6
Death - Incidence	1.24	2.50	2.63	1.30	-	1.84
Waiver - Reserve (EOP)	-	195,000	65,000	65,000	65,000	
Waiver - Open Claims (EOP)	-	2	1	1	1	
Waiver - Avg Reserve	-	97,500	65,000	65,000	65,000	78,000

Case Summary

Life Case Summary

City of Glendale

Groups: 165794

Segment: Additional Life

As Of: 8/31/2023

	7/1/2019 to 8/31/2023	
Earned Premium	1,824,450	
Constant Premium	1,824,450	Earned Premium using current rate level for all past years
Incurred Claims	1,414,005	
Loss Ratio	77.5%	(Incurred Claims / Earned Premium)
Constant Loss Ratio	77.5%	(Incurred Claims / Constant Premium)
Inforce Rate	1.000	
Experience Rate	1.011	
Calc Rate	0.483	
Credibility	27%	
Blended Rate	0.624	

Blended = Explate * Credibility + CalcRate * (1-Credibility)

ATTACHMENT 9 – LIFE EXPERIENCE (SPOUSE)



Life Experience Report - Cash Basis City of Glendale

Groups: 165794

Segment: Spouse Life

As Of: 8/31/2023

	7/1/2019 to 6/30/2020	7/1/2020 to 6/30/2021	7/1/2021 to 6/30/2022	7/1/2022 to 6/30/2023	7/1/2023 to 8/31/2023	TOTAL
Earned Premium	65,154	65,475	65,283	67,805	11,693	275,410
Paid Claims	100,000	100,000	100,000	50,000	-	350,000
Reserve Change	-	-	-	-	-	-
IBNR Change	3,967	(91)	39	317	(19)	4,213
Conversion Charges	-	-	-	-	-	-
Incurred Claims	103,967	99,909	100,039	50,317	(19)	354,213
Loss Ratio	160%	153%	153%	74%	0%	129%
Life Years	247	258	253	263	53	1,074
Death - Claim Count	1	1	1	1	-	4
Death - Incidence	4.05	3.87	3.96	3.81	-	3.73
Waiver - Reserve (EOP)	-	-	-	-	-	-
Waiver - Open Claims (EOP)	-	-	-	-	-	-
Waiver - Avg Reserve	-	-	-	-	-	-

Case Summary

Life Case Summary City of Glendale

Groups: 165794

Segment: Spouse Life

As Of: 8/31/2023

	7/1/2019 to 8/31/2023	
Earned Premium	275,410	
Constant Premium	275,410	Earned Premium using current rate level for all past years
Incurred Claims	354,213	
Loss Ratio	128.6%	(Incurred Claims / Earned Premium)
Constant Loss Ratio	128.6%	(Incurred Claims / Constant Premium)
Inforce Rate	1.000	
Experience Rate	1.678	
Calc Rate	0.626	
Credibility	13%	
Blended Rate	0.763	

Blended = Explate * Credibility + CalcRate * (1-Credibility)

ATTACHMENT 10 – LIFE CENSUS CITY OF GLENDALE

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked Per Week	Employee Address Life & ADOD Election	Spouse Address Life & ADOD	Spouse Birth Date	Chief Life & ADOD elected amount	Employee Zip Code
1004	06/18/2013	12/21/1943	M	16,733.32	ASSISTANT DIRECTOR, POLICE	2	40					81306
2334	06/23/2008	03/21/1952	M	17,238.84	EST. MAINT. COORDINATOR	2	40					81304
3193	09/17/2007	11/29/1954	M	17,175.86	SUPV. SEC. SERVICES	2	40	150000	50000	4/2/1955		81304
3491	09/04/2018	03/29/1986	F	17,036.40	CITY OF GLENDALE SUPV	2	20					81305
3056	07/12/1984	03/22/1991	F	64,018.02	LIBRARY ASSISTANT, LEAD	2	40					81305
4134	09/28/1981	09/11/1991	M	64,018.02	COMPUTER OPERATION (SWR)	2	40					81310
4176	03/24/1982	09/18/1992	M	77,078.86	DEPUTY CHIEF, POLICE	2	40					81310
4463	03/24/2002	09/29/1998	M	54,802.50	SECURITY OFFICER	2	40	200000				81322
4831	11/04/1986	03/27/1996	F	61,019.92	ACCOUNTS PAYABLE SPECIALIST	2	40					81301
4858	09/18/2016	03/03/1962	M	58,114.84	SECURITY OFFICER	2	40					81310
4859	07/07/2005	11/21/1951	M	60,969.22	POLICE CHIEF SUPPORT SPECIALIST	2	40	200000	40000	09/27/1987		81304
4892	09/02/1980	09/15/1993	M	64,073.01	SECURITY OFFICER	2	40	100000	20000	2/24/1976		81304
5176	09/09/1986	09/22/1994	M	92,007.40	POLICE WORKER, 18 YEARS	2	40	60000	25000	12/24/1981		81304
5274	09/13/1986	03/17/1984	F	61,019.92	ACCOUNT OPERATOR	2	40					81304
5346	10/01/1986	04/29/1982	M	108,200.38	SUPV. TRAFFIC OPERATIONS	2	40					81304
5445	02/02/1987	10/29/1981	F	87,215.00	COMMUNITY SERVICES SUPV. SR	2	40					81301
5725	07/07/2007	01/11/1961	M	80,149.12	WATER POLARITY CORP. SR	2	40					81301
5777	08/17/1987	06/01/1962	M	71,818.44	GIS TECHNICIAN	2	40	100000	40000	3/23/1963		81302
6076	09/29/2013	08/09/1967	M	81,234.46	SUPV. POLICE SERVICES	2	40	100000				81302
6222	01/03/2026	06/01/1967	M	84,700.90	ENGINEERING ASSOCIATE JR.	2	40					81302
6267	08/29/2013	12/19/1972	F	56,442.34	ADMINISTRATIVE SUPPORT SPEC	2	40	100000				81307
6462	11/25/1994	02/20/1972	F	85,462.00	SUPV. ADMINSTRATIVE SUPPORT	2	40	50000				81307
6613	11/23/1990	04/26/1961	M	58,114.84	SECURITY WORKER (AW-080)	2	40	200000				81302
6638	12/25/1980	01/17/1989	M	119,366.03	POLICE SERGEANT	2	45	90000				81302
6900	04/24/2017	03/26/1971	F	106,256.86	CITY DIRECTOR, WATER SERVICE	2	45					81304
6912	01/31/2021	04/26/1979	M	80,097.74	FIRE ENGINEER (CJ 180)	2	45					81304
6925	09/14/1999	04/26/1979	F	40,886.50	LIBRARIAN	2	25					81304
6977	10/30/1991	02/19/1984	M	101,530.10	FIRE CAPTAIN (CJ 180)	2	40	200000				81302
6979	10/28/1991	08/01/1984	M	85,297.74	FIRE ENGINEER (CJ 180)	2	40					81303
6996	10/31/1991	09/18/1984	M	170,000.00	CITY OF GLENDALE WATER SERVICE	2	40	100000				81303
6998	11/25/1991	01/28/1981	M	92,007.40	PLAYBOYING POLY P NCS WORKER	2	40					81303
6999	11/28/1994	08/15/1983	M	105,088.24	SUPV. WATER FACILITIES	2	40					81308
6999	07/05/1994	07/18/1983	M	92,007.40	POLICE OFFICER	2	40					81308
6999	07/05/1994	07/18/1983	M	159,366.51	POLICE SERGEANT	2	40	50000				81308
6999	07/05/1994	07/18/1983	M	120,000.00	INCHING PROGRAM MANAGER	2	40	250000				81308
6999	07/05/1994	07/18/1983	M	34,000.00	COUNCIL MEMBER	2	40					81308
6999	07/05/1994	07/18/1983	M	218,000.00	POLICE CHIEF	2	40	100000				81308
6999	07/05/1994	07/18/1983	M	182,775.86	POLICE COMMANDER	2	40	300000	100000	07/27/1971		81308
6999	07/05/1994	07/18/1983	M	119,366.51	POLICE SERGEANT	2	40	100000				81308
6999	07/05/1994	07/18/1983	M	119,366.51	POLICE SERGEANT	2	40	100000				81308
6999	07/05/1994	07/18/1983	M	126,118.04	MANAGER, POLICE COMMUNICATIONS	2	40	150000				81307
6999	07/05/1994	07/18/1983	M	64,073.01	SECURITY WORKER (AW-080)	2	40	150000				81307
6999	07/05/1994	07/18/1983	M	90,135.00	SUPV. COURT	2	40					81307

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Address/ Lm & AOSO	Spouse Address/ Lm & AOSO	Spouse Birth Date	Child Lm & AOSO (overed amount)	Emp'd per Zip Code
8134	04/19/1993	01/26/1970 M	M	31,937.40	TRUCK OFFICER	2	40					85140
8135	04/19/1993	11/27/1966 M	M	34,795.60	POLICE DETECTIVE	2	40	201000				85147
8136	06/26/1989	06/03/1965 M	M	32,500.00	ASSISTANT FIRE CHIEF	2	40					85116
8138	06/26/1989	10/11/1969 M	M	35,125.00	DEPUTY FIRE CHIEF-40 HRS	2	40	150000			5000	85112
8139	06/26/1992	07/29/1968 M	M	34,955.00	DEPUTY FIRE CHIEF-40 HRS	2	40				5000	85108
8140	09/11/1995	01/11/1970 F	F	310,166.52	POLICE SERGEANT	2	40	50000			5000	85182
8302	05/15/2005	06/05/1978 M	M	302,125.00	ADMIN. SECRETION	2	40					85104
8311	06/02/1993	11/24/1969 M	M	82,007.40	POLICE OFFICER	2	40					85029
8312	06/02/1993	09/12/1974 F	F	74,169.10	POLICE CHIEF INVESTIGATION SPC.	2	40					85029
8316	06/16/1993	09/23/1964 M	M	72,688.50	WATER SPS. REPRESENTATIVE, (LAW	2	40					85355
8406	11/21/1994	08/07/1967 M	M	30,564.00	SUPV. WATER SERVICES	2	40	150000				85357
8408	11/21/1995	05/16/1968 M	M	30,564.00	SUPV. WATER SERVICES	2	40	200000				85357
8409	11/21/1995	05/16/1968 M	M	37,605.12	WATER CONTROL ROOM OPERATOR	2	40	100000				85357
8414	10/24/1994	03/10/1971 M	M	37,605.12	WATER CONTROL ROOM OPERATOR	2	40	100000				85357
8507	07/25/1994	03/03/1964 M	M	328,500.00	ASST. MGR. FIRE CHIEF	2	40		55000			85029
8530	07/25/1994	03/03/1964 M	M	303,592.10	ASST. MGR. FIRE CHIEF	2	40			10/24/1964		85029
8537	07/25/1994	03/03/1964 M	M	303,592.10	ASST. MGR. FIRE CHIEF	2	40					85029
8607	07/25/1994	09/12/1987 M	M	30,388.66	TRANSIT OPERATOR	2	30	100000				85140
8608	07/25/2003	09/12/1987 M	M	30,388.66	TRANSIT OPERATOR	2	30					85140
8709	07/05/1994	05/21/1987 F	F	319,306.34	POLY. TAX AND LICENSES	2	40					85349
8726	08/01/1994	07/26/1987 M	M	319,306.34	POLICE OFFICER	2	40					85349
8728	08/01/1994	09/12/1986 M	M	334,129.60	POLICE DETECTIVE	2	40	50000			5000	85349
8735	10/03/1994	06/17/1985 M	M	334,666.11	PRINCIPAL ENGINEER	2	40	50000	25000			85349
8839	11/21/1994	08/21/1971 M	M	149,742.00	POLICE COMMANDER	2	40	200000			41/22/1963	85064
8841	11/21/1994	08/29/1987 M	M	68,324.48	UTILITY LOCATOR	2	40					85343
8890	12/05/1994	12/21/1982 M	M	173,233.38	POLICE DETECTIVE	2	40					85343
8891	12/05/1994	02/23/1980 M	M	82,007.40	POLICE OFFICER	2	40	250000		100000		85343
8894	01/09/1995	07/27/1977 F	F	106,797.60	DIRECTOR, COMMUNITY SERVICES	2	40					85140
8895	01/09/1995	09/24/1968 M	M	64,071.00	CUSTOMER SVC REP SR	2	40	50000				85140
8912	01/02/1995	07/18/1971 F	F	33,246.52	POLICE RESERVANT	2	40	200000				85148
8917	04/03/1995	06/10/1971 F	F	34,660.18	POLICE RESERVANT	2	40	50000				85148
8920	04/03/1995	06/10/1971 F	F	34,660.18	POLICE RESERVANT	2	40	200000				85148
8948	06/03/1995	06/10/1967 M	M	316,316.77	SUPV. LANDFILL	2	40					85148
8949	06/03/1995	06/10/1967 M	M	316,316.77	SUPV. LANDFILL	2	40					85148
8950	06/03/1995	08/17/1961 M	M	301,539.10	PFE CAPTAIN (S1 HRS)	2	40	200000				85383
8954	06/03/1995	08/17/1961 M	M	301,539.10	PFE CAPTAIN (S1 HRS)	2	40					85383
8957	06/03/1995	08/24/1996 M	M	161,595.00	PFE ENGINEER (S2 HRS)	2	40	200000			54.00	85383
8960	06/03/1995	09/21/1960 M	M	101,539.10	PFE CHIEF (S2 HRS)	2	40	100000				85383
8967	06/05/1995	07/21/1965 M	M	101,539.10	PFE CHIEF (S2 HRS)	2	40					85383
9020	06/05/1995	11/08/1964 F	F	82,097.24	PFE ENGINEER (S2 HRS)	2	40					85383
9139	12/23/1996	06/30/1966 M	M	150,044.18	POLICE DETECTIVE	2	40					85383
9241	01/16/1996	06/15/1961 M	M	64,007.00	SUPV. FIRE ADMINISTRATION	2	40	150000				85383
9249	01/22/1996	02/28/1971 M	M	119,346.52	POLICE SERGEANT	2	40	400000			100000	85383
9250	01/22/1996	06/04/1967 F	F	67,376.88	POLICE CHIEF INVESTIGATION SPC.	2	40			4/24/1970	5000	85383
9254	02/14/1998	02/04/1959 M	M	77,688.90	WATER SPS. SPS TECH. SR	2	40	100000				85147
9255	02/14/1998	11/26/1970 M	M	45,383.18	TRANSIT OPERATOR SPS TECH. SR	2	40					85147

Exhibit A

Emp. ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Addressal Life & ADSD election	Spouse Addressal Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
8286	02/20/1996	10/29/1970 M	M	26,412.50	POLICE COMMISSIONER	2	40	500000			\$000	60172
8310	04/12/2001	11/01/1961 M	M	\$2,884.86	SECURITY OFFICER	2	48				\$5365	60186
8415	05/29/2007	01/28/1980 M	M	\$01,559.10	FIRE CAPTAIN (S1-HS)	2	48				\$5365	60186
8486	06/14/2004	09/29/1980 F	F	73,725.00	616 TECHNICIAN	2	48				\$61397	60186
8489	07/15/1996	01/01/1960 M	M	\$19,466.52	POLICE SERGEANT	2	48				\$61397	60186
8613	07/27/2015	08/24/1981 M	M	71,450.48	DEWELFAUER B1-BEETS	2	40	150000			\$73402	60186
8619	08/19/1996	01/29/1984 M	M	67,275.00	COMMUNITY SERVICES DEPT. SR	2	40				\$73402	60186
8658	08/19/1996	01/29/1984 M	M	77,678.84	TRAINING PRESENTATION TECHNICIAN	2	40	100000			\$73402	60186
8659	11/27/2000	03/03/1984 M	M	62,037.45	POLICE OFFICER	2	40				\$73402	60186
8659	08/24/1996	03/24/1970 M	M	106,797.00	ASSISTANT POLICE CHIEF	2	40				\$73402	60186
8659	07/24/2000	05/21/1971 M	M	\$40,012.00	POLICE METROBUS SPECIALIST	2	40				\$73402	60186
8660	09/23/1997	01/26/1981 F	F	85,576.83	CORRECTIONS LIAISON	2	40				\$73402	60186
8661	10/21/1996	01/26/1971 F	F	85,576.83	ADMINISTRATIVE SUPPORT SPEC	2	40				\$73402	60186
8670	10/07/1996	01/07/1973 M	M	118,468.45	POLICE SERGEANT	2	48				\$73402	60186
8670	08/01/1996	07/08/1971 M	M	118,468.45	DEPUTY CHIEF OF POLICE	2	48				\$73402	60186
8671	03/08/1997	03/11/1973 M	M	118,468.45	DEPUTY CHIEF OF POLICE	2	48				\$73402	60186
8714	06/28/1997	02/11/1953 F	F	81,779.00	ADMINISTRATIVE SUPPORT SERVICES	2	40	950000			\$73402	60186
8714	06/28/1997	02/11/1953 F	F	81,779.00	ADMINISTRATIVE SUPPORT SERVICES	2	40				\$73402	60186
8725	06/28/2000	02/11/1953 F	F	81,779.00	ADMINISTRATIVE SUPPORT SERVICES	2	40				\$73402	60186
8726	03/18/1997	04/01/1977 M	M	145,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40	100000			\$73402	60186
8730	03/18/1997	12/12/1964 F	F	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8732	03/18/1997	07/15/1973 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8733	03/18/1997	02/18/1973 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8734	03/18/1997	04/21/1965 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8735	03/18/1997	11/11/1971 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8736	03/18/1997	06/02/1960 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8737	03/18/1997	06/07/1971 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8738	10/18/2003	10/11/1965 F	F	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8739	03/18/1997	12/25/1973 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8740	03/18/1997	03/20/1969 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8740	03/18/1997	06/24/1969 F	F	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8757	04/12/1999	03/21/1980 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8758	03/18/1997	10/09/1969 M	M	146,000.00	FIRE BATTALION CHIEF (S1-HS)	1	40				\$73402	60186
8828	06/03/2020	10/27/1989 M	M	77,412.66	TRAINING SPECIAL TECHNICIAN SR	2	40	100000		6/24/1967		
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40	160000				
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849	08/12/1997	06/15/1969 M	M	101,518.50	FIRE CAPTAIN (S2-HS)	2	40					
8849												

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Refuse	Class 1, 2 or 3	Hours Worked Per Week	Employee Additional Life & ADSD	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
98501	06/29/1992	06/27/1986 M	M	91,337.40 POLICE OFFICER		2	40	200000	100000	3/23/1970		05179
98502	06/26/1994	07/26/1979 M	M	91,331.50 SUPV. WASTE SERVICES		2	40	100000				05196
98503	07/09/1993	04/18/1974 F	F	312,442.77 SUPV. SOLID WASTE MGMT		2	40	100000				05183
98507	04/01/2020	10/29/1970 F	F	346,488.10 COUNTY HEARING OFFICER		2	40					05174
98601	07/13/1992	02/26/1990 M	M	94,088.16 SUPV. SOLID WASTE MANAGEMENT		2	40	50000				05160
98603	07/13/1992	10/28/1979 M	M	92,800.94 FIRE CAPTAIN (21-188)		2	40	100000				05104
98605	06/15/1998	02/11/2019 M	M	92,007.40 POLICE OFFICER		2	40	100000				05100
98606	06/15/1998	03/08/1995 M	M	123,523.28 POLICE DETROIT		2	40	100000				05108
98608	06/15/1998	09/30/1975 M	M	92,007.40 POLICE OFFICER		2	40	100000				05104
98609	06/15/1998	09/30/1975 M	M	92,007.40 POLICE OFFICER		2	40	100000				05104
98612	06/15/1998	01/28/1973 M	M	92,007.40 POLICE OFFICER		2	40	150000				05105
98614	06/15/1998	01/28/1973 M	M	113,999.52 POLICE SENSORS		2	40	250000	100000	2/17/1977		05179
98615	06/15/1998	11/12/1986 M	M	79,999.54 CONTRACT MONITOR		2	40					05163
98616	06/15/1998	07/02/1987 M	M	92,007.40 POLICE OFFICER		2	40					05163
98617	06/15/1998	03/06/1973 M	M	149,819.38 POLICE DETROIT		2	40	100000				05162
98618	06/15/1998	03/06/1973 M	M	85,137.74 WATER REGULATION CAPT. SR		2	40					05162
98619	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98620	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98621	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98622	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98623	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98624	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98625	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98626	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98627	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98628	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98629	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98630	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98631	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98632	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98633	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162
98634	06/15/1998	03/06/1973 M	M	139,814.32 WATER REGULATION CAPT. SR		2	40	150000				05162

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Bureau	Class 1, 2 or 3	Hours Worked (Per Week)	Employees additional Life & AD&D	Spouse additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
106117	06/02/1992	11/20/1978 F		\$1,750.00	LIBRARIAN	2	40					05102
106142	06/18/1999	05/26/1997 F		\$1,650.00	MANAGEMENT ASSISTANT	2	40	500000				06133
106143	11/23/2015	03/15/1974 F		\$55,550.00	POLICE DETECTIVE	2	40	250000				06110
106146	07/15/1999	07/10/1995 F		\$1,750.00	LIBRARIAN	2	40					06139
106151	07/14/1999	09/22/1995 M		\$9,470.00	EQUIPMENT TECHNICIAN	2	40					06108
106159	08/20/1990	11/20/1977 F		\$7,084.58	POLICE COMMUNICATIONS SPEC	2	20					06105
106169	06/15/2000	11/20/1990 F		\$8,114.64	PUBLIC SAFETY EVENTS SCHEDULER	2	40					06108
107014	06/15/2000	09/17/1971 M		\$2,037.40	POLICE OFFICER	2	40	150000				06108
107016	06/15/1999	04/17/1970 M		\$19,566.53	POLICE SERGEANT	2	40					06108
107103	06/15/2014	12/08/1976 M		\$2,187.40	POLICE OFFICER	2	40					06108
107123	06/07/1999	04/14/1967 F		\$7,279.00	COURT REPORTER/COORDINATOR	2	40	210000	100000	14/01/1967		06108
107131	09/15/1999	10/12/2004 F		\$4,609.00	COMMUNITY SERVICES REP	2	40	510000				06102
107142	06/06/2012	06/28/1980 F		\$1,679.00	ADMINISTRATIVE SUPPORT SPEC	2	40					06102
107143	12/06/1999	06/15/2000 F		\$7,748.00	COLLECTIVE REPRESENTATIVE, JR	2	40	250000	250000	11/25/1966		06102
107144	12/06/1999	06/15/2000 F		\$2,036.00	ADMINISTRATIVE SUPPORT SPEC	2	40	100000		01/26/1966		06102
107145	12/02/1995	08/07/1971 M		\$6,000.00	COURT CLERK, SR	2	40	110000		10/06/1976		06102
107146	02/10/2006	09/07/1971 M		\$6,666.50	POLICE CRIME PREVENTION SPEC	2	40	400000	250000	12/27/1977		06102
107147	02/10/2006	09/07/1971 M		\$10,884.00	POLICE SERGEANT	2	40					06102
107148	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40	250000				06102
107149	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107150	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107151	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107152	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107153	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107154	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107155	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107156	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107157	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107158	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107159	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107160	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107161	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102
107162	02/10/2006	09/07/1971 M		\$11,366.00	POLICE SERGEANT	2	40					06102

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADAD election	Spouse Additional Life & ADAD	Spouse Birth Date	Child Life & ADAD elected amount	Employee Zip Code
11307	09/23/2000	09/23/1975 M		110,560.00	POLICE SERGEANT	2	40					021508
11340	10/25/2000	09/25/1971 F		81,240.00	CIVIC CENTER EVENT COORDINATOR	2	40	200000				021502
11346	11/21/2000	11/21/1975 M		92,000.00	POLICE OFFICER	2	40		35000	11/28/1975		021504
11400	01/02/2001	01/04/1973 M		108,300.00	POLICE SERGEANT	2	40	700000				021508
11404	01/02/2001	01/26/1970 M		92,000.00	POLICE OFFICER	2	40					021502
11418	11/27/2000	01/27/1975 M		98,000.00	FIREFIGHTER (21 HRS)	2	40					021502
11422	01/02/2001	11/03/1987 F		92,000.00	TRUCK DRIVER	2	40					021502
11426	01/02/2001	01/02/1978 M		64,000.00	SERVICE WORKER, SN	2	40					021502
11435	01/02/2001	01/02/1978 M		113,000.00	DEPUTY CHIEF (21 HRS)	2	40	100000				021502
11436	01/02/2001	01/20/1971 M		75,000.00	FIRE INSPECTOR	2	40		50000	7/24/1972		021502
11437	01/12/2001	07/07/1975 M		103,330.00	FIRE CAPTAIN (21 HRS)	2	40					021502
11460	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	100000				021502
11462	01/02/2001	01/02/1978 M		115,140.00	POLICE SERGEANT	2	40					021502
11463	01/02/2001	07/24/1970 M		119,340.00	POLICE SERGEANT	2	40	200000				021502
11464	01/02/2001	01/02/1978 M		119,340.00	POLICE SERGEANT	2	40	200000				021502
11465	01/02/2001	01/02/1978 M		109,110.00	DEPUTY DIRECTOR, DEVS	2	40	100000				021502
11478	01/02/2001	11/21/1973 F		101,330.00	FIRE CAPTAIN (21 HRS)	2	40					021502
11482	01/02/2001	01/02/1978 M		74,440.00	ENGINEERING ASSOCIATE	2	40	200000				021502
11487	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40		100000	6/20/1983		021502
11502	01/02/2001	01/02/1978 M		64,770.00	PLUMBER, ANALYST	2	40		100000	2/24/1975		021502
11507	01/02/2001	01/02/1978 M		72,000.00	DEPUTY CHIEF (21 HRS)	2	40					021502
11508	01/02/2001	01/02/1978 M		83,000.00	DEPUTY CHIEF (21 HRS)	2	40					021502
11509	01/02/2001	01/02/1978 M		113,380.00	POLICE SERGEANT	2	40	100000				021502
11517	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40		40000	7/21/1978		021502
11520	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	300000				021502
11521	01/02/2001	01/02/1978 M		84,710.00	COMMUNITY SERVICE PROGRAM COORD	2	40	100000				021502
11522	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11523	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11524	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11525	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11526	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11527	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11528	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11529	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11530	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11531	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11532	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11533	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11534	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11535	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11536	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11537	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11538	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11539	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11540	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11541	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11542	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11543	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11544	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11545	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11546	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11547	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11548	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11549	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11550	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11551	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11552	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11553	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11554	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11555	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11556	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11557	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11558	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11559	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11560	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11561	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11562	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11563	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11564	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11565	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11566	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11567	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11568	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11569	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11570	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11571	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11572	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11573	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11574	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11575	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11576	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11577	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11578	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11579	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11580	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11581	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11582	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11583	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11584	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11585	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11586	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11587	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11588	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11589	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11590	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11591	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11592	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11593	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11594	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2	40	200000				021502
11595	01/02/2001	01/02/1978 M		92,000.00	POLICE OFFICER	2						

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADSD election	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
11915	12/17/2003	01/06/1979	F	34,194.53	POLICE LIEUTENANT	2	40	200000				65143
11916	06/04/2013	10/06/1970	M	26,435.00	CITY ATTORNEY	2	40					65143
11918	12/17/2003	10/19/1994	F	38,114.94	SERVICE WORKER (LAW/CHIL)	2	40	100000				65143
11926	12/28/2001	09/22/1974	M	92,037.74	POLICE OFFICER	2	40	200000				65103
11942	01/17/2002	09/08/1977	F	80,097.74	FIRE FIGHTER (32 HRS)	2	40	200000				65000
11944	01/17/2002	12/18/1971	M	101,539.10	FIRE CAPTAIN (32 HRS)	2	40					65103
11945	01/17/2002	04/26/1973	M	76,469.84	FIRE FIGHTER (32 HRS)	2	40	300000				65143
11947	01/17/2002	07/05/1975	M	101,539.10	FIRE CAPTAIN (32 HRS)	2	40		100000	2/7/1974		65143
11948	06/31/2016	04/10/1972	F	126,897.00	SUPV. - WATER SVCS OPS/MANIT	2	40					65000
11951	02/06/2002	04/17/1970	M	98,151.06	CRISIS INTERVENTION SPECIALIST	2	40					65000
11954	02/14/2002	06/14/1977	F	88,151.06	ADMINISTRATIVE LIBRARIAN	2	40					65000
12014	04/09/2002	09/18/1961	M	120,216.00	ADMIN. MANAGER	2	40					65000
12042	03/20/2002	10/01/1971	F	74,648.16	POLICE COMMUNICATIONS SPEC	2	40	100000				65143
12049	03/20/2002	10/20/1969	F	74,648.16	POLICE COMMUNICATIONS SPEC	2	40					65143
12053	06/14/2002	10/17/1975	M	144,833.00	FIRE BATTALION CHIEF-40 HRS	2	40	200000				65000
12104	06/17/2002	11/14/1966	M	101,539.10	FIRE CAPTAIN (32 HRS)	2	40					65000
12111	07/01/2003	07/19/1962	M	70,638.10	BYTES	2	40					65143
12131	07/24/2002	11/18/1969	M	92,037.74	POLICE OFFICER	2	40					65143
12159	07/29/2002	03/10/1962	M	120,216.00	RECEPTION/COORDINATOR	2	40					65143
12160	07/29/2002	03/10/1962	M	67,379.00	SUPV. - WATER SVCS OPS/MANIT	2	40					65143
12161	08/04/2002	11/22/1970	F	67,379.00	LABORER/CONSTRUCTION	2	40	100000				65143
12162	08/16/2002	09/09/1969	M	120,216.00	LABORER/CONSTRUCTION	2	40					65143
12163	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12164	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12165	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12166	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12167	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12168	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12169	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12170	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12171	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12172	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12173	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12174	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12175	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12176	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12177	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12178	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12179	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12180	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12181	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12182	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12183	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12184	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12185	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12186	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12187	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12188	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12189	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12190	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12191	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12192	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12193	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12194	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12195	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12196	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12197	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12198	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12199	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12200	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12201	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12202	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12203	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12204	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12205	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12206	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12207	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12208	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12209	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12210	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12211	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12212	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12213	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12214	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12215	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12216	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12217	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12218	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12219	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12220	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12221	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12222	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12223	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12224	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12225	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12226	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12227	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12228	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12229	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12230	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12231	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12232	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12233	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12234	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12235	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12236	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12237	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12238	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12239	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12240	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12241	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12242	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12243	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12244	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143
12245	08/16/2002	09/09/1969	M	67,379.00	LABORER/CONSTRUCTION	2	40					65143</

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADSD election	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
12330	06/18/2003	11/21/1971 F		64,071.00 COMMUNITY SERVICES REP		2	40					85340
12334	05/09/2003	11/29/1985 M		94,222.00 SYSTEMS ADMINISTRATOR		2	40					85343
12339	09/21/2003	05/24/1983 M		92,017.40 POLICE OFFICER		2	40					85381
12374	09/02/2003	03/31/1974 M		119,386.52 POLICE SERGEANT		2	40					85383
12404	09/23/2003	02/28/1985 M		64,070.76 SOLID WASTE INSPECTOR		2	40					85343
12411	09/16/2003	11/04/1986 F		94,071.00 POLICE RECORDS SPECIALIST		2	40					85396
12416	09/30/2003	12/28/1987 M		92,017.40 POLICE OFFICER		2	40					85348
12419	09/30/2003	02/26/1979 M		111,482.40 POLICE SERGEANT		2	40	200000				85343
12421	09/23/2003	02/23/1988 M		49,373.36 EQUIPMENT OPERATOR (SWM)		2	40	200000				85343
12430	07/14/2003	10/06/1977 M		108,267.44 POLICE SERGEANT		2	40	200000				85338
12445	08/05/2003	01/20/1975 M		101,538.30 FIRE CAPTAIN (52 HRS)		2	40					85341
12446	08/05/2003	01/22/1973 M		99,518.30 FIRE CAPTAIN (52 HRS)		2	40					85341
12460	09/04/2003	09/17/1980 F		104,376.88 COMMUNITY ENGAGEMENT PROGRAM		2	40					85341
12468	09/04/2003	09/26/1979 M		83,373.16 EQUIPMENT OPERATOR (SWM)		2	40					85341
12511	10/14/2003	09/03/1979 F		104,376.88 COMMUNITY ENGAGEMENT PROGRAM		2	40	200000				85341
12544	11/17/2003	11/01/1974 M		92,017.40 POLICE OFFICER		2	40					85341
12551	11/17/2003	04/18/1974 M		92,017.40 POLICE OFFICER		2	40					85341
12553	11/17/2003	10/07/1972 M		108,267.44 POLICE SERGEANT		2	40	200000				85379
12554	11/17/2003	07/26/1981 M		108,267.44 POLICE SERGEANT		2	40	200000				85379
12559	11/17/2003	09/24/1978 M		92,017.40 POLICE OFFICER		2	40					85379
12563	11/17/2003	09/24/1978 M		92,017.40 POLICE OFFICER		2	40					85379
12564	01/09/2004	11/22/1981 M		92,017.40 POLICE OFFICER		2	40					85383
12565	01/09/2004	09/13/1971 M		119,386.52 POLICE SERGEANT		2	40					85383
12566	01/09/2004	06/20/1984 F		104,364.00 HR BUSINESS PARTNER		2	40	50000				85387
12600	01/11/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12602	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12605	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12606	01/08/2004	02/17/1981 M		104,364.00 HR BUSINESS PARTNER		2	40	200000				85386
12607	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12608	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12609	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12610	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12611	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12612	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12613	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12614	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12615	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12616	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12617	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12618	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12619	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12620	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12621	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12622	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12623	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12624	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12625	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12626	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12627	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12628	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12629	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12630	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12631	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12632	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12633	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12634	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12635	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12636	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12637	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12638	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12639	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12640	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12641	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12642	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12643	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12644	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12645	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12646	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12647	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12648	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12649	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12650	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12651	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12652	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12653	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12654	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12655	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12656	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12657	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12658	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12659	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12660	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12661	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12662	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12663	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12664	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12665	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12666	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12667	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12668	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12669	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12670	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12671	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12672	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12673	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12674	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12675	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12676	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12677	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12678	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12679	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
12680	01/08/2004	12/17/1981 M		82,137.72 WATER REC./AN FAC OPER, SR		2	40					85386
12681	01/08/2004	02/17/1981 M		92,017.40 POLICE OFFICER		2	40					85386
12682	01/08/2004	06/15/1974 M		150,950.50 MANAGER, ENTERPRISES APPLICATION		2	40	200000				85386
126												

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Addressal Life & AOSD election	Spouse Addressal Life & AOSD	Spouse Birth Date	Child Life & AOSD received amount	Employee Zip Code
12899	08/25/2004	12/06/1977 M	M	77,956.52	POLICE OFFICER	2	40					85719
12897	08/25/2004	05/09/1966 M	M	77,978.84	TRAINING WORKER/LEAD	2	40	200000				85704
12896	08/25/2004	06/24/1977 M	M	101,218.84	PRM CAPTAIN 00 HRS	2	40					85702
12894	09/20/2004	12/20/1975 M	M	101,235.20	PRM CAPTAIN (S2-HRS)	2	2	200000				85710
12893	09/20/2004	10/17/1985 F	F	101,235.84	PRM CAPTAIN 00 HRS	2	20					85708
12892	09/20/2004	08/31/1984 M	M	101,235.20	PRM CAPTAIN (S2-HRS)	2	40					85708
12891	09/20/2004	10/22/1985 M	M	101,235.20	PRM CAPTAIN (S2-HRS)	2	40					85708
12890	09/20/2004	06/27/1980 M	M	101,235.20	PRM CAPTAIN (S2-HRS)	2	2					85708
12887	09/20/2004	02/12/1980 M	M	85,977.76	PRM SHERIFF (S2-HRS)	2	40					85708
12885	09/20/2004	09/27/1981 M	M	101,235.20	PRM CAPTAIN (S2-HRS)	2	36	200000		4/27/1985	5000	85708
12883	09/20/2004	04/13/1977 M	M	75,462.84	PRM SHERIFF 40 HRS	2	36					85710
12882	09/20/2004	03/02/1981 M	M	75,462.84	PRM SHERIFF 40 HRS	2	36					85710
12880	09/20/2004	03/02/1981 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	36					85710
12879	09/20/2004	02/28/1977 M	M	101,235.20	PRM CAPTAIN (S2-HRS)	2	40	500000				85710
12878	09/20/2004	07/25/1984 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	150000				85710
12876	09/20/2004	11/20/1978 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12874	09/20/2004	11/20/1978 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12873	09/20/2004	11/20/1978 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12872	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12871	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12869	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12868	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12867	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12866	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12865	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12864	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12863	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12862	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12861	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12860	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12859	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12858	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12857	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12856	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12855	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12854	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12853	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12852	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12851	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12850	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12849	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12848	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12847	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12846	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12845	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12844	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12843	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12842	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12841	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12840	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12839	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12838	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12837	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12836	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12835	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12834	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12833	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12832	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12831	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12830	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12829	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12828	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12827	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12826	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12825	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12824	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12823	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12822	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12821	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12820	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12819	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12818	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12817	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12816	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12815	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12814	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12813	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12812	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12811	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12810	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12809	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12808	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12807	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12806	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12805	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12804	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12803	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12802	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12801	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12800	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12799	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12798	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12797	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12796	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12795	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12794	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12793	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12792	09/20/2004	03/07/1977 M	M	75,462.84	PRM SHERIFF (S2-HRS)	2	40	100000				85710
12791	09/20/2004	03/07/1977 M	M									

Emp ID	Date of Hire	Employee	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D waived amount	Employee Zip Code
13304	05/02/2005	596231582 M	M	\$6,333.33 POLICE OFFICER	85,333.33 POLICE OFFICER	2	40	100000	56000	3/25/1984		60203
13306	05/09/2005	100911381 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60145
13308	05/09/2005	002271397 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271398 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60208
13308	05/09/2005	002271399 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271400 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271401 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271402 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271403 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271404 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271405 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271406 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271407 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271408 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271409 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271410 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271411 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271412 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271413 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271414 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271415 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271416 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271417 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271418 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271419 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271420 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271421 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271422 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271423 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271424 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308	05/09/2005	002271425 M	M	\$2,937.40 POLICE OFFICER	\$2,937.40 POLICE OFFICER	2	60					60210
13308</												

Exhibit A

Emo ID	Date of Hire	Employee ID#	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D Deduction	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D Payment Amount	Employee Zip Code
13535	03/05/2005	065613977 M	M	91,237.40 POLICE OFFICER		2	40	200000				65110
13546	03/05/2005	070521985 M	M	91,237.40 POLICE OFFICER		2	40	200000				65110
13547	03/05/2005	070521979 M	M	91,237.40 POLICE OFFICER		2	40	200000				65110
13548	04/29/2007	101531973 M	M	98,400.00 SUPV. SOLID MATTER MAINTENANCE		2	40	200000	100000			65110
13554	04/29/2006	080301962 F	F	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13566	12/12/2012	080201899 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13597	04/29/2006	090201891 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13598	04/29/2006	110719929 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13606	04/29/2006	071519981 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13611	04/29/2006	040519971 F	F	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13631	04/29/2006	080519931 F	F	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13648	04/29/2006	012919971 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
13699	04/29/2006	320819981 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13700	04/29/2006	320819971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13702	04/29/2006	021819971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13708	04/29/2006	100219971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13712	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13713	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13772	04/29/2006	090219971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13780	04/29/2006	120219971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13786	04/29/2006	050401981 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13787	04/29/2006	080021981 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13810	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
13825	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14070	04/29/2006	110119961 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
14078	04/29/2006	091291979 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
14080	04/29/2006	120519981 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
14091	04/29/2006	080021981 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
14091	04/29/2006	120519981 M	M	66,477.00 INVESTIGATIVE ASSISTANT		2	40	200000				65110
14173	10/12/2010	120219971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14195	04/29/2006	120219971 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14203	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14203	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14204	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14205	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14211	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14243	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14246	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14247	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110
14248	04/29/2006	020419961 M	M	119,566.52 POLICE SERGEANT		2	40	200000				65110

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Month)	Employee Additional Life & ADSD Section	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
14290	05/02/2005	05/06/1978 M		\$1,614.63 SURV. ELDT		3	40	300000				
14300	10/01/2005	03/08/1978 M		\$5,097.24 FIRE ENGINEER (E2 HRS)		3	40	300000				
14301	10/01/2005	10/26/1978 M		\$5,097.24 FIRE ENGINEER (E2 HRS)		3	40	300000				
14302	10/02/2006	02/09/1984 F		336,563.31 (NIGHTS), ENGINEER		3	40	300000				
14314	10/02/2006	05/29/1988 M		109,584.00 (NIGHTS), POLICE ADMIN SERVICES		3	40					
14325	10/16/2006	04/23/1973 M		77,284.22 FIRE INSPECTOR		3	40	200000				
14336	10/16/2006	07/24/1986 F		79,024.00 SURV. CUSTOMER SERVICE		3	40					
14343	10/21/2006	04/12/1982 M		143,781.25 FIRE BATTALION CHIEF (E3 HRS)		3	40					
14366	11/06/2006	03/20/1977 M		81,963.24 CREATIVE SERVICES (NIGHT NANNY)		3	40					
14400	11/27/2006	03/09/1975 F		119,323.93 (NIGHTS), POLICE OFFICER		3	40					
14403	11/27/2006	01/24/1984 M		92,037.40 POLICE OFFICER		3	40	100000				
14406	08/25/2004	03/02/1974 F		77,573.34 (NIGHTS), CONTRACT COACH, INSP		3	40	200000				
14407	08/25/2004	07/12/1982 M		88,389.92 SURV. POLICE COMMUNICATIONS		3	40	200000				
14416	12/11/2006	07/12/1982 M		103,400.00 SUPERVISOR, HUMAN RESO (E3)		3	40	100000				
14418	12/11/2006	06/12/1977 M		82,037.40 POLICE OFFICER		3	40	300000				
14462	01/02/2007	06/12/1977 M		140,000.00 (NIGHTS), DIRECTOR, TRANSPORT		3	40					
14471	12/26/2006	04/16/1966 F		40,685.35 COURT CLERK		3	40	200000				
14487	01/08/2007	01/15/1972 F		119,856.07 (NANNY), VICTIM ASSISTANCE		3	40	200000				
14490	01/08/2007	01/15/1979 M		75,460.34 FIRE FIGHTER (E2 HRS)		3	40	200000				
14498	01/08/2007	09/27/1965 M		62,790.00 (NIGHTS), SVCS TECH-CLAN		3	40	100000				
14516	01/16/2007	04/06/1983 F		80,677.58 (NIGHTS), COMPLAINT OFF-CLERK		3	40	200000				
14528	01/22/2007	08/07/1983 M		90,356.00 ACCOUNTANT, CS		3	40					
14529	01/22/2007	08/28/1983 M		146,318.28 POLICE LIEUTENANT		3	40					
14546	01/23/2007	09/11/1993 F		82,037.40 POLICE OFFICER		3	40					
14557	01/24/2007	03/12/1982 M		44,518.30 PC OPERATOR		3	40	200000				
14558	01/24/2007	11/16/1978 M		101,559.10 (NIGHTS), CAPTAIN (E2 HRS)		3	40	200000				
14559	01/24/2007	09/11/1979 M		96,676.50 (NIGHTS), CAPTAIN (E2 HRS)		3	40	200000				
14566	02/01/2007	10/11/1977 F		75,460.34 (NIGHTS), FIRE FIGHTER (E2 HRS)		3	40	300000				
14585	02/01/2007	08/12/1960 M		91,992.68 SURV. ELDT		3	40					
14593	02/12/2007	07/22/1973 F		92,037.40 POLICE OFFICER		3	40					
14594	02/12/2007	11/26/1983 M		148,019.38 POLICE LIEUTENANT		3	40	500000				
14597	02/20/2007	04/29/1963 F		84,071.03 (NIGHTS), COMPLAINT SERVICES REP		3	40	200000				
14602	02/26/2007	11/09/1983 F		82,084.65 SURV. CUSTOMER SERVICE		3	40	200000				
14603	02/26/2007	04/04/1983 M		92,037.40 POLICE OFFICER		3	40	200000				
14606	03/05/2007	09/17/1988 M		82,084.65 SURV. CUSTOMER SERVICE		3	40					
14608	03/05/2007	08/12/1980 M		80,564.00 (NIGHTS), ENGINEER		3	40	200000				
14609	03/19/2007	09/01/1967 F		51,418.52 (NIGHTS), LEAD		3	40					
14696	04/01/2007	09/19/1972 M		80,137.72 (NIGHTS), FAC OPER, SR		3	40	100000				
14698	04/09/2007	03/20/1982 M		50,037.40 POLICE OFFICER		3	40					
14716	04/11/2007	03/10/1988 M		50,799.48 (NIGHTS), FACILITIES TECH-CLAN		3	40					
14738	04/07/2007	04/24/1985 M		148,519.38 POLICE LIEUTENANT		3	40					
14770	04/14/2007	01/26/1978 F		64,071.03 POLICE COMMUNICATIONS SPECIALIST		3	40	500000				
14817	04/28/2007	02/09/1972 M		75,460.34 (NIGHTS), FIRE FIGHTER (E2 HRS)		3	40	200000				

Exhibit A

[illegible]

Emp. ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Relative	Class 1, 2 or 3	Hours Worked (per Week)	Employee Additional Life & ADSD election	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD received amount	Employer Zip Code
15007	11/06/2007	06/21/1974 M	M	156,000.00	DIRECTOR, OPERATIONS SERVICES	2	40	200000			5000	65363
15008	07/16/2012	04/04/1971 M	M	100,445.00	BUYER & PURCHASING ANALYST	2	40	200000			5000	65363
15016	07/16/2012	11/19/1984 M	M	56,545.48	SERVICE WORKER, SK (PARKS)	2	40	200000	100000	11/16/1955	5000	65314
15024	12/19/2007	06/12/1984 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15025	12/19/2007	06/16/1971 M	M	92,037.40	POLICE OFFICER	2	40				65315	65303
15026	12/19/2007	07/20/1971 M	M	92,037.40	POLICE OFFICER	2	40				65311	65303
15028	12/19/2007	03/21/1974 F	F	56,000.40	CUSTOMER SVC REP	2	40				65316	65308
15035	12/10/2007	09/20/1991 M	M	75,480.64	PAVE MAINT (S1-TR5)	2	40	200000			5000	65301
15044	12/10/2007	01/28/1993 M	M	75,480.64	PAVE MAINT (S1-TR5)	2	40	200000			5000	65301
15046	12/10/2007	06/10/1981 M	M	75,480.64	PAVE MAINT (S1-TR5)	2	40	200000			5000	65301
15050	12/10/2007	06/10/1971 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15052	12/10/2007	08/25/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15054	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15056	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15058	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15060	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15062	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15064	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15066	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15068	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15070	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15072	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15074	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15076	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15078	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15080	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15082	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15084	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15086	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15088	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15090	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65303
15092	12/10/2007	07/29/1981 M	M	92,037.40	POLICE OFFICER	2	40				65318	65

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D	Spouse Additional Life & AD&D	Spouse Birth Date	Chief Life & AD&D elected amount	Employee Zip Code
15650	08/21/2004	01/05/1970 F		13,286.81	VICTIM ASSISTANCE COUNSELOR	2	40	160000	50000	1/28/1976	5000	60310
15665	09/15/2008	08/27/1964 M		62,346.60	EQUIPMENT OPERATOR (PMW)	2	40					60310
15694	09/15/2008	08/25/1981 M		101,539.10	FIRE CAPTAIN (S1 HRS)	2	40					60310
15696	03/09/2013	08/03/1988 M		64,637.00	LABORER OPERATOR	2	40	50000				60310
15715	09/22/2008	08/21/1956 F		70,108.00	LEGAL ASSISTANT	2	40					60310
15722	09/17/2006	12/18/1978 F		65,100.00	MANAGEMENT ASSISTANT	2	40	200000	100000	6/27/1986		60310
15729	10/14/2006	12/11/1984 M		55,007.00	POLICE OFFICER	2	40					60310
15759	07/21/2016	05/09/1979 M		88,495.15	DETECTIVE	2	40					60310
15767	10/27/2006	11/29/1978 M		92,037.40	POLICE OFFICER	2	40					60310
15779	11/10/2006	09/11/1965 M		92,037.40	POLICE OFFICER	2	40					60310
15789	11/24/2006	04/21/1974 M		145,787.50	FIRE BATTALION CHIEF (S1 HRS)	2	40	200000				60310
15801	12/22/2006	07/01/1981 M		108,167.60	POLICE SERGEANT	2	40	200000				60310
15837	03/02/2003	07/20/1982 M		101,539.84	FIRE CAPTAIN 40 HRS	2	40	200000				60310
15838	03/02/2003	08/06/1986 M		82,098.00	FIRE ENGINEER 40 HRS	2	40	200000				60310
15891	01/29/2003	02/20/1974 M		71,571.54	FIRE INSPECTOR	2	40					60310
15922	07/07/2009	09/23/1981 F		91,109.88	ACCOUNTANT, SR	2	40	200000	100000	1/31/1979		60310
15925	07/20/2009	10/06/1971 M		85,097.74	FIRE ENGINEER (S1 HRS)	2	40					60310
15926	07/20/2009	09/25/1969 M		85,097.74	FIRE ENGINEER (S1 HRS)	2	40					60310
15928	07/20/2009	07/31/1978 M		75,460.64	FIRE FIGHTER (S1 HRS)	2	40					60310
15932	08/19/2009	09/09/1986 M		92,037.40	POLICE OFFICER	2	40					60310
15934	08/19/2009	02/25/1970 M		92,037.40	POLICE OFFICER	2	40	200000				60310
15936	08/19/2009	02/25/1970 M		92,037.40	POLICE OFFICER	2	40					60310
15938	09/14/2009	07/28/1984 M		92,037.40	POLICE OFFICER	2	40					60310
15976	09/21/2009	08/11/1981 M		92,037.40	POLICE OFFICER	2	40	100000				60310
15978	09/21/2009	07/28/1984 M		92,037.40	POLICE OFFICER	2	40	250000				60310
15994	09/21/2009	11/17/1981 M		92,037.40	POLICE OFFICER	2	40	50000				60310
15996	09/21/2009	07/09/1984 M		92,037.40	POLICE OFFICER	2	40					60310
16001	10/06/2008	03/18/1991 F		64,071.00	WATER SERVICES REPRESENTATIVE	2	40	250000				60310
16002	02/04/2010	03/08/1991 F		79,504.62	POLICE OFFICER	2	40	200000				60310
16009	09/23/2010	03/08/1993 M		62,780.60	EQUIPMENT OPERATOR (PMW)	2	40					60310
16101	11/09/2010	04/25/1977 M		85,097.74	FIRE ENGINEER (S1 HRS)	2	40					60310
16112	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16271	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16272	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16273	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16274	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16275	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16276	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16277	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16278	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16279	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16280	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16281	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16282	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16283	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16284	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16285	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16286	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16287	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16288	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16289	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16290	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16291	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16292	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16293	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16294	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16295	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16296	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16297	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16298	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16299	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16300	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16301	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16302	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16303	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16304	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16305	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16306	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16307	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16308	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16309	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16310	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16311	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16312	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16313	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16314	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16315	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16316	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16317	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16318	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16319	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16320	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16321	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16322	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16323	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16324	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16325	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16326	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16327	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16328	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16329	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16330	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16331	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16332	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16333	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16334	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16335	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16336	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16337	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16338	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16339	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16340	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16341	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60310
16342	05/09/2011	02/24/1983 M		63,018.00	EQUIPMENT OPERATOR (PMW)	2	40					60

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Relative	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
16440	05/14/2014	04/23/1978 M		111,682.00	POLICE SERGEANT	2	40	200000	100000	02/23/1978	2000	85108
16441	04/14/2014	11/23/1978 F		92,007.00	POLICE OFFICER	2	40	200000				85108
16446	07/03/2012	12/08/1985 M		74,109.16	TRUCKS WORKER	2	40		50000	3/30/1980		85182
16475	04/21/2010	04/02/1989 M		80,137.72	WATER SINKS SPS TECH LEAD	2	40	100000				85185
16493	06/18/2018	07/11/1987 F		50,400.00	ADMINISTRATIVE SUPPORT SPEC	2	40	200000	50000	1/19/1970		85187
16497	04/07/2012	04/08/1988 M		70,000.00	SERVICE DESK SPECIALIST	2	40					85188
16502	12/04/2012	12/21/1988 M		79,708.46	WATER SINKS SPS TECH LEAD	2	40					85195
16510	10/04/2012	04/08/1980 M		58,756.80	MANAGEMENT ANALYST	2	40					85195
16514	10/13/2012	01/21/1995 F		85,564.65	ADMINISTRATIVE LIBRARIAN	2	40					85195
16521	11/28/2012	05/05/1995 F		34,000.00	VEH MAJOR	2	40					85198
16524	01/15/2013	06/26/1987 M		44,000.00	MAJOR	2	40					85198
16531	11/04/2013	02/07/1983 F		86,705.38	WATER SINKS DATA COORDINATOR	2	40					85201
16534	03/11/2013	11/25/1978 M		81,651.86	SWAY, DETENTION SERVICES	2	40					85202
16535	07/09/2013	11/25/1978 M		51,760.06	URBAN ASSISTANT, JR	2	40					85202
16574	04/08/2013	05/24/1981 M		141,024.37	DRUGITY CITY ATTORNEY	2	40					85202
16579	04/29/2013	08/11/1981 M		86,137.72	WATER SINKS SPS TECH LEAD	2	40	200000				85202
16581	04/09/2013	08/24/1981 M		41,700.12	URBAN ASSISTANT	2	40					85202
16584	04/09/2013	01/15/1977 M		106,453.64	POLICE SERGEANT	2	40					85202
16585	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16586	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16587	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16588	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16589	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16590	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16591	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16592	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16593	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16594	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16595	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16596	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16597	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16598	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16599	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16600	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16601	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16602	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16603	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16604	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16605	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16606	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16607	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16608	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16609	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16610	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16611	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16612	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16613	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16614	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16615	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16616	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16617	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16618	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16619	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16620	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16621	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16622	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16623	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16624	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16625	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16626	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16627	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16628	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16629	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16630	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16631	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16632	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16633	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16634	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16635	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16636	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16637	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16638	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16639	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16640	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16641	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16642	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16643	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16644	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16645	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16646	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16647	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16648	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16649	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16650	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16651	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16652	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16653	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16654	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16655	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16656	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16657	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16658	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16659	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16660	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16661	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16662	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16663	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16664	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16665	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202
16666	04/09/2013	02/10/1980 M		106,453.64	POLICE SERGEANT	2	40	200000				85202

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
16711	07/13/2014	02/08/1977	M	92,037.40	POLICE OFFICER	2	40	200000				92107
16713	01/13/2014	08/18/1987	M	80,137.72	WATER WORKS TECH, LEAD	2	40					92101
16711	07/13/2014	02/14/1989	M	87,654.00	POLICE OFFICER	2	40	200000				92108
16802	07/10/2014	09/10/1988	M	104,344.00	SWIFT AIRPORTS ASST MGMT	2	40	200000				65249
16803	07/04/2014	07/27/1983	F	72,481.00	COAST PROCEMAN COORDINATOR	2	40	140000		4/12/1952		65229
16809	07/03/2014	08/27/1981	F	80,137.72	WATER CONFERENCE ROOM OPERATOR	2	40				5000	65245
16810	03/10/2014	11/08/1975	M	61,957.64	MECHANICAL OPERATIONS COORDINATOR	2	40	100000				65241
16814	02/05/2014	11/08/1985	M	106,347.64	POLICE SERGEANT	2	40	200000				65245
16850	04/07/2014	07/10/1988	M	95,335.72	ADMINISTRATIVE SUPPORT SPEC	2	40	200000				65218
16858	02/16/2018	12/17/1979	F	85,335.72	ADMINISTRATIVE SUPPORT SPEC	2	40				5000	65218
16859	04/14/2014	03/13/1979	F	89,788.99	WATER QUALITY ASSISTANCE COORD	2	40					65218
16901	04/07/2014	07/01/1991	M	89,788.99	WATER QUALITY ASSISTANCE COORD	2	40					65217
16901	04/14/2014	03/08/1979	F	87,654.00	ADMIN. FINANCIAL PROGRAMS	2	40					92181
16906	05/03/2014	01/24/1994	M	116,637.00	ADMIN. FINANCIAL PROGRAMS	2	40					92104
16971	04/12/2014	08/24/1989	M	87,654.00	POLICE OFFICER	2	40					92104
16972	04/12/2014	01/20/1981	M	87,654.00	POLICE OFFICER	2	40	100000			5000	92182
16977	05/12/2014	08/13/1984	M	86,348.75	CONTRACT PROGRAM MANAGER	2	40	200000		8/14/1968		92104
16977	05/12/2014	04/14/1986	M	124,105.00	CITY ENGINEER	2	40				5000	92104
16990	05/05/2014	04/14/1986	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16990	05/05/2014	01/13/1989	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40	200000				92104
16994	05/19/2014	09/04/1980	M	87,654.00	POLICE OFFICER	2	40					92104

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked Per Week	Employee Additional Life & ADDED	Spouse Additional Life & ADDED	Spouse Birth Date	Child Life & ADDED extended amount	Employee Zip Code
16966	01/28/2014	06/01/1970 M		\$2,283.84	FIRE CAPTAIN (51-983)	2	40					05132
16966	01/14/2014	01/30/1990 M		\$7,545.00	POLICE OFFICER	2	40					05132
17000	07/28/2014	09/23/1979 M		\$7,545.00	POLICE OFFICER	2	40	100000				05111
17000	07/28/2014	10/23/1961 M		\$6,555.56	POSTMAN, SCHEDULED MAINTENANCE	2	40					05114
17004	08/04/2014	06/18/1991 M		\$5,879.27	VICTIM ASSISTANCE COUNSELOR	2	40					05147
17005	07/28/2014	11/24/1981 F		\$2,432.00	ADMIN. CORE COMPLAINT	2	40	500000	100000	4/8/1977	5000	05152
17015	08/12/2014	11/25/1956 F		\$8,307.00	SUPV. ADMINISTRATIVE SUPPORT	2	40	300000	100000	7/20/1963	5000	05152
17017	08/12/2014	03/02/1981 M		\$2,696.57	MAINTENANCE ASSISTANT	2	40	50000	25000	10/27/1960	5000	05164
17024	08/25/2014	12/24/1994 M		\$2,696.57	MAINTENANCE ASSISTANT	2	40	50000	25000	10/27/1960	5000	05164
17028	08/25/2014	10/01/1971 F		\$1,300.00	ADMIN. HUMAN RESOURCES	2	40	200000				05165
17028	08/25/2014	10/01/1971 F		\$1,300.00	ADMIN. HUMAN RESOURCES	2	40	200000				05165
17034	08/25/2014	09/12/1981 M		\$4,222.20	SOFTWARE ENGINEER, SR	2	40			9/11/1966		05165
17034	08/25/2014	04/05/1991 M		\$4,222.20	SOFTWARE ENGINEER, SR	2	40					05165
17038	09/22/2014	07/14/1971 F		\$4,188.68	SECURITY OFFICER	2	40					05167
17040	09/22/2014	08/27/1951 M		\$5,497.24	COMMUNITY SERVICES REP	2	40					05167
17042	09/22/2014	08/28/1954 M		\$6,137.72	WATER REGULATION OFFICER, SR	2	40					05167
17047	09/29/2014	09/25/1980 M		\$5,497.24	POLICE OFFICER	2	40	200000				05167
17048	09/29/2014	10/26/1991 F		\$9,555.96	SUPV. POLICE COMMUNICATIONS	2	40	200000				05167
17052	09/22/2014	11/25/1977 M		\$7,545.00	POLICE OFFICER	2	40	200000				05167
17054	09/22/2014	11/25/1977 M		\$14,019.67	SUPV. IT INFRASTRUCTURE	2	40	100000			5000	05167
17060	10/06/2014	08/29/1990 M		\$5,097.16	MANAGEMENT ASSISTANT	2	40	50000				05167
17061	10/06/2014	04/25/1964 M		\$7,085.80	FIRE CAPTAIN (51-983)	2	40	200000				05167
17066	10/06/2014	03/28/1991 F		\$5,417.10	ACCOUNTANT	2	40	50000				05167
17071	10/13/2014	04/24/1991 M		\$7,545.00	POLICE OFFICER	2	40	200000				05167
17072	10/13/2014	10/08/1984 M		\$7,545.00	POLICE OFFICER	2	40	200000				05167
17079	10/27/2014	05/04/1971 M		\$2,781.81	TRANSPORTATION MAINTENANCE	2	40	200000				05167
17080	11/03/2014	08/20/1971 M		\$4,666.10	DEPUTY CHIEF/INVESTIGATOR	2	40	100000				05167
17082	11/03/2014	01/14/1981 F		\$15,255.37	ADMIN. PROCLAIMMENT	2	40	100000	50000			05167
17084	11/03/2014	08/07/1971 F		\$3,750.00	COURT CLERK	2	40					05167
17084	11/03/2014	04/23/1991 M		\$11,200.29	SUPV. STREETS	2	40	100000				05167
17094	12/08/2014	01/20/1960 M		\$5,512.85	INSURANCE/INVESTIGATION TECHNICIAN	2	40	200000				05167
17096	12/08/2014	04/03/1965 M		\$2,790.00	WATER SVCS SYS TECHNICIAN	2	40					05167
17098	12/08/2014	04/23/1981 M		\$9,504.62	POLICE OFFICER	2	40	200000				05167
17100	12/08/2014	11/20/1980 M		\$4,005.00	COURT CLERK, MEMBER	2	40					05167
17102	12/08/2014	03/28/1960 F		\$4,005.00	COURT CLERK, MEMBER	2	40					05167
17104	12/08/2014	05/19/1957 M		\$8,028.55	SUPV. LANDFILL	2	40					05167
17111	02/12/2015	08/16/1975 M		\$7,555.84	ACCOUNTANT, SR	2	40					05167
17112	12/22/2014	05/16/1975 M		\$28,050.00	DEPUTY DIRECTOR, ENV SVCS	2	40					05167
17115	03/05/2015	02/07/1961 M		\$8,331.77	WATER SVCS SYS TECH. LEAD	2	40	100000				05114
17118	04/02/2015	04/10/1971 F		\$7,441.70	SUPV. ADMINISTRATIVE SUPPORT	2	40					05168
17120	04/12/2015	08/14/1965 M		\$8,073.51	WATER CONTROL ROOM OPER. LEAD	2	40	50000				05168
17122	04/12/2015	08/15/1969 M		\$10,464.00	DIRECTOR, INTERDOY PROGRAMS	2	40	150000				05168

Exhibit A

Emp ID	Date of Hire	Employee	Gender	Annual Salary	Occupation / Refuse	Class 1, 2 or 3	Hours Worked Per Week	Employee Additional Life & AD&D	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D waived amount	Emp/ret Zip Code
17126	06/06/2019	07/01/1965 F		\$3,315.00 (UNASSIGNED)		2	20					87101
17127	01/26/2015	09/21/1961 M		68,345.80 (CHIEF)		2	40	100000				87106
17128	05/26/2015	11/21/1971 M		92,287.80 (POLICE OFFICER)		2	40	100000			5000	87545
17129	02/28/2015	11/07/1995 M		56,659.20 (PLANS EXAMINER SR)		2	40				87104	
17130	02/01/2015	02/27/1992 M		54,917.72 (FOURTY CLERK)		2	40	100000			93186	
17142	02/17/2015	12/15/1987 F		54,917.72 (FOURTY CLERK)		2	40				85109	
17143	02/21/2015	04/21/2000 M		83,480.00 (POLICE OFFICER)		2	40	250000			85185	
17146	02/21/2015	02/15/1967 M		72,660.00 (WATER SVCS SYS TECH SR)		2	40	200000	100000	12/01/1964		85148
17150	09/01/2015	03/04/1996 M		80,097.80 (WATER REGULAR FAC OPER SR)		2	40				85145	
17151	03/01/2015	03/05/1962 M		80,157.72 (WATER PLANT OPERATOR SR)		2	40				85148	
17155	02/16/2015	07/23/1977 M		66,145.22 (EQUIPMENT MECHANIC SR)		2	40				85139	
17156	04/06/2001	06/01/1980 M		59,090.40 (TRASH/ST OPERATOR, LEAD)		2	40				85101	
17167	04/13/2015	02/01/1983 M		58,886.60 (EQUIPMENT OPERATOR, SR (JWW))		2	40				85101	
17169	04/13/2015	11/19/1987 M		89,351.38 (WATER REGULAR FAC OPER, LEAD)		2	40	200000			85145	
17171	03/04/2015	12/04/1980 M		81,208.08 (SEWER WORKER, SR (JWW))		2	40				85145	
17187	03/04/2015	12/29/1980 M		80,017.88 (WATER REGULAR FAC OPER SR)		2	40				85141	
17188	03/11/2015	08/19/1989 M		83,789.40 (CDD COMPLIANCE OFFICIAL)		2	40				85061	
17189	03/11/2015	08/19/1989 M		83,789.40 (EQUIPMENT OPERATOR, LEAD (JWW))		2	40	200000			85061	
17190	03/12/2015	08/21/1992 F		63,480.00 (POLICE OFFICER)		2	40				85146	
17198	06/01/2015	02/04/1986 M		81,951.72 (SEWER, HOUSING SERVICES)		2	40	200000			85142	
17200	02/01/2015	02/01/1987 F		84,940.00 (POLICE OFFICER)		2	40	200000			85015	
17201	02/01/2015	02/01/1987 F		72,485.40 (POLICE OFFICER)		2	40	200000			85015	
17204	06/21/2004	11/01/1965 M		62,480.00 (WATER SVCS SYS TECH SR)		2	40				85015	
17206	06/21/2004	07/23/1988 F		73,000.00 (CDD INSPECTOR SR)		2	40	200000			85006	
17207	06/21/2015	04/19/1979 M		33,430.51 (WATER INSPECTOR, PLANT MANAGER)		2	40				85007	
17208	06/21/2015	11/01/1969 M		86,007.70 (CDD/PLANT OPERATOR)		2	40	50000	25000	06/17/63		85007
17209	06/21/2015	06/01/1967 F		99,504.90 (CDD/PLANT CONTNTR PLANT MANAGER)		2	40				85007	
17211	07/11/2015	02/27/1979 M		301,588.80 (PLANT OPERATOR 40 HRS)		2	40				85003	
17212	07/11/2015	10/19/1982 M		86,007.70 (PLANT OPERATOR 102 HRS)		2	40				85003	
17219	07/12/2015	12/04/1987 M		96,675.80 (PLANT OPERATOR 102 HRS)		2	40	200000			85108	
17280	07/13/2015	04/30/1978 M		92,089.94 (PLANT OPERATOR 102 HRS)		2	40				85108	
17282	07/13/2015	11/29/1987 M		86,007.70 (PLANT OPERATOR 102 HRS)		2	40				85108	
17284	07/13/2015	05/15/1984 M		75,460.80 (PLANT OPERATOR 102 HRS)		2	40				85108	
17285	07/13/2015	06/02/1987 F		83,040.00 (FIRE FIGHTER (52 HRS)		2	40				85133	
17286	07/13/2015	07/18/1987 F		83,040.00 (FIRE FIGHTER (52 HRS)		2	40	60000			85133	
17284	06/29/2015	04/05/1977 M		50,893.52 (EQUIPMENT OPERATOR (JWW))		2	40		25000		85017	
17300	07/18/2015	01/16/1979 F		51,005.58 (ADMINISTRATIVE SUPPORT SPEC)		2	40	60000		3/18/1975	5000	85015
17317	07/27/2015	07/26/1970 M		97,216.33 (ADMIN CIVIC CLERK)		2	40				85015	
17328	07/27/2015	02/15/1991 M		58,850.40 (SEWER WORKER, SR (JWW))		2	40	200000			5000	85015
17329	08/10/2015	01/29/1981 M		81,977.14 (ENGINEERING ASSOCIATE, SR)		2	40				85187	
17330	08/10/2015	12/04/1987 M		75,515.48 (ENGINEERING ASSOCIATE, SR)		2	40				85187	
17331	08/10/2015	12/06/1988 M		83,480.00 (POLICE OFFICER)		2	40	60000		08/19/69	5000	85017
17332	08/10/2015	12/17/1974 M		72,485.40 (WATER SVCS SYS TECH SR)		2	40				85017	
17350	08/24/2015	02/07/1966 F		55,288.20 (PLANS EXAMINER SR)		2	40				85017	
17350	08/24/2015	02/05/1969 M		60,132.72 (WATER CONTROL ROOM OPERATOR)		2	40	50000			85017	

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Refine	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Address/ Life & ADSD election	Spouse Address/ Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
17053	02/08/2015	01/21/1962 M		86,459.36	FIRE INSPECTOR, SR	1	40					65305
17057	09/14/2015	04/06/1964 M		89,087.72	TRAFFIC SIGNAL TECHNICIAN, SR	2	40					65307
17061	09/19/2015	08/04/1960 F		76,322.28	ACCOUNT SPECIALIST, LEAD	2	40					65315
17062	09/08/2015	11/29/1957 M		45,487.54	TRANSPORT OPERATOR	2	30	200000				65241
17064	09/28/2015	08/28/1976 M		56,575.10	FOURWHEEL OPERATOR(SWIM)	2	40	200000	90000	4/16/1995		65241
17066	07/17/2012	07/01/1965 M		60,450.76	SERVICE WORKER, SR (PAWES)	2	40					65325
17067	10/17/2015	04/16/1962 M		135,689.22	MECHANICAL ENGINEER	2	40					65325
17069	10/19/2015	12/01/1971 M		113,573.94	SYSTEMS ADMINISTRATOR, SR	2	40	150000			5000	65165
17091	10/19/2015	11/26/1973 F		146,714.00	ASSISTANT DIRECTOR, FINANCE	2	40	160000	50000		5000	65188
17094	10/26/2015	11/05/1975 F		88,101.38	WATER RECLAIM FAC OPER, LEAD	2	40	200000		6/11/1989	4000	65110
17097	10/19/2015	04/27/1965 M		70,794.00	EQUIPMENT MAINTENANCE SPECIALIST	2	40	50000				65344
17403	11/19/2015	01/30/1962 M		209,428.85	DIRECTOR, WATER SERVICES	2	40	200000				65344
17406	11/29/2015	04/15/1966 M		61,697.26	UTILITY LOCATION	2	40					65344
17410	11/11/2015	11/29/1955 M		34,000.00	COUNCIL MEMBER	2	40	200000				65344
17414	11/09/2015	11/30/1963 M		57,391.86	SERVICE WORKER, SR (STREET)	2	40	200000			4600	65345
17416	11/25/2015	06/02/1974 F		43,241.34	CITY MANAGER	2	40					65345
17422	02/01/2016	06/28/1965 M		83,644.42	SOLID WASTE SERVICES REP	2	40	200000				65345
17426	11/30/2015	07/09/1978 M		81,495.00	TRANSPORT OPERATOR, LEAD	2	40	200000				65345
17430	11/16/2015	12/18/1965 M		85,480.00	POLICE OFFICER	2	40	100000				65345
17433	11/16/2015	09/18/1951 F		65,945.18	WATER TREATMENT PLANT	2	40					65345
17436	11/16/2015	09/18/1951 F		65,480.00	POLICE OFFICER	2	40	160000				65345
17441	11/16/2015	06/08/1966 F		170,415.00	DIRECTOR, COMMUNICATIONS	2	40	160000				65345
17444	05/02/2016	01/24/1966 F		160,407.68	MANAGER, DETENTION & FLEET SVC	2	40	160000				65345
17447	01/11/2016	12/04/1969 M		83,480.00	POLICE OFFICER	2	40					65345
17454	04/25/2016	08/27/1969 F		94,653.60	COMMUNITY SERVICES REP	2	40					65345
17458	02/18/2016	08/27/1969 F		94,415.60	COMMUNITY OPERATOR (SWIM)	2	40					65345
17460	02/18/2016	09/03/1962 M		84,400.28	POLICE COMMUNICATIONS SPEC	2	40					65345
17472	02/18/2016	07/22/1961 M		104,500.00	PROGRAM MANAGER	2	40	100000	90000	10/27/1975	5000	65345
17474	02/29/2016	10/23/1951 F		86,624.11	ADMINISTRATIVE COORDINATOR	2	40					65345
17485	02/12/2016	04/23/1968 M		86,624.11	ADMINISTRATIVE SUPPORT SPEC	2	40					65345
17487	04/14/2016	04/09/1968 M		86,624.11	POLICE ENGINEER (SR)	2	40	200000				65345
17488	02/12/2016	04/09/1968 M		123,000.00	MANAGER, INTERCOMPARISON SYSTEMS	2	40					65345
17490	02/12/2016	04/09/1968 M		82,487.44	POLICE ENGINEER (SR)	2	40					65345
17491	04/04/2016	11/14/1968 M		82,487.44	POLICE ENGINEER (SR)	2	40					65345
17492	04/04/2016	08/01/1991 M		82,487.44	POLICE ENGINEER (SR)	2	40					65345
17495	04/04/2016	03/21/1985 M		81,038.48	POLICE ENGINEER (SR)	2	40					65345
17496	04/04/2016	11/01/1989 M		81,038.48	POLICE ENGINEER (SR)	2	40					65345
17502	02/18/2017	03/16/1989 M		71,497.40	POLICE ENGINEER (SR)	2	40	50000				65345
17503	04/12/2016	02/06/1992 M		78,504.63	POLICE OFFICER	2	40	200000				65345
17506	04/12/2016	08/01/1992 M		78,504.63	POLICE OFFICER	2	40	200000				65345
17508	04/12/2016	03/02/1972 F		122,583.37	DEPUTY CHIEF OF POLICE	2	40					65345
17509	04/12/2016	09/19/1990 M		78,504.63	POLICE OFFICER	2	40	400000				65345

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Normal Per Week	Employee Additional Life & ADOD Pension	Spouse Additional Life & ADOD	Spouse Birth Date	Child Life & ADOD Street Amount	Employee Zip Code
17510	06/12/2016	02/28/1977	M	59,433.46	CUSTOMER SVC REP-3R	2	40	200,000	50,000	10/23/1985	74,610	85301
17511	06/12/2016	02/12/1987	M	56,433.46	WATER PLANT OPERATOR, 16	2	40	200,000			65,571	85301
17513	06/09/2016	02/02/1983	M	143,333.20	CONCRETE OPER. DR. WATER SERVICE	2	40	200,000			65,584	85301
17517	06/09/2016	07/02/1980	M	82,577.38	WATER PLANT OPERATOR, 16RD	2	40	100,000			65,572	85301
17519	06/02/2016	07/16/1991	F	79,504.62	POLICE OFFICER	2	40				65,512	85315
17521	06/02/2016	06/02/1987	M	108,333.64	POLICE OFFICER	2	40				65,516	85316
17522	05/02/2016	06/02/1995	M	79,504.62	POLICE OFFICER	2	40	500,000			65,516	85316
17525	05/02/2016	04/04/1959	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17526	05/09/2016	11/17/1978	M	77,733.64	COMMUNICATIONS SPECIALIST	2	40				65,516	85316
17528	07/25/2016	08/15/1960	M	60,183.75	WATER PLANT OPERATOR, 3R	2	40	200,000			65,516	85316
17528	09/06/2012	01/29/1995	F	60,183.75	POLICE OFFICER	2	40				65,516	85316
17531	11/02/2017	08/03/1982	M	65,516.66	ADMINISTRATIVE SUPPORT COORD	2	40	156,000			70,776	85316
17536	04/14/2016	08/02/1981	F	51,135.66	SERVICE WORKER (PAPER)	2	40				65,516	85316
17567	04/13/2016	02/01/1985	F	118,330.15	ASSISTANT CITY PROJECTOR	2	40				65,516	85316
17591	04/13/2016	10/04/1995	M	40,200.44	SERVICE WORKER (PAPER)	2	40				65,516	85316
17600	06/12/2016	11/22/1991	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17607	06/12/2016	08/03/1987	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17612	06/12/2016	07/22/1988	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17613	06/12/2016	07/25/1988	M	69,073.86	ADMINISTRATIVE SUPPORT SPEC	2	40				65,516	85316
17606	06/27/2016	01/13/1964	F	101,246.47	CONCRETEWORKING PROJECT MGR	2	40				65,516	85316
17607	06/27/2016	11/02/1970	M	69,038.90	FOREMAN, SOLIDWASTE MANAGEMENT	2	40				65,516	85316
17613	06/27/2016	08/02/1971	M	187,320.56	CITY CLERK	2	40				65,516	85316
17614	07/06/2016	08/02/1971	F	50,321.26	COMMUNITY SERVICES REP	2	40	200,000			65,516	85316
17620	07/06/2016	12/06/1961	M	79,510.10	CODE INSPECTOR, SR	2	40	50,000			65,516	85316
17621	07/06/2016	10/03/1960	F	72,484.10	CODE INSPECTOR	2	40				65,516	85316
17623	07/12/2016	06/07/1990	M	79,504.62	POLICE OFFICER	2	40	100,000			65,516	85316
17627	07/06/2016	09/10/1991	F	45,796.00	ADMINISTRATIVE SUPPORT SPEC	2	40				65,516	85316
17633	07/25/2016	06/08/1961	M	59,146.10	WATER SERVICE REPRESENTATIVE	2	40	100,000			65,516	85316
17637	08/01/2016	04/23/1981	M	79,504.62	POLICE OFFICER	2	40	99,000			51,015	85316
17638	08/01/2016	12/06/1991	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17639	08/01/2016	12/07/1991	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17640	08/02/2016	03/27/1991	F	86,399.92	POLICE OFFICER	2	40	100,000			52,001	85316
17644	08/02/2016	02/24/1976	F	88,880.41	PARAMEDIC	2	40	100,000			50,000	85316
17654	08/12/2016	02/04/1976	M	113,000.41	PARAMEDIC, CUSTOMER SERVICE	2	40				50,000	85316
17655	08/12/2016	02/04/1976	M	79,504.62	POLICE OFFICER	2	40				65,516	85316
17656	08/12/2016	10/28/1985	F	79,504.62	POLICE OFFICER	2	40				65,516	85316
17664	09/06/2016	07/24/1970	M	115,084.61	SYSTEMS ANALYST	2	40				65,516	85316
17670	09/09/2016	09/24/1972	M	70,479.10	EQ/PUMP MECHANIC, SR	2	40				65,516	85316
17692	11/12/2016	08/08/1989	M	64,000.60	ENGINEERING ASSOCIATE	2	40	200,000			65,516	85316
17700	12/09/2016	12/14/1993	M	54,999.40	SERVICE WORKER, SR (PAPER)	2	40				65,516	85316
17701	12/09/2016	06/27/1995	M	79,504.62	POLICE OFFICER	2	40	500,000			65,516	85316
17706	12/09/2016	05/14/1990	M	79,504.62	POLICE OFFICER	2	40	200,000			65,516	85316

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Release	Class 1, 2 or 3	Hourly Worked (Per Week)	Employee Additional Life & AD&D Section	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employer Zip Code
17700	10/09/2016	01/26/1971 M	F	76,504.60	POLICE OFFICER	3	40	200000				95487
17711	10/12/2016	04/06/1981 F	F	72,119.60	POLICE OFFICER	2	40	200000				95187
17712	10/09/2016	04/04/1981 F	F	71,510.17	VICTIM ASSISTANCE CASEWORKER	2	40	200000				95103
17713	10/09/2016	08/10/1971 M	M	115,064.00	SYSTEMS ANALYST	2	40		5000			95103
17715	10/05/2016	08/18/1974 M	M	80,148.65	SUPV. INMATE	2	40					95123
17722	10/09/2016	07/09/1959 M	M	62,047.54	LABORATORY TECHNICIAN, LEAD	2	40					95022
17726	10/09/2016	02/05/1970 M	M	82,026.33	SUPV. TALENT ENGINEERING	2	40	500000				95021
17731	10/12/2016	04/18/1986 M	M	79,504.62	POLICE OFFICER	2	40					95179
17738	10/12/2016	04/17/1984 M	M	85,697.78	THE ENGINEER SCI INMG	2	40					95140
17758	10/12/2016	10/30/1981 M	M	51,755.08	EQUIPMENT OPERATOR (PMH)	2	40					95108
17768	10/12/2016	06/17/1981 M	M	63,697.78	THE ENGINEER SCI INMG	2	40					95107
17774	11/14/2016	07/09/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17782	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17783	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17784	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17785	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17786	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17787	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17788	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17789	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17790	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17791	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17792	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17793	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17794	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17795	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17796	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17797	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17798	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17799	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17800	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17801	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17802	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17803	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17804	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17805	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17806	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17807	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17808	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17809	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17810	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17811	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17812	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17813	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17814	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17815	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17816	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17817	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17818	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17819	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17820	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17821	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17822	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17823	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17824	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17825	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17826	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17827	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17828	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17829	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17830	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17831	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17832	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17833	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17834	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17835	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17836	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17837	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17838	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17839	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17840	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17841	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17842	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17843	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17844	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17845	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17846	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17847	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17848	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17849	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17850	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17851	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17852	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17853	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17854	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17855	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17856	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17857	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17858	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17859	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17860	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17861	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17862	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17863	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17864	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17865	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17866	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17867	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17868	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17869	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17870	11/14/2016	08/12/1981 M	M	72,889.80	THE ENGINEER SCI INMG	2	40	100000				95179
17871	11/14/2016	08/12/1981 M	M	72,889.80								

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked Per Week	Employee Address / Life & ADRS Section	Spouse Address / Life & ADRS	Spouse Birth Date	Child Life & ADRS elected amount	Employee Zip Code
17855	10/26/2006	02/27/1967	F	46,025.88	POLICE DETENTION OFFICER	2	40					65273
17866	10/29/2014	11/10/1967	F	75,719.38	POLICE OFFICER	2	40					65212
17869	08/12/2017	06/06/1975	F	87,461.21	HR PROGRAM MANAGER	2	40					65345
17906	08/12/2017	07/11/1968	F	120,116.00	ADMIN. LIBRARIAN	2	40					65341
17907	08/12/2017	11/08/1958	M	64,671.02	LABORER	2	40					65179
17908	08/12/2017	02/05/1992	M	79,504.62	POLICE OFFICER	2	40					65107
17911	07/26/2017	04/10/1990	M	86,455.16	FIRE INSPECTOR, SR	2	40					65216
17912	06/26/2017	02/07/1974	M	116,622.86	ASSISTANT CITY INSPECTOR	2	40					65216
17914	06/27/2017	06/20/1991	M	79,504.62	POLICE OFFICER	2	40					65216
17916	06/27/2017	12/07/1963	F	75,310.20	SUPV. POLICE RESEARCH	2	40					65409
17921	07/12/2017	03/11/1964	F	63,388.72	LICENSING & TAPMASTER ANALYST	2	40					65005
17924	07/12/2017	04/16/1994	F	72,989.54	SUPV. DETENTION SERVICES	2	40					65035
17928	07/24/2017	09/06/1975	M	54,902.84	SERVICE WORKER (SWAN)	2	40					65035
17930	07/25/2017	07/30/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17931	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17932	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17933	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17934	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17935	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17936	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17937	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17938	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17939	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17940	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17941	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17942	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17943	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17944	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17945	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17946	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17947	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17948	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17949	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17950	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17951	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17952	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17953	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17954	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17955	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17956	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17957	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17958	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17959	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17960	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17961	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17962	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17963	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17964	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17965	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17966	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17967	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17968	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17969	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17970	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17971	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17972	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17973	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17974	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17975	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17976	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17977	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17978	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17979	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17980	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17981	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17982	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17983	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17984	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17985	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17986	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17987	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17988	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17989	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17990	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17991	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17992	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17993	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17994	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17995	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17996	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17997	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17998	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
17999	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18000	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18001	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18002	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18003	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18004	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18005	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18006	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18007	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18008	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18009	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18010	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18011	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18012	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18013	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18014	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18015	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18016	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18017	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18018	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18019	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18020	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18021	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18022	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					65292
18023	07/25/2017	10/03/1993	F	79,504.62	POLICE OFFICER	2	40					

Exhibit A

Emp ID	Date of Hire	Employee Salary	Gender	Annual	Occupation / Release	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Earm Date	Child Life & AD&D elected amount	Employee Zip Code
18082	02/12/2018	06/20/1965 F		84,077.24	MANAGEMENT ASSISTANT	2	40	100000				97124
18083	02/12/2018	09/12/1991 M		75,719.28	POLICE OFFICER	2	40	100000	50000	11/20/1993		97124
18084	02/12/2018	07/23/1991 M		75,719.28	POLICE OFFICER	2	40	100000				97124
18091	02/04/2018	04/20/1993 M		92,007.40	POLICE OFFICER	2	40	200000				97124
18093	02/09/2018	11/29/1993 F		44,694.30	CORRECTOR	2	40					97124
18095	09/12/2018	11/09/1979 F		69,136.00	PRODUCTION PHOTOGRAPHY	2	40	50000	25000	05/19/79		97124
18097	09/12/2018	09/28/1993 F		79,426.20	TECHNICAL SERVICES	2	40					97124
18102	09/26/2018	06/25/1988 F		42,796.00	WATER SERVICES REPRESENTATIVE	2	40	50000				97124
18106	09/26/2018	04/27/1984 M		54,307.94	SERVICE WORKER (GENERAL)	2	40	200000				97124
18107	09/26/2018	06/07/1984 M		54,307.94	TRANSPORTATION PLANNER, SR	2	40					97124
18112	06/29/2012	07/31/1987 F		30,124.63	TRANSPORTATION PLANNER, SR	2	40					97124
18126	04/06/2018	12/05/1971 M		61,275.54	TECHNICAL SERVICES SPEC	2	40					97124
18132	05/07/2018	03/23/1994 M		54,427.27	OPERATING ENGINEER SPEC	2	40					97124
18139	05/07/2018	06/07/1990 M		55,717.60	TECHNICAL SERVICES SPEC	2	40					97124
18144	05/23/2018	07/13/1979 F		75,719.28	POLICE OFFICER (RETIRED)	2	40					97124
18179	05/23/2018	09/14/1991 M		66,746.60	MANAGEMENT ASSISTANT	2	40	50000				97124
18181	05/23/2018	09/14/1991 M		66,746.60	MANAGEMENT ASSISTANT	2	40	50000				97124
18183	06/12/2018	08/12/1980 F		56,777.00	ACCOUNT SPECIALIST	2	40					97124
18184	06/12/2018	11/03/1985 M		120,172.50	ENTREPRENEUR NETWORK ENGINEER, SR	2	40	200000	100000	10/11/1985		97124
18185	06/12/2018	05/09/1995 F		58,894.24	POLICE OFFICER	2	40					97124
18186	06/12/2018	09/02/1991 F		58,894.24	POLICE OFFICER	2	40					97124
18190	06/12/2018	11/03/1991 M		75,719.28	POLICE OFFICER	2	40	200000	100000	2/27/1991		97124
18193	06/12/2018	11/03/1991 M		75,719.28	POLICE OFFICER	2	40					97124
18194	06/12/2018	11/03/1991 M		75,719.28	POLICE OFFICER	2	40					97124
18196	07/02/2018	08/14/1997 F		55,441.22	POLICE OFFICER	2	40					97124
18197	07/02/2018	08/14/1997 F		55,441.22	POLICE OFFICER	2	40					97124
18201	07/02/2018	01/21/1982 M		75,719.28	POLICE OFFICER	2	40	200000	100000	12/28/1982		97124
18202	07/02/2018	07/21/1982 M		75,719.28	POLICE OFFICER	2	40	200000	100000	7/14/1982		97124
18204	07/02/2018	04/11/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18205	07/02/2018	07/20/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18206	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18207	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18208	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18209	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18210	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18211	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18212	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18213	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18214	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18215	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18216	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18217	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18218	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18219	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18220	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18221	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18222	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18223	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18224	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18225	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18226	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18227	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18228	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18229	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18230	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18231	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18232	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124
18233	07/02/2018	04/21/1984 M		75,719.28	POLICE OFFICER	2	40					97124

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Referee	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D expenses	Spouse Additional Life & AD&D	Spouse Health Rate	Child Life & AD&D elected amount	Employee Zip Code
18278	07/25/2018	07/25/1967 M		38,668.00	ADAPTS, COMADAPT ACTION MISSA	2	40	100000	50000	42231995	5000	85318
18279	10/15/2018	04/10/1961 M		38,668.00	POLICE OFFICER	2	40					85318
18279	10/15/2018	04/10/1961 F		67,480.00	SUPV. ADAPTATION SUPPORT	2	40					85318
18284	02/16/2020	07/10/1981 M		69,675.00	SUPV. ADAPTS	2	40	100000	50000	31415625		85318
18285	08/09/2018	04/03/1971 M		66,117.72	QUALIFICATION OPERATOR SR. ISVHM	2	40	100000	50000	125301810	5000	85318
18287	11/05/2018	11/12/1959 M		66,117.72	WATER RECLAMATION OPER. SR.	2	40	200000				85318
18288	10/29/2018	08/15/1986 F		72,178.28	POLICE OFFICER	2	40					85318
18294	10/29/2018	09/25/1987 F		82,898.24	COMBINE, DEVELOPMENT SPEC	2	40	200000				85318
18296	11/05/2018	09/12/1976 M		82,782.40	COMBINE, DEVELOPMENT SPEC	2	40					85318
18300	11/05/2018	11/02/1970 M		82,782.40	INDUSTRIAL WATER SUPERVISOR	2	40	100000	50000	711871870		85318
18307	11/05/2018	06/15/1975 M		72,112.40	WATER TREAT. TECH. SR	2	40					85318
18309	11/05/2018	06/15/1975 M		72,112.40	WATER TREAT. TECH. SR	2	40					85318
18309	11/05/2018	06/15/1975 M		63,300.40	EQUIPMENT OPERATOR SR. (WARM)	2	40	100000				85318
18309	11/05/2018	06/15/1975 M		77,515.60	SECURITY SYSTEMS TECHNICIAN	2	40					85318
18312	12/07/2018	04/13/1967 M		64,802.44	COMBINE, DEVELOPMENT SPEC	2	40					85318
18314	11/05/2018	04/03/1966 M		62,785.00	WATER TREAT. TECH. SR	2	40	100000			5000	85318
18316	11/05/2018	02/04/1980 M		55,000.00	INDUSTRIAL WATER TREAT. TECH. SR	2	40					85318
18324	01/07/2018	01/07/1973 M		72,486.00	WATER TREAT. TECH. SR	2	40					85318
18325	01/07/2018	12/23/1971 M		87,832.44	BUILDING INSPECTOR SPECIALIST	2	40	200000	50000	211211974		85318
18327	01/24/2018	06/01/1968 M		156,797.00	DIRECTOR, ENGINEERING SERVICES	2	40					85318
18328	01/07/2018	11/10/1968 M		79,007.88	INDUSTRIAL WATER MECHANIC SR	2	40					85318
18330	01/21/2018	04/02/1971 M		75,201.34	SUPV. PLUMB	2	40	50160				85318
18332	01/28/2018	06/27/1982 F		51,477.42	ADMINISTRATIVE SUPPORT SPEC	2	40					85318
18333	01/28/2018	02/07/1982 F		58,277.02	INDUSTRIAL OPERATOR SR	2	40					85318
18333	01/28/2018	02/07/1982 F		66,593.22	INDUSTRIAL OPERATOR SR	2	40					85318
18334	01/28/2018	11/01/1953 M		61,941.88	VICTIM ASSISTANCE COUNSELOR	2	40	100000	50000	1/2071948	5000	85318
18340	02/05/2019	07/15/1979 F		79,007.88	VIDEO EDITOR/PHOTOGRAPHER	2	40	200000				85318
18342	02/19/2019	04/18/1956 M		82,644.12	VIDEO EDITOR/PHOTOGRAPHER	2	40	200000				85318
18344	02/19/2019	04/18/1956 M		82,644.12	VIDEO EDITOR/PHOTOGRAPHER	2	40	200000				85318
18345	02/19/2019	07/04/1959 M		72,112.40	POLICE OFFICER	2	40	100000				85318
18345	02/19/2019	07/04/1959 M		64,802.44	POLICE OFFICER	2	40	200000				85318
18351	02/25/2019	04/21/1964 M		64,802.44	POLICE OFFICER	2	40	200000				85318
18355	02/25/2019	07/18/1964 M		54,917.72	CO-ART CLERK	2	40					85318
18360	04/15/2019	04/01/1961 M		72,112.40	POLICE OFFICER	2	40	200000				85318
18370	04/15/2019	04/01/1961 M		72,112.40	POLICE OFFICER	2	40	200000				85318
18382	04/15/2019	06/01/1968 M		72,112.40	POLICE OFFICER	2	40	100000	50000	112171833		85318
18404	04/15/2019	01/17/1990 M		62,085.66	PUR. EQUIP. SR. HRS	2	40	200000	50000	562419930	5000	85318
18406	04/15/2019	01/17/1990 M		62,085.66	PUR. EQUIP. SR. HRS	2	40	200000	50000	1072871930		85318
18406	04/15/2019	01/17/1990 M		81,018.88	PUR. EQUIP. SR. HRS	2	40	200000	50000	942311991	5000	85318
18407	04/15/2019	01/17/1990 M		81,018.88	PUR. EQUIP. SR. HRS	2	40	200000	50000	81671985	5000	85318
18408	04/15/2019	01/17/1990 M		81,018.88	PUR. EQUIP. SR. HRS	2	40	200000	50000	81671985	5000	85318
18409	04/15/2019	01/17/1990 M		81,018.88	PUR. EQUIP. SR. HRS	2	40	200000	50000	81671985	5000	85318
18410	04/15/2019	01/17/1990 M		81,018.88	PUR. EQUIP. SR. HRS	2	40	200000	50000	81671985	5000	85318

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADOD election	Spouse Additional Life & ADOD	Spouse Birth Date	Child Life & ADOD elected amount	Employee Zip Code
18113	04/25/2019	06/21/1959	M	54,087.02	SERVICE WORKER (VANTS)	2	40					65363
18118	07/06/2019	09/21/1981	M	68,479.00	POLICE OFFICER	2	40	250,000				65387
18437	06/03/2019	01/08/1981	F	77,281.08	POLICE RESERVATIONIST ANALYST	2	40	500,000	130,000	08/11/1967	5000	65378
18438	05/20/2019	10/04/1987	M	60,836.42	WATER PLANT OPERATOR	2	40					65340
18443	03/13/2019	09/25/1982	M	56,906.20	EQUIPMENT OPERATOR (SMM)	2	40	35,000			5000	65343
18446	03/20/2019	06/09/1987	M	47,076.50	FLEET TRIP SPECIALIST	2	40					65345
18447	05/20/2019	07/29/1985	M	113,280.00	ARCHITECT SR.	2	40					65371
18462	05/28/2019	11/29/1974	M	115,448.70	ADDITIONAL CITY PRODUCTION SR.	2	40	200,000	50,000	3/4/1975	5000	65415
18464	05/28/2019	09/01/1977	M	82,888.76	EQUIPMENT MECHANIC SPECIALIST	2	40					65253
18465	06/04/2019	12/01/1981	M	60,658.00	WASTE WASTE INSANT INSPECTION	2	40					65345
18478	06/04/2019	03/03/1993	M	50,708.84	POLICE DETENTION OFFICER	2	40					65378
18479	09/24/2012	12/25/1994	F	70,820.10	ACCOUNTANT	2	40					65388
18484	04/10/2019	06/13/1991	M	310,810.00	ADDITIONAL INVESTIGATION	2	40	250,000				65396
18488	04/17/2019	03/01/1976	M	16,309.00	PUBLIC SERVICE ASSISTANT	2	20					65396
18491	12/04/2019	07/29/1995	M	58,305.00	WATER SVCS SYS TECH SR	2	40					65388
18494	06/24/2019	11/03/1985	M	68,148.80	WATER SVCS SYS TECH SR	2	40					65388
18499	07/01/2019	11/17/1981	M	76,150.12	TRUCKS WORKER LEAD	2	40	50,000				65388
18502	07/06/2019	01/29/1971	M	69,506.68	EQUIPMENT OPERATOR, SR. (SMM)	2	40					65388
18508	07/15/2019	08/01/1985	F	119,488.56	DIGITAL COMMUNICATIONS TECH SR	2	40	200,000	25,000	6/28/1985	6000	65388
18511	07/15/2019	06/08/1980	M	133,205.00	ENTERPRISE NETWORK ENGINEER SR	2	40	50,000				65388
18514	07/22/2019	11/24/1982	M	86,110.00	ADMIN, CODE COMPLIANCE	2	40	100,000	50,000	10/11/1982	5000	65388
18516	07/22/2019	09/18/1987	M	59,799.48	RENOVATE FACILITIES TECHician	2	40	200,000				65388
18518	06/05/2019	10/20/1983	M	70,786.25	SUPV. LIBRARY OPERATIONS	2	40					65388
18527	07/29/2019	06/15/1985	F	61,550.54	LIBRARY ASSISTANT, SR	2	40	200,000				65388
18528	07/29/2019	06/14/1971	M	76,105.80	EQUIPMENT OPERATOR (SMM)	2	40	100,000			5000	65388
18530	07/29/2019	06/15/1985	F	76,105.80	WATERWORKS ANALYST	2	40	100,000				65388
18532	03/27/2012	05/24/1980	M	55,764.04	COUNTY CLERK	2	40					65388
18537	06/05/2018	11/08/1980	F	49,514.50	TRUCKS SERVICES SPECIALIST	2	40					65388
18541	06/05/2018	01/16/1981	F	72,543.12	BUILDING INSPECTOR	2	40					65388
18543	06/12/2018	07/02/1976	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18546	06/12/2018	03/04/1984	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18547	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18548	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18549	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18550	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18551	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18552	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18553	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18554	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18555	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18556	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18557	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18558	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18559	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18560	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18561	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18562	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18563	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18564	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18565	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18566	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18567	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18568	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18569	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18570	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18571	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18572	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18573	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18574	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18575	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18576	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18577	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18578	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18579	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18580	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388
18581	06/12/2018	01/08/1981	M	62,886.64	TRUCKS SERVICES SPECIALIST	2	40	200,000				65388

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Release	Class 1, 2 or 3	Hourly Wages (per hour)	Employee Additional Life & AD&D Deduction	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
15534	08/23/2018	12/15/1980	F	11,340.00	MANAGER, BANKER	2	20					55102
15535	07/17/2021	02/16/1999	F	11,340.00	CLERICAL SERVICE, ASSISTANT	2	20					55102
15536	10/14/2018	01/16/1997	M	53,606.00	CLERICAL SERVICE, ASSISTANT	2	40					55102
15537	10/14/2018	12/01/1993	F	53,606.00	CLERICAL SERVICE, ASSISTANT	2	40					55102
15538	10/14/2018	04/07/1988	M	72,119.00	POLICE OFFICER	2	40	200000				55102
15539	10/14/2018	08/08/2001	M	50,132.00	WATER SERVICES REPRESENTATIVE	2	40					55102
15540	10/14/2018	09/16/1999	M	50,132.00	WATER SERVICES REPRESENTATIVE	2	40					55102
15541	10/14/2018	08/03/1981	F	70,700.00	CLERICAL SERVICE, ASSISTANT	2	40					55102
15542	10/14/2018	08/03/1981	F	154,011.00	CITY TRAFFIC ENGINEER	2	40					55102
15543	10/14/2018	08/03/1979	F	150,000.00	CHIEF OF POLICE	2	40					55102
15544	10/14/2018	08/03/1979	F	80,157.72	WATER PLANT OPERATOR, SR	2	40	200000				55102
15545	10/14/2018	11/14/1978	F	99,596.00	WATER PLANT OPERATOR, SR	2	40	200000				55102
15546	10/14/2018	03/04/1986	M	81,367.21	RECREATION COORDINATOR	2	40					55102
15547	10/14/2018	08/08/1975	F	108,738.01	SWIFT PROGRAM MANAGER	2	40					55102
15548	10/14/2018	11/23/1970	M	67,276.42	TRUCK DRIVER, TECHNICIAN, SR	2	40					55102
15549	10/14/2018	03/03/1983	M	82,401.04	RECREATION COORDINATOR	2	40					55102
15550	10/14/2018	10/23/1984	F	75,680.02	FOURTH GRADE TEACHER	2	40					55102
15551	10/14/2018	08/28/1987	F	54,111.20	TRUCK DRIVER	2	40					55102
15552	10/14/2018	09/20/1981	F	75,680.02	FOURTH GRADE TEACHER	2	40					55102
15553	10/14/2018	09/20/1981	F	75,680.02	FOURTH GRADE TEACHER	2	40					55102
15554	10/14/2018	12/28/1980	M	90,381.60	PLUMBER, SR	2	40					55102
15555	10/14/2018	12/28/1980	M	90,381.60	PLUMBER, SR	2	40					55102
15556	10/14/2018	08/29/1980	F	71,464.18	VICTIM ASSISTANCE COORDINATOR	2	40					55102
15557	10/14/2018	10/04/1979	M	106,316.43	MANAGER, OPS & RESTRUCTURING	2	40					55102
15558	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15559	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15560	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15561	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15562	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15563	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15564	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15565	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15566	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15567	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15568	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15569	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15570	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15571	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15572	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15573	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15574	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15575	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15576	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15577	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15578	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15579	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15580	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15581	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15582	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15583	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15584	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15585	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15586	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15587	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15588	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15589	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15590	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15591	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15592	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15593	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15594	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15595	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15596	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15597	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15598	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15599	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15600	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15601	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15602	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15603	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15604	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15605	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15606	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15607	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15608	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15609	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15610	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15611	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15612	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15613	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15614	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15615	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15616	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15617	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15618	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15619	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15620	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15621	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15622	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15623	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15624	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15625	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15626	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15627	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15628	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15629	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15630	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15631	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15632	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15633	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15634	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15635	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15636	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15637	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15638	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15639	10/14/2018	02/28/1987	M	90,381.60	PLUMBER, SR	2	40					55102
15640	10/14/2018	02/2										

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Addressal Life & ADSD	Spouse Addressal Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
18681	03/20/2008	06/27/1968 F		62,448.00 ACCOUNTANT		2	40	500000	215000	6/10/1966		65303
18682	03/23/2008	03/03/1970 F		72,480.00 ACCOUNTANT		2	40					65306
18683	03/23/2008	10/29/1969 M		50,688.00 SUPERVISOR, REGULATION		2	40					65308
18684	04/11/2008	01/11/1976 M		125,187.00 CIVIL ENGINEER, SR		2	40					65112
18700	05/11/2008	05/14/1976 M		83,352.00 POLICE OFFICER		2	40					65387
18701	04/27/2008	01/04/1962 M		83,352.00 POLICE OFFICER		2	40					65387
18702	05/04/2008	03/04/1995 M		55,156.00 POLICE OFFICER (SWAT)		2	40					65387
18703	05/04/2008	09/19/1971 M		50,736.00 POLICE OFFICER (SWAT)		2	40					65387
18704	04/27/2008	12/01/1996 M		66,672.00 POLICE OFFICER		2	40					65355
18705	04/27/2008	10/15/1988 M		66,672.00 POLICE OFFICER		2	40					65387
18706	04/27/2008	03/27/1969 M		92,017.40 POLICE OFFICER		2	40					65388
18709	05/11/2008	12/29/1994 F		52,800.00 ACCOUNTANT		2	40					65378
18710	05/14/2008	10/21/1988 F		51,912.00 TRAFFIC SERVICES SPECIALIST		2	40					65383
18711	05/14/2008	11/03/1984 F		61,440.00 TRAFFIC SERVICES SPECIALIST		2	40					65374
18712	07/20/2008	07/14/1989 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65383
18713	07/20/2008	03/23/1995 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65383
18714	07/20/2008	10/28/1996 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65383
18715	07/20/2008	12/15/1996 F		56,135.00 FIRE FIGHTER (S) HRS		2	40					65387
18716	07/20/2008	06/09/1985 M		56,135.00 FIRE FIGHTER (S) HRS		2	40	100000	50000	11/11/1987	5000	65387
18717	07/20/2008	07/02/1994 M		56,135.00 FIRE FIGHTER (S) HRS		2	40	200000	10000	7/27/1997	5000	65374
18718	07/20/2008	06/05/1997 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65374
18719	07/20/2008	01/21/1995 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65374
18721	07/20/2008	09/08/1994 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65374
18722	07/20/2008	09/12/1999 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65374
18723	07/20/2008	02/05/1993 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65374
18724	06/15/2008	09/29/1994 M		75,719.38 POLICE OFFICER		2	40	400000	100000	5/15/1992	6000	65382
18726	06/15/2008	02/13/1990 M		110,679.50 EMERGENCY MANAGER		2	40	200000	50000	12/27/1992	5000	65382
18728	07/09/2008	10/23/1979 F		124,062.00 SAFT, WATER SVCS OPER/MANTR		2	40	200000	50000	5/25/1984	5000	65382
18729	06/22/2008	06/10/1976 M		51,660.00 TRAFFIC SERVICES SPECIALIST		2	40					65384
18731	06/03/2008	06/10/1963 M		200,000.00 CHIEF INFORMATION OFFICER		2	40					65384
18732	06/24/2008	04/26/1965 M		99,540.76 EQUIPMENT OPERATION (SWW)		2	40					65384
18733	07/29/2008	11/22/1992 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65384
18735	07/13/2008	10/16/1993 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65384
18738	07/13/2008	08/08/1993 M		56,135.00 FIRE FIGHTER (S) HRS		2	40					65384
18741	07/20/2008	06/30/1987 F		65,844.00 INDUSTRIAL MAINT MECHANIC, JR		2	40	500000	50000	3/14/1986	5000	65384
18743	06/03/2008	06/30/1987 F		65,844.00 INDUSTRIAL MAINT MECHANIC, JR		2	40					65384
18744	06/03/2008	03/07/1994 M		65,844.00 INDUSTRIAL MAINT MECHANIC, JR		2	40					65384
18754	03/09/2011	12/21/1994 F		65,844.00 INDUSTRIAL MAINT MECHANIC, JR		2	40					65384
18756	09/14/2008	02/15/1978 F		51,438.00 COURT CLERK		2	40	200000	50000	3/14/1986	5000	65384
18760	06/04/2012	02/26/1991 F		51,438.00 COURT CLERK		2	40					65384
18761	09/14/2008	07/27/1961 M		74,379.96 VOLUNTARY COORDINATOR		2	40					65384
18763	09/21/2008	11/29/1963 F		57,814.00 BUSINESS ANALYST		2	40	100000	40000	3/12/1983		65384
18764	09/09/2008	08/10/1985 M		57,814.00 BUSINESS ANALYST		2	40					65384
18767	09/09/2008	07/25/1990 F		57,814.00 BUSINESS ANALYST		2	40					65384
18768	09/09/2008	07/25/1990 F		57,814.00 BUSINESS ANALYST		2	40					65384

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Refuse	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
18771	06/03/2010	04/20/1991 F	F	40,981.30	ADMINISTRATIVE SUPPORT ASST	2	40					85324
18772	06/14/2010	04/22/1997 F	F	68,799.90	CLERK POLICE COMMUNICATIONS	2	40	200000	40000	3/18/1974		85387
18773	06/14/2010	01/08/1980 M	M	71,566.16	POLICE COMMUNICATIONS SFC	2	40	50000				85383
18775	06/14/2010	07/23/1998 F	F	51,068.68	TRUCK SERVICES SPECIALIST	2	40	200000	50000			85383
18777	06/28/2010	11/28/1972 M	M	116,933.27	SOFTWARE ENGINEER, SR	2	40			7/10/1978		85013
18780	06/28/2010	11/24/1977 M	M	44,553.60	SENIOR WORKER PARKS	2	40					85302
18782	10/05/2000	06/27/1970 F	F	45,405.34	POLICE OFFICER	2	40					85387
18783	10/12/2000	06/27/1978 M	M	48,679.00	POLICE OFFICER	2	40					85388
18784	10/12/2000	06/27/1998 M	M	48,679.00	POLICE OFFICER	2	40					85308
18785	10/12/2000	06/04/1999 F	F	58,684.15	VEHICLE ASSISTANCE CATERING	2	40					85315
18788	10/12/2000	12/29/1988 F	F	51,733.86	EQUIPMENT OPERATOR, SN, DPMV	2	40					85028
18789	10/12/2000	12/26/1985 M	M	52,815.62	EQUIPMENT OPERATOR, SN, DPMV	2	40					85010
18790	10/12/2000	10/18/1984 M	M	45,465.98	DEVELOPMENT SERVICES REP	2	40					85145
18792	10/12/2000	06/08/1978 M	M	54,513.68	DEVELOPMENT SERVICES REP	2	40					85145
18793	10/12/2000	11/11/1992 F	F	61,031.62	EQUIPMENT OPERATOR, SN, DPMV	2	40					85145
18794	10/12/2000	09/03/1983 M	M	65,435.40	CLERK POLICE COMMUNICATIONS	2	40					85145
18796	10/12/2000	08/13/1987 M	M	68,679.00	POLICE OFFICER	2	40					85145
18801	11/09/2010	01/06/1999 M	M	120,584.00	CLERK POLICE COMMUNICATIONS	2	40					85145
18804	11/09/2010	03/14/1990 M	M	120,584.00	CLERK POLICE COMMUNICATIONS	2	40					85145
18805	11/09/2010	03/14/1990 M	M	120,584.00	CLERK POLICE COMMUNICATIONS	2	40					85145
18806	11/09/2010	03/03/1992 F	F	68,073.79	CHEMIST	2	40					85109
18807	11/16/2010	09/18/1995 F	F	69,444.54	INDUSTRIAL MAINT MECHANIC	2	40					85109
18808	11/16/2010	09/21/1980 M	M	69,444.54	INDUSTRIAL MAINT MECHANIC	2	40					85109
18809	11/16/2010	05/26/1972 M	M	61,549.00	EQUIPMENT OPERATOR, SN, DPMV	2	40					85061
18813	12/08/2000	06/28/1981 M	M	65,172.12	CRIMINALS SECTION	2	40	200000	27000	3/8/1976	5000	85013
18814	11/30/2000	01/03/1975 M	M	130,799.00	INDUSTRIAL MAINT AND FINANCE	2	40					85109
18820	12/07/2000	07/28/1986 M	M	71,988.20	WATER SVCS SYS TECH, SR	2	40					85109
18821	12/07/2000	06/26/1975 M	M	71,988.20	WATER SVCS SYS TECH, SR	2	40					85109
18823	12/07/2000	10/06/1982 F	F	80,137.72	CIVIC CENTER EVENT COORDINATOR	2	40					85109
18824	12/14/2000	04/17/1987 M	M	80,137.72	WATER SVCS SYS TECH, SR	2	40					85109
18825	12/14/2000	12/27/1987 M	M	80,137.72	WATER SVCS SYS TECH, SR	2	40					85109
18826	01/04/2001	08/23/1970 M	M	131,340.80	ADJUTANT GEN. ATTORNEY	2	40					85109
18827	12/21/2000	04/02/1996 M	M	48,679.00	POLICE OFFICER	2	40	50000	20000	2/12/1972	5000	85109
18829	12/21/2000	08/23/1996 M	M	48,679.00	POLICE OFFICER	2	40					85109
18831	03/29/2001	04/13/1972 M	M	68,073.79	WATER PLANT OPERATOR, SR	2	40					85109
18832	03/29/2001	09/27/1985 F	F	75,822.41	TRUCK SERVICES	2	40					85109
18833	03/29/2001	09/27/1985 F	F	75,822.41	TRUCK SERVICES	2	40					85109
18834	03/29/2001	02/07/2000 F	F	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18844	03/29/2001	02/07/2000 F	F	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18847	03/29/2001	01/28/1991 M	M	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18849	03/29/2001	11/14/1981 M	M	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18851	03/29/2001	10/22/1993 M	M	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18852	03/29/2001	06/24/1989 M	M	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18853	03/29/2001	06/24/1989 M	M	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109
18854	03/29/2001	01/03/1994 M	M	59,135.06	FIRE FIGHTER 152 HRS	2	40					85109

Exhibit A

Emy ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AODD election	Spouse Additional Life & AODD	Spouse Birth Date	Child Life & AODD elected amount	Employee Zip Code
18855	02/16/2001	09/26/1995 M		59,135.90 FIRE FIGHTER 22 HRO		2	40					65287
18857	02/16/2001	06/17/1986 M		59,135.90 FIRE FIGHTER 22 HRO		2	40	200000				65288
18858	02/06/2001	01/24/1987 M		59,135.00 BUILDING INSPECTOR SPECIALIST		2	40					65289
18859	08/14/2003	04/07/1999 M		45,760.00 SERVICE WORKER (STREET)		2	40					65290
18862	02/16/2001	04/29/1961 M		98,349.21 SUPV. FLEET MAINTENANCE/ACQUISIT		2	40	100000	\$0.000	7/16/1962		65292
18864	02/22/2002	06/11/1960 M		67,579.72 TAVOLIS WORKER		2	40					65293
18866	02/09/2002	11/29/1960 M		55,784.92 BUILDING INSPECTOR SPECIALIST		2	40					65294
18869	04/18/2002	10/30/1980 M		111,428.35 ENTERPRISE NETWORK ENGINEER		2	40					65295
18872	04/05/2002	04/04/1980 F		80,137.72 WATER BULKHEAD FAC OPS, SR		2	40					65296
18873	02/22/2002	05/29/1971 F		46,218.04 ADMINISTRATIVE SUPPORT ASST		2	40	50000	05000	1/02/1970	5000	65297
18874	04/22/2002	09/17/1992 M		302,355.00 GIS ANALYST, SR		2	40					65298
18875	02/22/2002	09/15/1970 M		59,857.98 EQUIPMENT OPERATOR (SWM)		2	40					65299
18877	02/22/2002	02/23/1974 F		59,857.98 EQUIPMENT OPERATOR (SWM)		2	40					65300
18882	03/08/2002	06/16/1985 M		54,195.00 DEPUTY DIRECTOR, FIELD OPS		2	40	100000				65301
18884	04/19/2002	04/02/1968 M		61,660.00 MANAGEMENT ASSISTANT		2	40					65302
18886	04/19/2002	11/29/1992 F		81,660.00 VIDEO EDITOR/PHOTOGRAPHER		2	40					65303
18888	06/20/2002	08/26/1992 F		56,660.00 ACCOUNT SPECIALIST		2	40	50000	25000	1/28/1992		65304
18890	06/20/2002	04/09/1997 F		81,772.80 CONTRACT MONITOR		2	40					65305
18893	06/20/2002	04/09/1997 F		125,350.00 SUPV. WATER SVCS OPER/MNT		2	40					65306
18894	06/20/2002	09/02/1967 M		139,000.00 CITY JUDGE		2	40	300000	50000	8/20/1964	5000	65307
18895	06/24/2002	09/22/1970 M		139,000.00 INTERNAL AUDIT PROGRAM MANAGER		2	40	50000	25000	6/13/1970		65308
18896	06/24/2002	07/21/1964 M		51,881.78 POLICE RECORDS SPECIALIST		2	40					65309
18897	06/24/2002	02/29/1986 F		75,589.00 POLICE SCIENTIST		2	40	50000				65310
18898	06/24/2002	04/16/1996 F		58,093.48 POLICE OPERATOR OFFICER		2	40	200000				65311
18899	06/24/2002	07/17/1972 F		103,897.50 ADMIN. FINANCIAL OPERATIONS		2	40					65312
18900	06/24/2002	06/24/1996 M		43,081.80 CUSTOMER SVC MGR		2	40	50000				65313
18901	06/24/2002	07/17/1972 F		72,541.38 RECREATION COORDINATOR		2	40	50000				65314
18902	06/24/2002	10/01/1977 M		86,351.38 WATER PLANT OPERATOR, LEAD		2	40	200000				65315
18903	06/24/2002	10/01/1977 M		75,460.64 FIRE FIGHTER 40-485		2	40	300000				65316
18904	06/24/2002	10/01/1965 M		75,460.64 FIRE FIGHTER 40-485		2	40	200000				65317
18905	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000	100000	10/22/1962	5000	65318
18906	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65319
18907	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65320
18908	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65321
18909	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65322
18910	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65323
18911	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65324
18912	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65325
18913	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65326
18914	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65327
18915	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65328
18916	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65329
18917	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65330
18918	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65331
18919	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65332
18920	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65333
18921	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65334
18922	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65335
18923	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65336
18924	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65337
18925	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65338
18926	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65339
18927	06/24/2002	05/08/1967 M		75,460.64 FIRE FIGHTER 40-485		2	40	100000				65340

Exhibit A

Emp. ID	Date of Hire	Employee DOB	Gender	Annual Salary	Description / Title	Class 1, 2 or 3	Hours Worked (per Week)	Employee Addressal Life & AD&D	Spouse Addressal Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
19028	09/13/2021	04/20/1991 M		75,485.34	PERF REGISTER (S1 1855)		40	200000				85155
19030	09/18/2022	11/20/1999 M		61,718.21	PLANE STANDBY		40	200000				85140
19031	09/18/2022	05/17/1999 M		65,609.24	POLICE OFFICER		40	500000				85093
19032	12/16/2021	04/21/1995 M		59,650.46	TRANSIT OPERATOR, LEO		40	500000				85093
19036	09/30/2021	05/05/1994 M		61,497.85	SERVICE WORKER, S01 181750		40	200000		12/21/1983		85093
19038	09/23/2021	11/24/1999 M		65,409.24	POLICE OFFICER		40	500000				85087
19042	09/18/2021	06/08/1999 M		65,409.24	POLICE OFFICER		40	500000		12/18/1990		85085
19047	02/19/2021	09/07/1991 F		155,342.51	ASSISTANT CITY ATTORNEY		40	200000				85139
19051	02/19/2021	09/07/1991 F		40,648.44	POLICE WORKER (INTERNS)		40	200000				85139
19057	09/13/2021	07/26/1990 F		111,208.01	POLICE DETENTION OFFICER		40	200000				85224
19058	09/13/2021	07/26/1990 F		117,248.01	OFFICE CLERK (INTEGRITY)		40	200000				85224
19059	09/13/2021	04/14/1994 M		54,652.58	OFFICE CLERK (INTEGRITY)		40	200000				85224
19064	06/02/2021	07/17/1993 M		61,497.85	TRANSIT OPERATOR, LEO		40	200000				85101
19066	10/09/2021	04/01/1994 M		61,497.85	TRANSIT OPERATOR, LEO		40	200000				85101
19072	09/07/2021	10/20/1998 M		62,400.00	WATER WORKS SFT TECH 3A		40	200000				85103
19074	10/04/2021	01/17/1995 M		64,008.75	LABORER, BCT 65410H		40	200000				85103
19075	09/07/2021	11/15/1971 M		65,409.24	POLICE OFFICER		40	200000				85103
19076	10/11/2021	04/01/1989 F		38,141.02	WATER PLANT OPERATOR, SR		40	200000				85103
19078	10/04/2021	02/13/1986 M		65,409.24	POLICE OFFICER		40	200000				85106
19079	10/18/2021	06/18/1990 M		65,409.24	POLICE OFFICER		40	200000				85140
19080	10/04/2021	04/18/2000 M		65,409.24	POLICE OFFICER		40	200000				85140
19081	10/04/2021	10/11/1994 M		65,409.24	POLICE OFFICER		40	200000				85140
19083	10/04/2021	10/11/1994 M		65,409.24	POLICE OFFICER		40	200000				85140
19084	10/04/2021	00/13/1990 M		65,409.24	POLICE OFFICER		40	200000				85140
19086	10/11/2021	10/10/1989 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19087	10/11/2021	07/07/1991 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19091	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19093	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19094	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19095	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19096	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19097	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19098	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19099	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19100	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19101	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19102	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19103	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19104	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19105	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19106	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19107	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19108	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19109	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19110	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19111	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19112	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19113	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19114	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19115	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19116	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19117	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19118	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19119	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19120	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19121	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19122	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19123	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19124	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19125	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19126	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19127	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19128	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19129	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19130	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19131	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19132	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19133	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19134	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19135	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19136	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19137	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19138	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19139	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19140	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19141	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19142	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19143	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19144	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19145	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19146	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19147	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19148	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19149	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19150	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19151	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19152	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19153	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19154	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19155	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19156	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19157	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19158	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19159	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19160	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19161	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000				85144
19162	10/18/2021	09/17/1999 M		66,765.80	LABORER, BCT 65410H		40	200000	</			

Em ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Rating	Class 1, 2 or 3	Hours Worked Per Week	Employee Addressal Life & ADSD election	Spouse Addressal Life & ADSD	Spouse birth Date	Child Life & ADSD elected amount	Employee Zip Code
19130	02/18/2002	08/23/1991 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40	200000				60313
19131	02/18/2002	06/02/2001 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40	200000	50000	12/27/2000		60308
19132	02/18/2002	06/02/1990 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40	200000				60308
19133	02/18/2002	11/12/2000 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19134	02/18/2002	06/27/1990 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40	300000	50000	01/15/1989	5000	60308
19135	02/18/2002	06/27/1990 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19136	02/18/2002	06/27/1990 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40	50000		7/20/1992	5000	60308
19137	02/18/2002	06/27/1990 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19138	12/22/2001	08/02/1991 F		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19139	12/22/2001	08/02/1991 F		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19141	02/18/2002	08/23/1991 F		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19146	02/18/2002	08/23/1991 F		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19151	02/18/2002	09/10/1981 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19152	02/18/2002	11/07/1988 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40					60308
19159	02/18/2002	08/02/1980 M		\$6,333.00	FIRE FIGHTER (S1 HES)	1	40	300000	60000	01/15/1985		60308
19165	02/28/2002	02/26/1997 F		\$6,333.00	POLICE OFFICER (S1 HES)	1	40	100000		01/15/1985		60308
19167	02/28/2002	08/17/1990 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19168	02/28/2002	08/17/1990 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19169	02/28/2002	02/18/1990 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19171	02/28/2002	11/23/1978 F		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19172	02/28/2002	02/03/2000 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19176	03/07/2002	04/02/2002 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19178	03/14/2002	03/14/1998 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19179	03/14/2002	03/14/1998 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19184	03/21/2002	06/12/1996 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19185	03/28/2002	07/20/1996 F		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19189	04/01/2002	05/10/1994 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19192	02/28/2002	07/21/1991 F		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19193	02/28/2002	07/21/1991 F		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19195	02/28/2002	09/14/1991 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19196	02/28/2002	09/14/1991 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19197	02/28/2002	09/14/1991 M		\$6,333.00	POLICE OFFICER (S1 HES)	1	40					60308
19198	02/28/2002	09/14/1991 M		\$6,33								

Exhibit A

Emp. ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Relative	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADSD election	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
10233	06/07/2002	03/10/1990	M	133,037.50	CNT. PROGRAMS, SR	1	40					60017
10234	08/07/2002	08/02/1995	F	120,000.00	TECHNICAL PROGRAM MANAGER	1	40					60012
10235	06/09/2002	06/12/1986	M	100,000.00	CYBERSECURITY PROJECT MGR	1	40					60012
10236	06/16/2002	06/12/1978	F	82,075.25	ADMINISTRATIVE SUPPORT COORD	2	40	100000	50000	3/19/1978	0000	60012
10237	06/06/2002	11/04/1996	M	10,000.00	CLERICAL	2	40					60012
10238	07/11/2002	07/14/1986	M	66,666.60	CONTRACT, SOLIDWASTE MANAGER/INT	2	40	100000				60012
10239	05/07/2002	08/08/1986	F	45,380.53	CAREER	2	40					60012
10240	05/09/2002	05/04/1975	M	55,000.00	COLUMBIAN OPERATOR (BAM)	2	40	50000				60012
10241	05/03/2002	12/11/1990	F	91,100.00	TRANSPORTATION ENGINEER	2	40	200000				60012
10242	05/03/2002	08/11/1971	M	86,666.60	PAWK MANAGER	2	40	100000	50000	6/8/1973	0000	60012
10243	05/23/2002	07/09/1964	F	18,551.34	PAWK SERVICE ASSISTANT	2	40					60012
10271	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10272	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10273	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10274	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10275	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10276	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10277	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10278	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10279	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10280	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10281	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10282	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10283	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10284	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10285	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10286	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10287	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10288	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10289	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10290	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10291	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10292	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10293	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10294	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10295	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10296	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10297	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10298	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10299	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10300	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10301	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10302	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10303	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10304	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10305	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10306	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10307	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10308	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10309	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10310	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10311	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10312	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10313	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10314	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10315	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10316	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10317	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10318	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10319	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10320	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10321	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10322	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10323	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10324	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10325	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10326	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10327	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10328	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10329	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10330	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10331	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10332	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10333	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10334	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10335	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10336	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012
10337	05/18/2002	06/06/1963	F	30,160.18	PAWK SERVICE ASSISTANT	2	40					60012

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Address/ Line & APOD	Spouse Address/ Line & APOD	Spouse Birth Date	Child Life & APOD effective amount	Employee Zip Code
10336	07/11/2002	12/16/1997 F		53,745.00	POWELL COUNTY SHERIFFS SPEC	2	40					65279
10340	08/15/2002	12/07/1991 M		54,445.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10341	08/01/2002	06/05/1985 M		13,007.50	POWELL COUNTY SHERIFFS SPEC	2	40	200005	501000	12/30/1985		65282
10343	07/11/2002	12/24/1997 M		55,651.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10344	07/18/2002	06/13/1987 M		91,855.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10346	07/24/2002	07/21/1990 M		40,130.00	POWELL COUNTY SHERIFFS SPEC	2	40	200000	501000	7/21/1991		65282
10349	07/18/2002	08/27/1998 M		45,445.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10350	08/13/2002	12/20/1970 M		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10354	07/28/2002	10/04/1997 M		55,000.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10355	08/13/2002	08/27/1998 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10359	07/25/2002	04/13/1995 F		54,522.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10361	08/15/2002	05/29/1994 M		124,755.00	POWELL COUNTY SHERIFFS SPEC	2	40	200000				65282
10362	08/15/2002	05/29/1994 M		60,137.72	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10364	08/06/2002	10/08/1988 F		60,137.72	POWELL COUNTY SHERIFFS SPEC	2	40	501000				65282
10367	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10369	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10370	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10371	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10372	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10373	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10374	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10375	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10376	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10377	08/06/2002	12/17/1988 F		62,504.44	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10380	08/22/2002	10/24/1991 F		70,542.87	POWELL COUNTY SHERIFFS SPEC	2	40	100000				65282
10381	08/22/2002	10/24/1991 F		70,542.87	POWELL COUNTY SHERIFFS SPEC	2	40	100000				65282
10383	08/13/2002	01/18/1981 F		76,500.40	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10385	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10386	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10387	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10388	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10389	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10390	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10391	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10392	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10393	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10394	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10395	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10396	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10397	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10398	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10399	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10400	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10401	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10402	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10403	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10404	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10405	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10406	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10407	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10408	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10409	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10410	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10411	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282
10412	08/29/2002	10/30/1991 F		51,315.00	POWELL COUNTY SHERIFFS SPEC	2	40					65282

Exhibit A

Emy ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADSD election	Spouse Additional Life & ADSD	Spouse Birth Date	Child Life & ADSD elected amount	Employee Zip Code
19414	09/26/2002	04/14/1966	M	102,125.00	CAPTECH/ENTERING PROJECT MGR	2	40	100000	100000	6/16/1968		88272
19415	10/06/2002	11/05/1980	F	55,990.00	ADMINISTRATIVE SUPPORT SPEC	2	40	100000	100000			88272
19426	10/17/2002	06/12/1979	M	116,490.00	SYSTEMS ADMINISTRATION SR	2	40	200000	200000			88272
19430	10/06/2002	02/18/1982	F	57,770.00	POLICE COMMUNICATIONS SPEC	2	40	200000	50000	2/21/1992	5000	88272
19432	10/10/2002	10/16/1970	M	218,000.00	ENG. CHIEF	2	40					88272
19433	10/03/2002	09/10/1971	M	71,450.00	WATER PLANT OPERATOR, SR	2	40	100000	75000	2/28/1972		88272
19436	09/26/2002	03/16/1970	M	38,713.00	LABORER, OPERATION	2	40	100000				88272
19437	10/10/2002	08/09/1964	M	202,310.00	CHIEF/ENGINEERING PROJECT MGR	2	40	100000	100000			88272
19439	10/10/2002	06/09/1970	M	80,615.00	INDUSTRIAL MAINT ELECTRICIAN	2	40	100000				88272
19440	10/10/2002	06/10/1995	M	78,506.00	POLICE OFFICER	2	40	200000	50000	4/27/1995		88272
19441	10/10/2002	07/22/1985	F	51,375.00	FORENSIC SCIENTIST	2	40	200000				88272
19443	10/10/2002	03/01/1995	M	78,506.00	POLICE OFFICER	2	40	200000				88272
19444	10/10/2002	03/28/1970	M	51,607.00	TRUCK OPERATOR	2	40	200000				88272
19445	10/10/2002	03/25/1969	M	70,579.00	CODE INSPECTOR	2	40	200000				88272
19446	10/10/2002	04/20/1979	M	64,102.00	CODE INSPECTOR	2	40	200000				88272
19447	10/10/2002	07/26/1979	M	95,000.00	DATA PROCESSING PROG MGR	2	40	100000				88272
19448	10/10/2002	08/15/1983	M	101,327.00	INFO TECHNOLOGY PROJECT MGR	2	40	200000				88272
19449	10/10/2002	09/05/1990	M	74,500.00	CODE INSPECTOR, SR	2	40	200000				88272
19450	10/10/2002	11/28/1973	M	67,579.00	TRUCKS WORKER	2	40	200000				88272
19451	10/10/2002	02/02/2001	F	62,025.00	WATER CONSERVATION SPECIALIST	2	40	200000				88272
19452	10/10/2002	06/05/1999	M	65,899.00	PROBATIONARY POLICE OFFICER	2	40	200000				88272
19453	10/10/2002	09/29/1971	M	132,809.00	ADMIN. AIRPORT	2	40	200000				88272
19456	10/10/2002	05/16/1996	M	65,899.00	PROBATIONARY POLICE OFFICER	2	40	200000				88272
19457	10/10/2002	10/09/1990	M	71,113.00	POLICE OFFICER	2	40	200000				88272
19458	11/07/2002	11/21/1994	M	48,410.18	COURT CLERK	2	40	200000				88272
19460	10/10/2002	08/12/1977	F	51,600.12	ADMINISTRATIVE SUPPORT ASST	2	40	200000				88272
19461	10/10/2002	08/19/1988	M	47,713.00	ADMINISTRATIVE SUPPORT ASST	2	40	200000				88272
19462	10/10/2002	08/19/1988	M	51,600.12	COURT CLERK	2	40	200000				88272
19465	10/17/2002	12/15/1997	F	54,490.00	POLICE COMMUNICATIONS SPEC	2	40	100000				88272
19466	10/17/2002	11/09/1970	F	54,750.00	ADMINISTRATIVE SUPPORT SPEC	2	40	200000				88272
19467	10/17/2002	07/31/1978	F	74,524.00	ADMINISTRATIVE SUPPORT SPEC	2	40	200000				88272
19468	10/17/2002	08/05/1978	M	77,369.00	CONTACT MOUNTAIN	2	40	200000				88272
19470	10/17/2002	11/26/1990	F	53,769.00	LIBRARY ASSISTANT, LEAD	2	40	200000				88272
19471	11/07/2002	03/21/1969	F	55,769.00	DEVELOPMENT SERVICES REP	2	40	200000				88272
19472	11/07/2002	04/19/1972	F	51,600.12	DEVELOPMENT SERVICES REP	2	40	200000				88272
19477	10/24/2002	09/17/1984	M	59,776.00	SENIOR WORKER (SHEET)	2	40	200000				88272
19478	10/24/2002	05/14/1986	F	69,764.00	SENIOR WORKER (SHEET)	2	40	200000				88272
19479	10/24/2002	07/22/1993	F	61,665.00	DEVELOPMENT SERVICES REP	2	40	200000				88272
19482	11/07/2002	06/16/1995	M	61,665.00	DEVELOPMENT SERVICES REP	2	40	200000				88272
19484	10/17/2002	11/21/1986	M	61,665.00	DEVELOPMENT SERVICES REP	2	40	200000				88272
19485	10/17/2002	04/16/1971	M	79,877.00	WATER STATION TECHNICIAN	2	40	200000				88272
19486	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19487	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19488	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19489	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19490	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19491	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19492	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19493	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19494	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19495	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19496	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19497	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19498	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19499	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272
19500	10/17/2002	05/16/1987	F	48,192.00	CAD/CADD SDC REP	2	40	200000				88272

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Relative	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D section	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
19103	11/07/2022	06/28/1988 F		107,750.00	ASSISTANT CITY PRODUCER	2	40	200000	50000	4/29/1985	5000	85338
19499	11/14/2022	08/08/1984 M		56,100.00	FAIR SWAGGER	2	40					85338
19503	11/16/2022	01/04/1973 M		77,400.00	REVALUATION COORDINATOR	2	40	200000	50000	12/13/1973		85338
19506	12/12/2022	03/10/1973 F		55,415.18	ACCOUNTS PAYABLE SPECIALIST	2	40	160000				85338
19507	11/28/2022	02/18/1985 M		70,335.20	BUILDING INSPECTOR	2	40	160000	50000	5/26/1985		85338
19509	11/28/2022	02/24/2002 M		44,350.00	POLICE DETENTION OFFICER	2	40					85338
19510	12/05/2022	09/28/2001 M		47,751.98	TRAFFIC SERVICES SPECIALIST	2	40					85338
19511	01/26/2023	08/10/1988 F		51,075.96	HR HIGHER HS HSG	2	40	500000				85346
19512	01/26/2023	08/10/1988 F		51,075.96	HR HIGHER HS HSG	2	40					85346
19513	01/26/2023	08/10/1989 M		51,075.96	HR HIGHER HS HSG	2	40	200000			5000	85346
19514	01/26/2023	08/10/1989 M		51,075.96	HR HIGHER HS HSG	2	40				5000	85346
19515	01/26/2023	08/12/1993 F		51,075.96	HR HIGHER HS HSG	2	40					85346
19516	12/05/2022	09/17/2023 F		59,394.26	CUSTOMER SVC REP	2	40					85304
19517	12/05/2022	09/17/2023 F		81,750.00	BUSINESS ANALYST	2	40					85304
19518	12/05/2022	09/17/2023 F		85,400.24	PROBATIONARY POLICE OFFICER	2	40	160000	50000	11/12/1990		85304
19519	12/12/2022	08/12/1993 M		91,751.57	ADMIN, CODE COORDINATOR	2	40	130000				85302
19520	12/19/2022	11/25/1988 F		81,750.00	HR ANALYST	2	40					85302
19521	02/03/2023	11/27/1970 M		85,498.24	PROBATIONARY POLICE OFFICER	2	40	200000				85302
19522	12/19/2022	01/02/1990 F		51,075.96	ADMINISTRATIVE SUPPORT SPEC	2	40	160000				85302
19523	12/19/2022	01/02/1990 F		51,075.96	ADMINISTRATIVE SUPPORT SPEC	2	40	160000				85302
19524	12/19/2022	01/02/1990 F		51,075.96	ADMINISTRATIVE SUPPORT SPEC	2	40	160000				85302
19525	12/12/2022	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40	200000				85302
19526	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19527	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19528	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19529	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19530	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19531	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19532	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19533	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19534	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19535	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					85302
19536	01/03/2023	02/01/1992 F		46,815.00	POLICE PROBATIONARY SPEC	2	40					

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Refuse	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Address (Life & AODD Section)	Spouse Address (Life & AODD)	Spouse Birth Date	Child Life & AODD entered amount	Employee Zip Code
15973	03/16/2013	08/23/1991 M	M	11,275.36	FIRE FIGHTER 31 (REG)	2	40					65216
15974	01/28/2013	12/26/1996 F	F	44,648.36	POLICE PROBATIONARY SPEC	2	40					65216
15975	01/28/2013	03/18/1976 F	F	70,538.10	HR TECHNICIAN	2	40					65216
15976	02/06/2013	01/23/1985 M	M	63,716.00	LABORATORY TECHNICIAN	2	40					65216
15977	03/13/2013	06/27/1996 M	M	97,155.80	GRANTS PROGRAM MANAGER	2	40					65216
15978	03/13/2013	09/06/1978 M	M	81,772.86	CRISIS CONNECTION CONTROL SPEC	2	40					65216
15979	03/05/2013	09/21/1993 M	M	46,197.46	EQUIPMENT OPERATION (SWM)	2	40					65216
15980	02/13/2013	09/18/1975 F	F	88,356.00	PROCURMENT OFFICER	2	40					65216
15981	02/13/2013	01/28/1994 M	M	51,076.56	FIRE FIGHTER 12 (REG)	2	40					65216
15982	02/27/2013	11/22/1999 F	F	51,702.00	POLICE FORENSIC SPECIALIST	2	40					65216
15983	02/27/2013	06/03/1979 M	M	46,197.46	EQUIPMENT OPERATOR (SWM)	2	40					65216
15984	02/21/2013	04/20/1988 M	M	66,971.34	TRUCKS WORKER	2	40					65216
15985	02/21/2013	04/18/1981 M	M	54,994.78	EQUIPMENT OPERATOR 3K (SWM)	2	40					65216
15986	03/05/2013	04/30/1982 M	M	49,122.08	SERVICE WORKER (LANDFILL)	2	40					65216
15987	03/05/2013	06/26/1978 F	F	56,956.32	TRANSPORTATION EDUCATION SPEC	2	40					65216
15988	03/20/2013	06/23/1974 M	M	80,137.72	WATER PLANT OPERATOR 3K	2	40					65216
15989	02/27/2013	09/04/1986 F	F	67,516.00	RECREATION COORDINATOR	2	40					65216
15990	03/13/2013	11/26/1970 F	F	71,975.64	CITY CLERK SPECIALIST 58	2	40					65216
15991	03/13/2013	01/19/1987 F	F	76,302.30	EXECUTIVE MANAGEMENT ASSISTANT	2	40					65216
15992	03/20/2013	04/10/1999 F	F	51,276.88	LIBRARY ASSISTANT 2K	2	40					65216
15993	03/13/2013	12/02/1999 M	M	56,408.24	PROBATIONARY POLICE OFFICER	2	40					65216
15994	03/13/2013	10/17/1991 F	F	56,408.24	CITY CLERK SPECIALIST	2	40					65216
15995	03/13/2013	08/03/1991 M	M	76,462.18	EQUIPMENT MECHANIC SPECIALIST	2	40					65216
15996	04/27/2013	11/07/1991 M	M	82,460.00	PROBATIONARY POLICE OFFICER	2	40					65216
15997	04/27/2013	03/18/1991 M	M	76,371.28	PROBATIONARY POLICE OFFICER	2	40					65216
15998	04/27/2013	03/06/1991 F	F	56,408.24	WATER SYSTEMS TECHNICIAN	2	40					65216
15999	04/27/2013	11/21/1991 M	M	90,425.00	MEDIA REL. & COMM. PRG. MANAGER	2	40					65216
16000	03/27/2013	09/24/1984 M	M	43,170.92	POLICE PROBATIONARY SPECIALIST	2	40					65216
16001	03/27/2013	09/04/1984 M	M	52,057.20	SERVICE WORKER (LANDFILL)	2	40					65216
16002	03/27/2013	11/21/1991 M	M	52,057.20	LANDFILL OPERATOR	2	40					65216
16003	03/27/2013	10/28/1977 M	M	61,606.20	CORRECTION	2	40					65216
16004	03/27/2013	11/21/1991 M	M	61,606.20	CORRECTION	2	40					65216
16005	03/27/2013	11/21/1991 M	M	48,207.92	ADMINISTRATIVE SUPPORT SPEC	2	40					65216
16006	03/27/2013	11/21/1991 M	M	51,428.08	POLICE COMMUNICATIONS SPEC	2	40					65216
16007	03/27/2013	04/28/1984 M	M	61,291.44	POLICE OFFICER TRAINEE	2	40					65216
16008	03/27/2013	02/23/1995 F	F	72,012.04	POLICE OFFICER TRAINEE	2	40					65216
16009	03/27/2013	03/18/1970 M	M	76,554.80	EQUIPMENT MECHANIC SPECIALIST	2	40					65216
16010	03/27/2013	03/18/1970 M	M	76,554.80	EQUIPMENT MECHANIC SPECIALIST	2	40					65216
16011	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16012	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16013	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16014	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16015	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16016	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16017	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16018	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16019	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16020	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16021	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16022	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16023	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16024	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16025	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16026	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16027	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16028	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16029	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16030	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16031	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16032	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16033	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16034	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16035	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16036	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16037	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16038	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16039	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16040	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16041	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16042	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16043	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16044	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16045	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16046	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16047	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16048	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16049	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16050	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16051	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16052	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16053	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16054	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16055	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16056	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16057	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16058	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16059	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16060	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16061	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16062	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16063	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16064	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16065	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16066	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16067	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16068	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16069	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16070	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16071	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16072	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16073	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16074	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216
16075	03/27/2013	03/18/1970 M	M	60,215.00	WATER PLANT OPERATOR 3K	2	40					65216

Exhibit A

Emp. ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
18730	03/22/2023	06/03/1997 M		65,428.32	PROBATIONARY POLICE OFFICER	1	40					65231
18734	03/20/2023	03/13/1997 F		50,446.60	PROBATIONARY POLICE OFFICER	1	40					65231
18737	03/22/2023	07/09/1999 M		55,428.32	PROBATIONARY POLICE OFFICER	1	40					65231
18738	05/12/2023	01/09/1992 M		55,256.44	POLICE OFFICER TRAINEE	1	40					65231
18739	05/15/2023	01/05/1995 M		55,487.60	TOURNAMENT OPERATOR (SMW)	1	40					65231
18742	06/05/2023	12/26/1971 F		55,720.00	SURV. HOLDING	1	40					65231
18743	06/12/2023	11/24/1985 M		117,150.00	TESTING ANALYST, SR	2	40					65231
18744	05/21/2023	06/12/1961 M		65,409.24	PROBATIONARY POLICE OFFICER	1	40					65231
18745	06/12/2023	07/12/1961 M		65,428.32	PLANNER, SR	1	40					65231
18747	06/05/2023	09/27/1971 M		67,092.50	WATER SVCS SYS TECHNICIAN	1	40			06/28/1973		65231
18749	05/25/2023	04/26/2000 M		65,409.24	PROBATIONARY POLICE OFFICER	1	40					65231
18750	05/22/2023	06/10/1991 M		65,409.24	PROBATIONARY POLICE OFFICER	1	40			4/12/1992		65231
18761	06/12/2023	11/09/1971 M		65,409.24	TOURNAMENT OPERATOR (SMW)	1	40					65231
18763	06/05/2023	01/23/1973 M		65,428.32	POLICE OFFICER (SMW)	1	40					65231
18764	06/05/2023	04/07/2001 M		65,409.24	POLICE OFFICER (SMW)	1	40					65231
18765	06/19/2023	04/29/1970 F		72,407.22	COMMUNITY SERVICES PROGRAM COORD	2	40					65231
18766	06/12/2023	01/21/1971 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18768	06/12/2023	04/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18769	07/10/2023	01/26/1976 M		72,407.22	COMMUNITY SERVICES PROGRAM COORD	2	40					65231
18770	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18771	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18772	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18773	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18774	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18775	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18776	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18777	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18778	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18779	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18780	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18781	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18782	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18783	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18784	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18785	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18786	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18787	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18788	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18789	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18790	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18791	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18792	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18793	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18794	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18795	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18796	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18797	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18798	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18799	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18800	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18801	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18802	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18803	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18804	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231
18805	06/12/2023	01/26/1976 M		65,380.00	ACCOUNT SPECIALIST	1	40					65231

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Relative	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Address/ Life & AOSD	Spouse Address/ Life & AOSD	Spouse Birth Date	Child Life & AOSD Record amount	Employee Zip Code
19808	07/24/2003	06/07/2000	F	55,996.96	PUBLIC SERVICE ASSISTANT	1	20					85304
19809	07/26/2003	10/27/1988	F	55,996.96	PUBLIC SERVICE ASSISTANT	1	20					85305
19811	08/14/2003	06/07/2000	M	65,409.24	PROBATIONARY POLICE OFFICER	2	40	203005			5408	85302
19812	08/07/2003	11/29/1986	F	64,751.70	MANAGEMENT ASSISTANT	1	40	203005	50060	11/27/1979	2408	85306
19813	08/07/2003	06/26/1981	M	57,990.40	COOK / RECEPTION	2	40	203005	50060	12/19/1967	5003	85307
19816	08/07/2003	09/30/1987	M	62,599.80	TRADES WORKER	2	40	203005	50060			85308
19817	08/14/2003	09/20/1987	M	62,599.84	POLICE OFFICER / TRAFFIC	2	40					85309
19822	08/14/2003	08/03/1990	M	62,409.24	PROBATIONARY POLICE OFFICER	2	40					85316
19823	08/07/2003	02/06/1991	M	510,000.00	SUPV. IT INFRASTRUCTURE	2	40					85316
19824	08/07/2003	11/06/1993	M	75,548.80	STAFFING SPECIALIST	2	40	203005				85317
19825	08/07/2003	08/16/1993	M	55,607.64	TRADE OPERATOR	2	40		55007	07/28/1978	5001	85318
19826	08/07/2003	08/16/1993	M	65,772.80	INDUSTRIAL MGMT TECHNICIAN	2	40	240000				85315
19827	08/14/2003	07/26/1991	M	65,409.24	PROBATIONARY POLICE OFFICER	2	40					85315
19828	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19829	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40	240000				85315
19830	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19831	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19832	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19833	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19834	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19835	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19836	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19837	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19838	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19839	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19840	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19841	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19842	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19843	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19844	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19845	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19846	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC	2	40					85315
19847	08/14/2003	07/26/1991	M	65,409.24	POLICE OFFICER / TRAFFIC							

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Relative	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Address/ Life & ADSD Section	Spouse Address/ Life & ADSD	Spouse Birth Date	Child Life & ADSD Shared amount	Employee Zip Code
18600	09/24/2013	10/21/1978 F		17,912.60	PUBLIC SERVICE ASSISTANT	2	30					85334
18691	10/03/2013	10/09/1968 M		84,999.96	VICARIO EPIDEMIOLOGISTA	2	40					85334
18692	10/09/2013	11/09/1966 F		47,840.00	ADMINISTRATIVE SUPPORT ASST	2	40					85334
18697	10/16/2013	09/28/1972 F		170,000.00	CITY ASORB	2	40	50000				85334
18698	10/09/2013	12/04/1977 F		63,480.00	CODE INSPECTOR	2	40					85334
18699	10/09/2013	09/24/1982 F		18,916.40	PUBLIC SERVICE ASSISTANT	2	30					85334
18695	10/09/2013	09/24/1982 F		10,917.20	PUBLIC SERVICE ASSISTANT	2	20					85334
18696	10/09/2013	11/09/1970 F		114,171.20	MANAGER, POLICE COMMUNICATIONS	2	40					85334
18697	10/03/2013	02/09/1986 M		58,751.88	FOUNDER OPERATOR (PWA)	2	40					85334
18698	10/09/2013	05/18/1967 M		63,500.00	CODE INSPECTOR	2	40					85334
18699	10/09/2013	10/29/1977 F		17,721.60	PUBLIC SERVICE ASSISTANT	2	30					85334
18694	10/09/2013	12/22/1985 M		75,000.00	TECHNICIAN	2	40					85334
18695	10/09/2013	09/09/1980 F		106,000.00	RESERVATIONIST	2	40					85334
18696	10/24/2013	09/16/1983 M		106,000.00	ASSISTANT TO THE DIRECTOR	2	40					85334
18697	11/11/2013	12/13/1975 M		54,500.00	PARK MANAGER	2	40	200,000				85334
18698	11/11/2013	12/13/1975 M		54,500.00	PARK MANAGER	2	40	200,000				85334
18699	11/11/2013	12/13/1975 M		54,500.00	PARK MANAGER	2	40	200,000				85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18695	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18696	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18697	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18698	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18699	11/29/2013	09/21/1981 M		42,723.92	COURT CLERK	2	40					85334
18694	11/29/2013	09/21/1981 M		42,723.92	COURT							

Entry ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Release	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional LIA & ADDL direction	Spouse Additional LIA & ADDL	Spouse Birth Date	Child LIA & ADDL elected amount	Employee Zip Code
19996	01/01/2012	06/26/1991 M	M	\$2,354.40	POLICE OFFICER TRAFFIC	2	40					851308
19997	12/18/2015	12/18/1993 M	M	\$2,512.00	SENTRY WORKER (PASS)	2	40					851396
19998	02/04/2004	11/04/1999 M	M	\$8,521.99	PIE INSPECTOR TRAINEE	2	40					851004
19999	02/08/2004	10/23/2001 M	M	\$8,021.88	PIE INSPECTOR TRAINEE	2	40	200000				851981
19983	12/18/2015	10/29/1993 M	M	\$9,966.48	SENTRY WORKER (PASS)	2	40					851038
19984	01/16/2004	04/27/1994 M	M	\$1,433.00	CONTRACT MONITOR	2	40					851038
19985	01/16/2004	08/17/1994 M	M	\$1,433.00	CONTRACT MONITOR	2	40					851038
19986	01/02/2004	12/23/1994 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40	500000				850642
19987	01/02/2004	04/18/2001 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19988	01/02/2004	09/15/1994 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19989	12/08/2003	09/15/1994 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19990	01/02/2004	11/25/1994 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19991	01/02/2004	09/12/2000 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19992	01/02/2004	07/19/2000 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19993	01/02/2004	08/16/2001 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40	150000				850642
19994	01/02/2004	08/16/2001 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19995	01/02/2004	07/12/1996 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19996	01/02/2004	10/25/1976 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19997	01/02/2004	09/15/1977 M	M	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19998	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19999	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19990	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19991	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19992	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19993	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19994	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19995	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19996	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19997	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19998	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19999	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19990	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19991	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					850642
19992	01/02/2004	08/25/1979 F	F	\$4,000.00	POLICE OPERATOR (PASS)	2	40					

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Routine	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D affected amount	Employee Zip Code
700233		08/23/1950 M		30000	RETIRED RETIRE		0					01725
712020		08/04/1934 F		30000	RETIRED RETIRE		0					01702
705426		10/27/1935 F		40000	RETIRED RETIRE		0					01532
704442		04/26/1935 F		40000	RETIRED RETIRE		0					01505
700228		08/26/1960 F		40000	RETIRED RETIRE		0					02574
705872		04/29/1954 M		45000	RETIRED RETIRE		0					02520
703310		08/20/1958 F		46000	RETIRED RETIRE		0					02903
710469		01/17/1965 F		46000	RETIRED RETIRE		0					02043
710717		08/15/1970 M		47000	RETIRED RETIRE		0					02348
709905		07/31/1956 F		47000	RETIRED RETIRE		0					02345
710803		03/31/1957 M		47000	RETIRED RETIRE		0					02304
706284		03/30/1950 M		48000	RETIRED RETIRE		0					02374
706296		02/15/1950 M		48000	RETIRED RETIRE		0					02083
700214		02/15/1950 M		48000	RETIRED RETIRE		0					02315
711910		12/27/1951 F		48000	RETIRED RETIRE		0					02103
704630		11/20/1951 F		48000	RETIRED RETIRE		0					02103
708868		01/17/1955 M		50000	RETIRED RETIRE		0					02501
702817		04/01/1955 M		51000	RETIRED RETIRE		0					02075
704438		03/24/1956 M		51000	RETIRED RETIRE		0					02579
705765		03/24/1956 M		51000	RETIRED RETIRE		0					02502
702930		04/27/1950 F		52000	RETIRED RETIRE		0					02582
704607		12/18/1955 M		52000	RETIRED RETIRE		0					02582
703197		11/24/1957 M		53000	RETIRED RETIRE		0					02504
705086		08/17/1957 F		54000	RETIRED RETIRE		0					02583
704080		12/01/1953 F		54000	RETIRED RETIRE		0					02583
704231		08/11/1961 M		54000	RETIRED RETIRE		0					02579
708630		02/10/1954 M		54000	RETIRED RETIRE		0					02579
701377		09/17/1954 M		54000	RETIRED RETIRE		0					02579
703466		05/25/1959 M		54000	RETIRED RETIRE		0					02511
704521		01/15/1956 M		54000	RETIRED RETIRE		0					02511
708997		09/04/1959 F		55000	RETIRED RETIRE		0					02582
708058		09/11/1968 F		55000	RETIRED RETIRE		0					02582
704427		08/22/1958 M		56000	RETIRED RETIRE		0					02504
704865		12/14/1962 M		56000	RETIRED RETIRE		0					02509
705385		06/03/1958 F		56000	RETIRED RETIRE		0					02440
708365		02/12/1962 M		56000	RETIRED RETIRE		0					01551
704884		07/27/1968 F		57000	RETIRED RETIRE		0					01551
710586		01/28/1959 M		57000	RETIRED RETIRE		0					01574
704746		05/05/1955 F		57000	RETIRED RETIRE		0					01574
708606		08/02/1976 F		57000	RETIRED RETIRE		0					01579
703337		05/07/1971 M		58000	RETIRED RETIRE		0					02908
703401		03/24/1968 F		58000	RETIRED RETIRE		0					02918
703747		02/12/1962 M		58500	RETIRED RETIRE		0					02911

Exhibit A

Emp. ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Retiree	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & ADSD election	Spouse Address Life & ADSD	Spouse Birth Date	Child Life & ADSD record amount	Employee Zip Code
704193		02/02/1956 M		58500	RECEIVED RETIREE	3	0					05306
704472		07/18/1955 M		58500	RECEIVED RETIREE	3	0					05308
704411		02/14/1956 M		58500	RECEIVED RETIREE	3	0					05311
709780		02/01/1958 F		58500	RECEIVED RETIREE	3	0					51078
700816		02/08/1959 M		58500	RECEIVED RETIREE	3	0					05343
703335		02/08/1964 M		58500	RECEIVED RETIREE	3	0					05356
700896		04/12/1957 M		58500	RECEIVED RETIREE	3	0					51245
700118		02/10/1959 F		58500	RECEIVED RETIREE	3	0					05355
700134		02/10/1959 F		58500	RECEIVED RETIREE	3	0					05352
700832		05/15/1954 F		58500	RECEIVED RETIREE	3	0					05342
700818		04/08/1953 F		58500	RECEIVED RETIREE	3	0					05179
700944		07/01/1957 M		58500	RECEIVED RETIREE	3	0					05152
700944		01/05/1956 M		58500	RECEIVED RETIREE	3	0					05172
700780		07/22/1955 M		58500	RECEIVED RETIREE	3	0					05142
703748		03/26/1954 M		58500	RECEIVED RETIREE	3	0					05489
706183		07/01/1956 M		58500	RECEIVED RETIREE	3	0					05381
703879		06/24/1956 M		58500	RECEIVED RETIREE	3	0					05312
704572		06/24/1956 F		58500	RECEIVED RETIREE	3	0					05384
705489		06/24/1956 F		58500	RECEIVED RETIREE	3	0					05381
705532		07/16/1958 M		58500	RECEIVED RETIREE	3	0					05382
706741		01/11/1957 F		58500	RECEIVED RETIREE	3	0					05387
706898		02/16/1963 M		58500	RECEIVED RETIREE	3	0					05396
706487		06/18/1955 F		58500	RECEIVED RETIREE	3	0					05396
709773		07/24/1959 M		58500	RECEIVED RETIREE	3	0					05341
706502		06/15/1961 M		58500	RECEIVED RETIREE	3	0					05346
706503		02/28/1962 M		58500	RECEIVED RETIREE	3	0					05346
706539		06/17/1956 M		58500	RECEIVED RETIREE	3	0					05341
706539		06/17/1956 M		58500	RECEIVED RETIREE	3	0					05341
706485		09/20/1954 F		58500	RECEIVED RETIREE	3	0					05341
706942		09/17/1964 M		58500	RECEIVED RETIREE	3	0					05341
706230		08/14/1962 M		58500	RECEIVED RETIREE	3	0					05341
706906		03/02/1956 M		58500	RECEIVED RETIREE	3	0					05341
706944		08/27/1954 M		58500	RECEIVED RETIREE	3	0					05341
704644		09/06/1957 M		58500	RECEIVED RETIREE	3	0					05341
704952		02/08/1979 M		58500	RECEIVED RETIREE	3	0					05341
713177		09/28/1954 M		58500	RECEIVED RETIREE	3	0					05341
704878		02/08/1967 M		58500	RECEIVED RETIREE	3	0					05341
705481		05/12/1958 M		58500	RECEIVED RETIREE	3	0					05341
70543		11/20/1962 M		58500	RECEIVED RETIREE	3	0					05341
705238		11/08/1962 M		58500	RECEIVED RETIREE	3	0					05341
705896		11/08/1962 M		58500	RECEIVED RETIREE	3	0					05341
706211		07/08/1958 M		58500	RECEIVED RETIREE	3	0					05341
704878		11/08/1955 M		58500	RECEIVED RETIREE	3	0					05341
705006		07/08/1956 F		58500	RECEIVED RETIREE	3	0					05341
705215		11/11/1954 M		58500	RECEIVED RETIREE	3	0					05341
705461		09/05/1961 M		58500	RECEIVED RETIREE	3	0					05341
705142		08/24/1956 M		58500	RECEIVED RETIREE	3	0					05341
705017		12/17/1958 F		58500	RECEIVED RETIREE	3	0					05379

Exhibit A

Emp ID	Date of Hire	Employee DOB	Gender	Annual Salary	Occupation / Refere	Class 1, 2 or 3	Hours Worked (Per Week)	Employee Additional Life & AD&D election	Spouse Additional Life & AD&D	Spouse Birth Date	Child Life & AD&D elected amount	Employee Zip Code
706103		03/28/1957 M		75000	RECEIVED RETIRE	3	0					81122
705207		09/20/1967 F		75000	RECEIVED RETIRE	3	0					85023
703347		11/09/1959 M		75000	RECEIVED RETIRE	3	0					65083
703816		08/21/1956 M		75000	RECEIVED RETIRE	3	0					65081
704463		08/23/1958 M		75000	RECEIVED RETIRE	3	0					65081
706608		10/13/1961 M		75000	RECEIVED RETIRE	3	0					65081
707948		00/19/1967 M		75000	RECEIVED RETIRE	3	0					65054
708346		02/10/1964 M		75000	RECEIVED RETIRE	3	0					65054
708797		02/06/1966 M		75000	RECEIVED RETIRE	3	0					65045
708816		12/21/1959 F		75000	RECEIVED RETIRE	3	0					65074
706515		11/20/1957 F		75000	RECEIVED RETIRE	3	0					65079
712472		04/20/1958 M		75000	RECEIVED RETIRE	3	0					65071
704034		08/21/1962 M		75000	RECEIVED RETIRE	3	0					76514
704059		12/21/1961 M		75000	RECEIVED RETIRE	3	0					65145
704960		11/20/1961 M		75000	RECEIVED RETIRE	3	0					65145
705144		11/20/1961 M		75000	RECEIVED RETIRE	3	0					65151-1-1985
705470		10/08/1958 M		75000	RECEIVED RETIRE	3	0					65115
705799		08/28/1965 M		75000	RECEIVED RETIRE	3	0					65106
706241		02/12/1971 M		75000	RECEIVED RETIRE	3	0					65182
706898		06/03/1965 M		75000	RECEIVED RETIRE	3	0					65142
706807		02/12/1971 M		75000	RECEIVED RETIRE	3	0					65265
706804		09/08/1961 M		75000	RECEIVED RETIRE	3	0					65201
706832		11/20/1957 M		75000	RECEIVED RETIRE	3	0					64598
712235		11/20/1957 M		75000	RECEIVED RETIRE	3	0					64721
708306		10/24/1965 M		75000	RECEIVED RETIRE	3	0					64575
714656		07/24/1916 M		60000	RECEIVED RETIRE	3	0					65027
703535		10/24/1917 M		61000	RECEIVED RETIRE	3	0					65061
703540		11/20/1913 F		61000	RECEIVED RETIRE	3	0					65061
704852		02/21/1958 M		61000	RECEIVED RETIRE	3	0					65061
710687		09/08/1957 M		61000	RECEIVED RETIRE	3	0					65061
703306		08/21/1958 M		61000	RECEIVED RETIRE	3	0					65061
706885		08/21/1958 M		61000	RECEIVED RETIRE	3	0					65061
702817		11/20/1958 M		61000	RECEIVED RETIRE	3	0					65061
704490		11/20/1957 M		61000	RECEIVED RETIRE	3	0					65061
704530		11/20/1957 M		61000	RECEIVED RETIRE	3	0					65061
706860		10/20/1959 M		61000	RECEIVED RETIRE	3	0					65061
703487		01/05/1958 M		61000	RECEIVED RETIRE	3	0					65061
703734		11/20/1961 M		61000	RECEIVED RETIRE	3	0					65061
703756		11/20/1961 M		61000	RECEIVED RETIRE	3	0					65061
704480		08/21/1961 M		61000	RECEIVED RETIRE	3	0					65061
704481		08/21/1961 M		61000	RECEIVED RETIRE	3	0					65061
704120		08/21/1957 F		61000	RECEIVED RETIRE	3	0					65061
703045		08/21/1957 M		61000	RECEIVED RETIRE	3	0					65061
703318		08/21/1957 M		61000	RECEIVED RETIRE	3	0					65061
704248		08/21/1957 M		61000	RECEIVED RETIRE	3	0					65061

Exhibit A

[illegible]

ATTACHMENT 11 – BUSINESS ASSOCIATE AGREEMENT

BUSINESS ASSOCIATE AGREEMENT

This Agreement is made and entered into this ____ day of _____, 20____, by and between _____ (“Business Associate”) and the City of Glendale, (“Covered Entity”) and constitutes an addendum to _____ [Name of Agreement] dated _____ between the parties hereto (the “Base Agreement”).

For valuable consideration, the receipt of which is hereby acknowledged, and intending to establish a business associate relationship under 45 CFR §164, the parties hereby agree as follows:

I. Definitions

- A. “CFR” means the Code of Federal Regulations. A reference to a CFR section means that section as amended from time to time; provided that if future amendments change the designation of a section referred to herein, or transfer a substantive regulatory provision referred to herein to a different section, the section references herein shall be deemed to be amended accordingly.
- B. “Designated Record Set” shall have the same meaning as the term “designated record set” in 45 CFR §164.501 and shall include a group of records that is: (i) the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for Covered Entity by Business Associate or (2) used, in whole or in part, by or for Covered Entity to make decisions about Individuals.
- C. “Electronic Protected Health Information” (EPHI) shall have the same meaning as the term “electronic protected health information” in 45 CFR §160.103, limited to the information received from or created on behalf of Covered Entity by Business Associate.
- D. “Individual” shall have the same meaning as the term “individual” in 45 CFR §160.103, and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- E. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR parts 160 and 164, subparts A and E.
- F. “Protected Health Information” (PHI) shall have the same meaning as the term “protected health information” in 45 CFR §160.103, limited to the information received from or created on behalf of Covered Entity by Business Associate.
- G. “Required by law” shall have the same meaning as the term “required by law” in 45 CFR §164.501.

- H. "Security Incident" shall have the same meanings as the term "security incident" in 45 CFR §164.304.
- I. "Security Rule" shall mean the Standards for the Protection of Electronic Protected Health Information at 45 CFR parts 160 and 164, subparts A and C.

II. Obligations of Business Associate

- A. Business Associate agrees not to use or disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
- B. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall implement administrative, physical, and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity as required by the Security Rule.
- C. Business Associate agrees to report to Covered Entity any use or disclosure of Protected Health Information other than as provided for by this Agreement within a reasonable time after Business Associate has actual knowledge of such use or disclosure. Business Associate shall report to the Covered Entity all Security Incidents of which it becomes aware.
- D. Business Associate agrees to include in its agreement with any agent or subcontractor to whom it provides Protected Health Information, including EPHI, conditions with respect to such information that are at least as restrictive as those that apply through this Agreement to Business Associate.
- E. If Business Associate maintains Protected Health Information in a Designated Record Set, Business Associate agrees to make available to Covered Entity, within a reasonable time, such information as Covered Entity may require to fulfill Covered Entity's obligations to respond to a request for access to Protected Health Information as provided under 45 CFR §164.524 or to respond to a request to amend Protected Health Information as required under 45 CFR §164.526. Business Associate shall refer to Covered Entity all such requests, which Business Associate may receive from Individuals. If Covered Entity requests Business Associate to amend Protected Health Information in Business Associate's possession in order to comply with 45 CFR §164.526, Business Associate shall effectuate such amendments no later than the date they are required to be made by 45 CFR §164.526; provided that if Business Associate receives such a request from Covered Entity less than ten (10) business days prior to such date, Business Associate will effectuate such amendments as soon as is reasonably practicable.

- F. If applicable, Business Associate agrees to provide to Covered Entity within a reasonable time such information necessary to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures as provided under 45 CFR §164.528. Business Associate shall refer to Covered Entity all such requests that Business Associate may receive from Individuals.
- G. Upon reasonable notice, Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the U.S. Secretary of Health and Human Services, or an officer or employee of that Department to whom relevant authority has been delegated, at Covered Entity's expense in a reasonable time and manner, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

III. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Agreement, Business Associate may:

- A. Use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of Covered Entity, as specified in the Base Agreement, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by the Covered Entity.
- B. Disclose Protected Health Information for the proper management and administration of Business Associate or to fulfill any present or future legal responsibilities of Business Associate, provided that such disclosure is either Required by Law or Business Associate obtains reasonable assurances from any person to whom Protected Health Information is disclosed that such person will: (i) keep such information confidential, (ii) use or further disclose such information only for the purpose for which it was disclosed to such person or as Required by Law, and (iii) notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- C. Use Protected Health Information to provide data aggregation services relating to the health care operations of the Covered Entity, as provided in 45 CFR §164.501.

IV. Obligations of Covered Entity

- A. Covered Entity shall notify Business Associate of any facts or circumstances that affect Business Associate's use or disclosure of Protected Health Information. Such facts and circumstances include, but are not limited to: (i) any limitation or change in Covered Entity's notice of privacy practices, (ii) any changes in, or withdrawal of, an authorization provided to Covered Entity by an Individual pursuant to 45 CFR §164.508; and (iii) any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR §164.522.
- B. Covered Entity warrants that it will not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule or is not otherwise authorized or permitted under this [the] Agreement.

V. Effective Date; Termination

- A. The effective date of this Agreement shall be the date this Agreement is signed by both parties.
- B. This Agreement shall terminate on the date Business Associate ceases to be obligated to perform the functions, activities, and services described in Article III, Section A. Either party may terminate this Agreement in the event of a material breach by the other party of any provision contained in Sections II through IV above.
- C. Upon termination of this Agreement, Business Associate will return to Covered Entity, or if return is not feasible, destroy, any and all Protected Health Information that it created or received on behalf of Covered Entity and retain no copies thereof. If the return or destruction of the Protected Health Information is determined by Business Associate not to be feasible, or if Business Associate is required by law to retain such information or copies thereof, Business Associate will maintain the Protected Health Information for the period of time required under applicable law, or in accordance with Business Associate's internal record retention schedule as in effect from time to time, whichever is longer, after which time Business Associate shall return or destroy the Protected Health Information.
- D. Business Associate's obligations under Sections II and III above shall survive the termination of this Agreement with respect to any Protected Health Information so long as it remains in the possession of Business Associate.

VI. Other Provisions

- A. Each party agrees to defend, indemnify and hold harmless the other party, its affiliates and each of their respective directors, officers, employees, agents or assigns from and against any and all actions, causes of action, claims, suits and demands whatsoever, and from all damages, liabilities, costs, charges, debts, fines, government investigations, proceedings, and expenses whatsoever (including reasonable attorneys' fees and expenses related to any litigation or other defense of any claims), which may be asserted or for which they may now or hereafter become subject arising in connection with (i) any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Agreement; and (ii) any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Agreement.
- B. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate, and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- C. The parties agree that this Business Associate Agreement supplements the Base Agreement between the parties and agree that the terms and conditions thereof are hereby incorporated by reference herein and made a part of hereof to the maximum extent permitted by law. In the event of conflict between the Base Agreement and this Business Associate Agreement, the terms of the Base Agreement shall control unless otherwise prohibited.

In witness whereof, this Agreement has been signed and delivered as of the date first set forth above.

The City of Glendale

by _____
[Insert name of signer and title]

by _____
[Insert name of signer and title]



City of Glendale

Life, AD&D Insurance and Commuter Life **PROPOSAL**

April 11, 2024

RFP #24-45

Katie Degelmann

kdegelmann@ochsinc.com

651-303-6854 (Cell) • 651-665-3789 (Office) • 800-392-7295 (Fax)

Ochs, Inc., A Securian Company

400 Robert Street North, Suite 1880

St. Paul, Minnesota 55101-7734

TABLE OF CONTENTS

Technical Proposal

Section 1

- a) Cover Letter
- b) Roles and Responsibilities
- c) Strength in Numbers
- d) Value Adds

Section 2 - Method of Approach

- a) Plan Enhancements
- b) Plan Design

Section 3 - Forms

- a) Submission Checklist
- b) Attachment 11 - Business Associate Amendment
- c) Addendum 1 4-1-24
- d) Addendum 2 4-5-24

Section 4 - Questionnaires

- a) Response Workbook
 - 1) Organizational Chart
 - 2) Sample Policy and Riders
 - 3) Katie Degelmann Biography
 - 4) Emily Watters Biography
 - 5) Cory Claeson Biography
 - 6) Gao Vang Biography
 - 7) Implementation Timeline
 - 8) Sample Reports
 - 9) Sample Certificate
- b) Scope of Work
- c) Administration
- d) Experience and Qualifications
- e) Claims

Cost Proposal

- a) Pricing Workbook
- b) Proposed Rates
- c) Performance Guarantees



Ochs, Inc.
A Securian Financial Company
400 Robert Street North, Suite 1880
St. Paul, MN 55101

Exhibit A

April 11, 2024

City of Glendale
Submitted Via Munis Self Service

Re: RFP 24-45 - Life, AD&D Insurance and Commuter Life

Hello,

On behalf of our best-in-class insurance carrier, **Securian Financial**, we are pleased to present our Life/AD&D Insurance proposal. To provide streamlined customer service, Ochs serves as the main point of contact between clients and the insurance carrier. We specialize in working with small to mid-sized public employers and developed The Municipal Pool® to give groups of your size similar purchasing power as large employers. For additional details please see the "Roles and Responsibilities" and "Strength in Numbers" flyers included.

Municipal Pool members receive strength in numbers including:

- Competitive rates
- Enhanced plan designs
- Better rate stability
- Favorable rate guarantees

Proposed financial offer

- **Basic Life/AD&D** - A pricing structure designed for plan stability and financial viability
- **Voluntary Life/AD&D** - A pricing structure designed for plan stability and financial viability

Life plan enhancements (see our "Plan Enhancements" document for complete list)

- \$12,500 Implementation credit included
- Increased employee voluntary life maximum from \$500,000 to \$750,000 and increased newly hired guaranteed issue (no medical questions) amount from \$200,000 to \$300,000
- Increased spouse voluntary life maximum from \$100,000 to \$250,000
- Increased child voluntary life maximum and guaranteed issue (no medical questions) amount from \$5,000 to \$20,000

Surveys reveal that our clients are extremely satisfied with the exceptional service we provide. You can count on our Pool insurance carrier, Securian Financial, as a trusted partner, along with Ochs who will serve as your main point of contact to simplify implementation and the ongoing enrollment and administration processes.

Sincerely,

Katie Degelmann, Senior Regional Sales Vice President, Western Region
P: 651-303-6854; E: kdegelmann@ochsinc.com



More value. More choice. More support.



ROLES AND RESPONSIBILITIES

Working together - Ochs works alongside a best-in-class Life and AD&D insurance carrier to offer comprehensive, innovative and customized employee benefit plans.

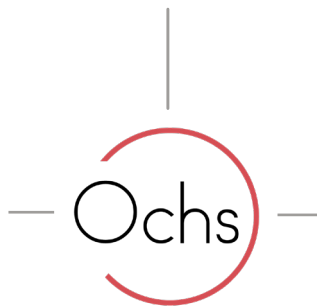
OCHS

Serves as the main point of contact to deliver streamlined service:

- Product, pricing, and rate stability advantages
- Streamlined implementations and service solutions
- Exceptional customer service and timely problem resolution
- Customized marketing materials and employee communications

YOUR GROUP

- Selects and endorses ideal benefit plan for employees
- Promotes benefits education and enrollment



SECURIAN FINANCIAL

LIFE/AD&D Insurance

- Contracts and Certificates
- Authorized Signatures
- Claims Adjudication

Independent rating agencies and comdex ranking as of 1-2022 and client satisfaction survey July 2022.

Life and AD&D insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, A New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurance company is solely responsible for the financial obligations under the policies or contracts it issues.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company, Securian Life Insurance Company and Ochs, Inc. are subsidiaries of Securian Financial Group, Inc.

Ochs, Inc., A Securian Financial Company • ochs@ochsinc.com • 651-665-3789 • 800-392-7295 • www.ochsinc.com

DOFU 02-2023
2423165



THE MUNICIPAL POOL®

The Municipal Pool brings hundreds of small to mid-sized public employers together to share the benefits of one large group. Ochs' Pool members receive:

- ✓ **Competitive rates**
- ✓ **Better rate stability**
- ✓ **Enhanced plan designs**
- ✓ **Favorable rate guarantees**



Members experience **STRENGTH** in numbers

POOL MEMBERS

- Cities & Counties
- Higher Education & School Districts
- Public Hospitals
- Public Airports, Transit, & Port Authorities
- Public Utilities & more

Ochs developed and is the exclusive administrator of **THE MUNICIPAL POOL**. What began with two public employers in 1955, has grown to include more than:

806
public
employers

256,200
eligible
employees

(as of January 2024)

PRODUCTS & SERVICES

- ✓ Group Life and AD&D through Securian Financial
- ✓ Short & Long Term Disability through Madison National
- ✓ Customized marketing and communications
- ✓ **The Ochs Resource Center**
Unlimited professional support, no cost training & online resources - saving employers thousands of dollars

Established in 1943, Ochs brings expertise to public employers and their benefit advisors across the country. To learn more about our products & services or to submit a Request for Proposal, **Contact Ochs:**

☎ **1-800-392-7295**

✉ **ochs@ochsinc.com**

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues. Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company and Securian Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

Disability Insurance is issued by Madison National Life Insurance Company, Inc. National Insurance Services provides some administrative services for products issued by Madison National Life Insurance Company, Inc.



OCHS RESOURCE CENTER

At no additional cost we provide our clients unlimited access to a secure portal, helping staff members tackle challenges and find solutions more easily.

Human Resources & Administrative Staff have access to valuable tools, training, and support - **SAVING** employers time and **money!**



UNLIMITED SUPPORT

Specific, documented, and confidential answers to questions



NO COST TRAINING

Phishing testing and online training available for staff and employees



ONLINE RESOURCES

Job description builder, employee handbook builder, forms, posters, etc.

EASY ACCESS AND USER FRIENDLY RESOURCES INCLUDE:

- ✓ Job description builders to help with finding new hires as well as updating current employee positions
- ✓ A state-specific employee handbook building tool, online training courses, and benchmarking tools
- ✓ Unlimited answers to your Human Resources & employment law, benefits law, and cyber security questions
- ✓ Live and recorded webinars on cyber security, risk management and health plan compliance, many with CE credits for Human Resources personnel
- ✓ ACA reporting and OSHA log tools to help track key compliance requirements
- ✓ A simple cyber assessment to identify an organization's risks along with the immediate steps to take to address them
- ✓ Proactive state law / regulation updates based on each user's selected preferences
- ✓ Vetted resources available for ongoing and additional cyber protection and breach support



Emergency & Disaster Resources for Employers

When disaster strikes and disrupts your organization, employers often need fast and easy access to the right resources to take action and address employee questions. The emergency and disaster center can help you with critical decisions including terminations, layoffs, furloughs, benefits, temporary leaves of absence, rehiring/return to work, remote workforces, cyber exposures, and more.

Popular Resources

- ✓ Online training
- ✓ Job description builder
- ✓ Employee handbook builder
- ✓ State posters and notices
- ✓ Compliance checklists
- ✓ State law / regulation
- ✓ Cyber security help

Learn More

Watch a short video:

[Click Here](#)

Questions? Contact Ochs:

 **800-392-7295**

 **ochs@ochsinc.com**

What Clients Are Saying About the Ochs Resource Center

“ This is phenomenal. WOW! I cannot believe we have access to all of this. What a lifesaver. The posters I can print out. No more spending time looking all over Google for them or wasting money on the big ones. This is all overwhelming but in a good way. So many resources and tools that are going to be so helpful. I'm sorry if I sound overly excited, but you have no idea what this is going to do for me. Knowledge is power. ”

HR Training Coordinator, Florida

“ This looks straightforward and easy to use. I like that. There is so much information here and in one spot. We have an IT department. I am going to show them this to see if they want access to the Cyber and Website Accessibility. We are in the process of doing our handbook, loving this. Thank you for showing and going over the online training with me. I am going to start assigning that out today. ”

HR Public Relations Coordinator, Ohio

“ This is a resourceful site. I can see myself coming here for all of the forms and documents we need. Especially that online training. I do have need HRCI credits, the webinars will be helpful as well. ”

HR/Assistant City Manager, FL

Lifestyle Benefits

Products issued by: Minnesota Life Insurance Company or
Securian Life Insurance Company



Automatic access to Lifestyle Benefits

Your employer's group insurance programs help protect your financial wellness. And you and your family can rely on a suite of additional tools, support, guidance and services to help make life a little easier.

There is no additional fee or enrollment for these resources. Just access the services you need, whenever you need them. Lifestyle Benefits are automatically available to active U.S. employees insured with Securian Financial. Your spouse and insurance-eligible children can also use these resources, even if they're not covered under the insurance program.

Lifestyle Benefits available to you include:

- Legal, Financial and Grief Resources
- Travel Assistance
- Legacy Planning Resources
- Beneficiary Financial Coaching



Legal, Financial and Grief resources

from TELUS Health

Professional services for a variety of needs - from legal matters and financial situations to coping with loss - through comprehensive web and mobile resources, as well as consultations

Legal: Includes resources such as will prep templates - and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at 25 percent discount)

Funeral planning: Resources to make funeral arrangements, including a final wishes and funeral planning form and guidebooks, as well as a 10 percent discount on prearrangements and immediate-need end-of-life services

Financial: Includes telephone consults or 45-minute counseling session per issue on many topics – from budget analysis to tax planning. Includes online access to a financial fitness assessment

Grief support: Access master's-level consultants by phone for any stage of grief and referrals for loss support

Well-being: Includes a total well-being index with personalized recommendations for lifestyle changes, access to online self-guided programs to help with anxiety, depression and stress, as well as personalized fitness journeys based on personal goals

How to access:

LifeBenefits.com/Lfg

username: lfg

password: resources

1-877-849-6034



Travel Assistance

from RedpointWTP LLC

24/7 online, pre-trip resources and support for emergency travel assistance and other services when traveling 50+ miles from home

Pre-trip planning and trip support: Passport, visa, immunization and currency conversion information

Medical evacuation services: Pre-hospital and rental vehicle assistance, transportation to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation, and travel companion transport

Security evacuation services: Transfer to nearest safe area, ID theft support and assistance replacing lost/stolen luggage

How to access:

LifeBenefits.com/travel

U.S./Canada:

1-855-516-5433

All other locations:

1-415-484-4677



Legacy Planning Resources

from Securian Financial

Online information and resources to help with multiple aspects of legacy planning – from end-of-life and funeral planning, final arrangements, directives and survivor assistance

Funeral concierge: Allows for coverage verification and direct payment to a funeral home so services can be provided before insurance payment is made

Express Assignment™: Same-day funeral home assignment service reduces concern about paying funeral expenses by working with the funeral home or lending agency

How to access:

securian.com/legacy



Beneficiary Financial Coaching

from Pricewaterhouse-Coopers LLP

Independent, objective and free financial coaching program for beneficiaries

Dedicated financial coaching: Telephone access to a coach for a specified period to help with financial decisions related to estate, insurance, investment, retirement and tax planning following the death of a loved one

Survivor guide workbooks: Resources focused on specific planning stages to help make decisions on critical financial and legal matters less overwhelming

How to access:

Beneficiaries receiving \$25,000 or more will be invited to take advantage of this program when the life insurance claim is paid. Telephone financial guidance provided to beneficiaries receiving \$100,000+.

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by TELUS Health, PricewaterhouseCoopers LLP and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company and Securian Life Insurance Company are subsidiaries of Securian Financial Group, Inc.



PREPARE
PROTECT
SECURE

securian.com

400 Robert Street North, St. Paul, MN 55101-2098
©2023 Securian Financial Group, Inc. All rights reserved.

F97548-3 10-2023 DOFU 10-2023
3146498



Plan Enhancements

We understand how valuable employee benefits are to you and your employees. In support of this, we have identified several plan enhancements to enrich your life insurance program. In addition to matching the requested plan design, our life insurance proposal offers plan enhancements at no cost beyond the premium paid. You have the flexibility to choose any, or all, of the following enhancements:

Implementation Credit

We are able to provide an implementation credit to City of Glendale of up to \$12,500. We will pay the credit after receiving reasonably detailed invoices from the City evidencing the costs the City incurred in connection with the insurance coverage offered. We can pay the credit to either the City or a third party as the City directs. The insurance policy issued to the City will include a rider with additional details regarding the timeframes associated with incurring costs and requesting payment.

Increased Supplemental Life Maximum for Employee

We propose increasing the supplemental life maximum from \$500,000 to \$750,000 to help keep pace with increasing salaries and insurance needs. The guaranteed issue limit will be increased from \$200,000 to \$300,000 for newly eligible employees.

Increased Supplemental Life Maximum for Spouse

We propose increasing the supplemental spouse life maximum from \$100,000 to \$250,000, not to exceed 100% of employee's basic and supplemental amount combined. Employees do not need to be enrolled in supplemental life to elect spouse supplemental life coverage.

Increased Supplemental Life Maximum and Guarantee Issue for Child

We propose increasing the supplemental child life maximum from \$5,000 to \$20,000, not to exceed 100% of employee's basic and supplemental amount combined. The guaranteed issue limit will be increased from \$5,000 to \$20,000 for newly eligible children. Employees do not need to be enrolled in supplemental life to elect child supplemental life coverage.

Spouse and Child Life Without Employee Supplemental Life

Our proposal includes the ability for employees to elect spouse and child supplemental life coverage without having, or enrolling in, supplemental life themselves.

Remove Age Reductions for Supplemental Life

We propose removing the supplemental life age reductions from the plan design. Because this plan will be part of The Municipal Pool, age reductions can be removed.

First Eligible Newborn Child Benefit

Our proposal includes a benefit to be paid if an employee's first eligible newborn child dies within 31 days of birth but prior to the employee enrolling for child life coverage.

Annual Open Enrollment for Child Life

Our proposal includes a special guaranteed issue opportunity for child(ren) during the initial enrollment period, as well as each year during the annual enrollment period. One low monthly premium covers all eligible dependent children in the family up to the maximum child life benefit amount.

Accelerated Death Benefit

We offer one of the most competitive and flexible accelerated death benefit provisions in the market. Terminally ill insureds with a life expectancy of 12 months or less can accelerate up to 100% of their combined basic and supplemental insurance – to a maximum of \$1,000,000. The minimum face amount eligible to be accelerated is \$10,000. We do not discount the benefit amount for early payment of the claim. This provision has no impact to the premium rates.



City of Glendale

Group Term Life and AD&D Insurance **PLAN DESIGN**

Date: April 11, 2024
Effective Date: July 1, 2024
Presented by: Ochs, Inc., A Securian Financial Company
Underwritten by: Securian Life Insurance Company

PLAN DETAILS

Group Term Life and AD&D Insurance

Funding

Class	Non-Contributory / Contributory
Classes 1 and 2:	Employer Paid • Basic Term Life and AD&D Employee Paid • Supplemental Term Life and AD&D • Dependent Term Life Package • Spouse Term Life • Child Term Life
Class 3:	Employer Paid • Basic Term Life

BASIC TERM LIFE

Plan Design Description

Benefit Summary

Class	Amount
Class 1: All City Managers	2x Basic Annual Earnings (rounded to the next higher \$1,000, if not already a multiple of \$1,000), subject to a maximum of \$500,000
Class 2: All Regular Status Active Employees	1x Basic Annual Earnings (rounded to the next higher \$1,000, if not already a multiple of \$1,000), subject to a maximum of \$300,000
Class 3: Retirees	Amount in force prior to retirement, subject to a maximum of \$100,000

Basic Life Age Reduction Schedule

Class	Age	Reduces to
Classes 1 and 2	70	65%
	75	45%
	80	30%
Class 3	70	Terminates

Guaranteed Issue (GI) and EOI Requirements

Summary	Amount
Current Insureds	- All coverage is grandfathered and guaranteed - Salary Increases: Coverage increases due to salary changes are guaranteed to the plan maximum
New Employees	All coverage is guaranteed for new employees

Accidental Death and Dismemberment (AD&D)

Summary	Amount
Benefit	Matches life amount for death with benefit schedule for dismemberment; includes the following additional benefits: Line of Duty - Principal sum increases by 100% up to \$100,000 - Airbag - Lesser of 10% or \$10,000 - Seatbelt - Lesser of 20% or \$20,000 - Child Care - Lesser of actual cost, 3% or \$3,000 for four (4) years - Child Education - Lesser of actual cost, 5% or \$5,000 for four (4) years - Occupation Related Benefit - Lesser of 10% or \$10,000 - Public Transportation - Lesser of 10% or \$10,000 - Repatriation - Lesser of actual cost or \$5,000 - Spouse Education - Lesser of actual cost, 5% or \$5,000 for four (4) years

AD&D Dismemberment Schedule of Benefits (member is defined as hand, foot, or eye)	Loss	Benefit
	Life	100%
	Two or more members	100%
	Quadriplegia	100%
	Speech and hearing	100%
	Paraplegia	75%
	One member	50%
	Speech	50%
	Hearing	50%
	Hemiplegia	50%
	Thumb & index finger of same hand	25%

Basic Dependent Package Benefit Summary

Summary	Amount	
Benefit	Spouse: \$1,000*	Child: \$1,000*

***not to exceed 100% of employee's basic and supplemental amount combined.**

Guaranteed Issue (GI) and EOI Requirements

Summary	Requirement
Current Insureds	All coverage is grandfathered and guaranteed
New Employees	All coverage is guaranteed for new employees if elected within 31 days of initial eligibility
Future Annual Enrollment	Not applicable
Qualified Status Change	All coverage is guaranteed
Outside of GI opportunities	Not applicable

Additional Plan Benefits

Benefit	Definition
Waiver of Premium	Premiums waived for active employees disabled prior to age 60 and continues until the earlier of retirement, recovery, or age 65; provision includes a six (6) month elimination period and is not available with ported coverage.
Accelerated Death Benefit	Allows terminally ill insureds with a life expectancy of 12 months or less to accelerate up to 100% of the face amount up to \$1,000,000 (Basic and Supplemental combined).
Portability	Allows insureds to continue coverage if they terminate employment or retire.
Conversion	Allows insureds to convert terminated coverage to an individual life insurance policy.

SUPPLEMENTAL TERM LIFE

Supplemental Employee Life

Benefit Summary

Summary	Amount
Benefit	\$10,000 increments to a maximum of \$750,000
Age Reductions	None

Guaranteed Issue (GI) and EOI Requirements

Summary	Requirement
Current Insureds	All coverage is grandfathered and guaranteed
Initial Enrollment	Option 1: \$100,000 is guaranteed, up to the maximum guarantee issue of \$300,000 if elected during one-time enrollment period (GI limit includes coverage currently in force) Option 2: \$200,000 is guaranteed, up to the maximum guarantee issue of \$200,000 if elected during one-time enrollment period (GI limit includes coverage currently in force)
New Employees	Option 1: \$300,000 is guaranteed for new employees if elected within 31 days of initial eligibility Option 2: \$200,000 is guaranteed for new employees if elected within 31 days of initial eligibility
Future Annual Enrollment	Electing or increasing coverage requires EOI
Qualified Status Change	Electing or increasing coverage requires EOI
Outside of GI opportunities	Electing or increasing coverage requires EOI

Accidental Death and Dismemberment (AD&D)

Summary	Amount
Benefit	Matches life amount for death with benefit schedule for dismemberment; includes the following additional benefits: • Airbag - Lesser of 10% or \$10,000 • Seatbelt - Lesser of 20% or \$20,000 • Child Care - Lesser of actual cost, 3% or \$3,000 for four (4) years • Child Education - Lesser of actual cost, 5% or \$5,000 for four (4) years • Occupation Related Benefit - Lesser of 10% or \$10,000 • Public Transportation - Lesser of 10% or \$10,000 • Repatriation - Lesser of actual cost or \$5,000 • Spouse Education - Lesser of actual cost, 5% or \$5,000 for four (4) years Dismemberment Schedule of Benefits Matches Basic AD&D Schedule

Additional Plan Benefits

Benefit	Definition
Waiver of Premium	Available for employees disabled prior to age 60 and continues until retirement, recovery, or age 65; provision includes six (6) month elimination period and is not available with ported coverage.
Accelerated Death Benefit	Allows terminally ill insureds with a life expectancy of 12 months or less to accelerate up to 100% of the face amount up to \$1,000,000 (Basic and Supplemental combined).
Portability	Allows insureds to continue coverage if they terminate employment or retire.
Conversion	Allows insureds to convert terminated coverage to an individual life insurance policy.

DEPENDENT TERM LIFE

Dependent Eligibility

Class	Definition
Spouse	A spouse is not eligible if they are also eligible for employee coverage
Children	- Live birth to 26 years; or physically or mentally disabled and incapable of self-support prior to attaining age 26 - A child may only be covered by one parent - If an employee's first eligible newborn child dies within 31 days of birth but prior to the employee enrolling for child life coverage, a benefit will be paid

Supplemental Spouse Life

Benefit Summary

Summary	Amount
Benefit	\$10,000 increments to a maximum of \$250,000, not to exceed 100% of employee's basic and supplemental amount combined. Elect coverage even if employee does not have supplemental life themselves.
Age Reductions	None

Guaranteed Issue (GI) and EOI Requirements

Summary	Requirement
Current Insureds	All coverage is grandfathered and guaranteed
Initial Enrollment	Electing or increasing coverage requires EOI
New Employees	\$50,000 is guaranteed for new employees if elected within 31 days of initial eligibility
Future Annual Enrollment	Electing or increasing coverage requires EOI
Qualified Status Change	\$50,000 is guaranteed if elected within 31 days of Qualified Status Change
Outside of GI opportunities	Electing or increasing coverage requires EOI

Supplemental Child Life

Benefit Summary

Summary	Amount
Benefit	\$10,000, \$15,000 or \$20,000, not to exceed 100% of employee's basic and supplemental amount combined. Elect coverage even if employee does not have supplemental life themselves.

Guaranteed Issue (GI) and EOI Requirements

Summary	Requirement
Current Insureds	All coverage is grandfathered and guaranteed
One-time Open Enrollment	All coverage is guaranteed if elected within 31 days of initial eligibility
New Employees	All coverage is guaranteed for new employees if elected within 31 days of initial eligibility
Future Annual Enrollment	All coverage is guaranteed at each annual enrollment
Qualified Status Change	All coverage is guaranteed if elected within 31 days of Qualified Status Change
Outside of GI opportunities	Electing or increasing coverage requires EOI

Additional Plan Benefits

Benefit	Definition
Waiver of Premium	If an employee's premium is being waived under the Waiver of Premium provision, premiums for dependent coverage(s) the employee had as an active insured will be continued and waived as well.
Accelerated Death Benefit	Allows terminally ill insureds with a life expectancy of 12 months or less to accelerate up to 100% of the face amount up to \$1,000,000 (Basic and Supplemental combined).
Portability	Allows spouse and children to continue coverage if employee terminates employment or retires.
Conversion	Allows insureds to convert terminated coverage to an individual life insurance policy.

DEFINITIONS AND GUARANTEED ISSUE (GI) LIMITS

Category	Guaranteed Issue Limits*
Current Insureds All employees in a benefit eligible class on the effective date of this policy and their dependents	All current Basic coverage amounts are guaranteed and carried over without providing evidence of insurability (EOI) - Employee: Supplemental amount in force prior to policy effective date - Spouse: amount in force prior to policy effective date - Child: amount in force prior to policy effective date - Dependent Package: amount in force prior to policy effective date
Initial Enrollment	- Employee: Option 1: \$100,000 is guaranteed, up to the maximum guarantee issue of \$300,000 if elected during one-time enrollment period (GI limit includes coverage currently in force) Option 2: \$200,000 is guaranteed, up to the maximum guarantee issue of \$200,000 if elected during one-time enrollment period (GI limit includes coverage currently in force) - Spouse: Electing or increasing coverage requires EOI - Child: All coverage is guaranteed at each annual enrollment
Future Annual Enrollment Benefit eligible employees and their dependents	- Employee: Electing or increasing coverage requires EOI - Spouse: Electing or increasing coverage requires EOI - Child: All coverage is guaranteed at each annual enrollment
New Employees All employees who first become benefit eligible after the effective date of this policy and their dependents	Coverage is guaranteed up to the GI limits if elected within the 31-day new employee enrollment period - Employee: Option 1: \$300,000 is guaranteed for new employees if elected within 31 days of initial eligibility Option 2: \$200,000 is guaranteed for new employees if elected within 31 days of initial eligibility - Spouse: \$50,000 is guaranteed - Child: All coverage is guaranteed - Dependent Package: All coverage is guaranteed
Qualified Status Change (QSC) Dependents who become benefit eligible after the effective date of this policy (i.e. marriage, birth, adoption). QSC are determined by the employer	Coverage is guaranteed up to the GI limits if elected within 31 days of a qualifying status change - Employee: Not applicable - Spouse: \$50,000 is guaranteed - Child: All coverage is guaranteed - Dependent Package: All coverage is guaranteed
Outside of GI opportunities: Electing or increasing coverage requires Evidence of Insurability	

*GI limits include coverage currently in force

PROPOSAL TERMS AND CONDITIONS

- Quote is valid for 120 days and is based on census data submitted. If actual enrollment or plan design differs materially, we reserve the right to review and modify the rates as necessary.
- Individuals may be covered only once under the group policy. Employees cannot also be insured as a spouse or child, a child can only be insured by one parent, and an individual cannot be insured as both an ex-employee and a current employee.
- All increases are subject to the actively at work provision in the policy.
- Non-participating (Fully pooled): The policyholder remits premiums at the stated rate. The policyholder will not receive any experience refunds.
- Our proposal assumes that all lives will be transferred according to the chart below and that coverage will be provided on a no loss/no gain basis. Because the current plan has a waiver of premium provision, those eligible under that provision will continue to be insured by the prior carrier. Others will be insured by Securian.

Status of Employee on Effective Date	Responsible Party
Disabled and on approved waiver of premium	Incumbent Carrier
Disabled and not yet approved waiver of premium	Incumbent Carrier/ Securian *
Disabled and satisfying elimination period	Incumbent Carrier/ Securian *
Absent due to disabling ailment	Incumbent Carrier/ Securian *
Absent due to non-disabling ailment	Securian
On vacation	Securian
On non-medical leave of absence	Securian
On excused absence (funeral, etc.)	Securian
At work	Securian

*Our proposal assumes that employees on approved waiver of premium on the effective date will stay with the incumbent carrier under the current waiver of premium provision. If an employee is absent due to disability but not yet eligible or approved for waiver of premium, we recommend that premiums be paid to Securian. If the employee returns to work or otherwise does not satisfy the requirements for approved waiver of premium, Securian will be responsible for the ongoing life insurance coverage. If the employee remains disabled and satisfies the requirements for a waiver of premium claim, the claim should be filed with the incumbent carrier. Similarly, if the employee dies while totally disabled but before satisfying the waiting period for a waiver of premium claim, the death claim should be filed with the incumbent carrier. In any event, either Securian or the incumbent carrier will provide coverage for every insured employee.

- We relied on information provided with the initial RFP and subsequent information after the RFP release to develop our proposal. If any information was incorrect or incomplete we reserve the right to review and adjust rates.
- We reserve the right to review the appropriateness of the rates at any time in the event of plan design changes, modifications to the definition of eligible employees, or significant demographic changes in the group. We define significant changes to mean a change in the volume within a coverage or across coverages of more than 15%. Actives and retirees are considered independent coverages. The baseline for calculating the total change in volume will be the volume provided in the RFP
- Issued policies will comply with applicable state insurance laws and coverage restrictions or limits may apply.

- Securian Financial Group is licensed to do business in the United States and our proposal covers employees working in the U.S. and U.S. citizens working abroad as expatriates. We're happy to discuss solutions for your non-U.S. citizens working outside the U.S. to meet the changing benefits needs of a global workforce.
- If selected as a finalist, Securian Financial Group's legal counsel will review the specifics of any sample contract, service agreement, or terms & conditions language and provide a list of items to discuss with client's legal counsel. We have found that this process can be completed efficiently and result in a mutually agreeable contract.
- It is the employer's obligation to determine the applicability of and compliance with any ERISA or DOL rules. Under Department of Labor rules, certain employee-pay-all group plans may not be subject to ERISA rules. However, the employer should consult counsel to determine if this plan falls within the exemption.

Termination

Term Life	Terminates at earlier of retirement (unless eligible for retiree benefits), loss of eligibility, or termination of employment

Life Exclusions

Basic	No exclusions
Supplemental	Suicide exclusion applies. This exclusion limits our liability to an amount equal to the premiums paid for an insured if the insured, whether sane or insane, dies by suicide within two years of the effective date of his or her insurance. For existing amounts transferred to our policy, the time insurance was in force under the prior policy(ies) will count toward this two year limitation.

Ridered AD&D Exclusions (*subject to situs state exclusions*)

In no event will we pay the accidental death or dismemberment benefit where the insured's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

• Self-inflicted injury or self-destruction, whether sane or insane; or
• Suicide or attempted suicide, whether sane or insane; or
• The insured's participation in or attempt to commit a crime, assault, felony, or any illegal activity, regardless of any legal proceedings, or the absence of any legal proceedings, thereto; or
• Bodily or mental infirmity, illness or disease; or
• The use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; or
• Motor vehicle collision or accident where the insured is the operator of the motor vehicle and this insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings, or the absence of any legal proceedings, thereto; or
• Infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; or
• Medical or surgical treatment or diagnostic procedures or any resulting complications; or

- | |
|---|
| • Travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or |
| • War or any act of war, whether declared or undeclared; or |
| • Service in the military of any nation. |



Group Term Life Insurance Policy

SAMPLE

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



POLICYHOLDER: ABC Company

POLICY NUMBER: 12345-G

POLICY SITUS: This policy was issued and delivered in STATE .

POLICY EFFECTIVE DATE: January 1, 2016

POLICY ANNIVERSARY DATE: January 1 of each year beginning January 1, 2017

POLICY PREMIUM DUE DATE(S): The first day of each month

Read Your Policy Carefully

This policy was issued to the policyholder on the effective date shown above. We promise to pay the benefits provided by this policy, subject to its conditions,

limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Signed for Securian Life Insurance Company at St. Paul, Minnesota on the effective date.

Secretary

President

TABLE OF CONTENTS

Definitions.....	3	Premiums	3
General Information	3	Termination.....	4
		Additional Information.....	4

Exhibit A
Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Revision Date</u>
All Salaried Employees Certificate of Insurance	14-31701	Salaried employees	January 1, 2015
All Hourly Employees Certificate of Insurance	14-31701	Hourly employees	January 1, 2015
<u>Certificate Endorsement Title</u>	<u>Certificate Endorsement Form Number</u>	<u>Applies To</u>	<u>Revision Date</u>
Executives	12345-G/1	Executive employees	January 1, 2015

Definitions

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under this policy.

contributory insurance

Insurance for which an employee is required to make premium contributions.

noncontributory insurance

Insurance for which an employee is not required to make premium contributions.

policyholder

The owner of the group policy as shown on the first page of this policy.

we, our, us

Securian Life Insurance Company.

you, your

The policyholder.

General Information

What is your agreement with us?

This policy and your application contain the entire insurance contract between you and us. Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

Are employees of associated companies eligible for insurance under this policy?

Yes. Employees of associated companies may be eligible for insurance under this policy. You represent any associated company in all transactions pertaining to this policy. Your acts or omissions and every notice given by us to you shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Can this policy be amended?

Yes. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Premiums

When and how often are premiums due?

Unless we have agreed to some other premium payment procedure, premiums for this policy are remitted to us monthly. Premiums are due on the premium due date as shown on the first page of this policy. We apply premiums consecutively to keep the insurance in force.

Premium contributions for contributory insurance are to be paid to you. The premium contributions by insureds for contributory insurance should be remitted to us as due along with the premiums payable for noncontributory insurance.

How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which you and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) on any premium due date following the date that the amount of insurance in force for any one coverage changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are basic life, supplemental life, spouse life, child life and AD&D); or
- (3) anytime the policy terms are amended.

What factors do we consider when premium is changed?

If premium is changed, the change will be based upon future estimated or emerging experience, which factors include: interest rates, mortality, taxes, our expenses and profit considerations.

Can a premium be paid after the date it is due?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under this policy will remain in effect during the 31-day grace period.

Can the premium be adjusted?

Yes. An adjustment will be made to the premium on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments, so that the correct premium is paid.

Termination

When does this group policy terminate?

You may terminate this group policy by giving us 31 days prior written notice. We reserve the right to terminate this policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide you with notice of our intent to terminate this policy.

Additional Information

Are you required to maintain records?

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We will have reasonable access to such records in order to administer the policy.

If an administration or clerical error is made in keeping records on or administering the insurance under this policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the

provisions of this policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will a certificate of insurance be provided for each insured?

Yes. We will provide you with a certificate of insurance for delivery to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

Are you our agent?

No. For all purposes of this policy, neither you, an associated company, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated company or administrator.

Will the provisions of this policy conform with state law?

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the laws of the state governing the policy or the certificates, the provision will be deemed to be amended to conform to such laws.

Does ownership of this policy entitle you to membership in Securian Life Insurance Company's parent company?

No. The ultimate parent company of Securian Life Insurance Company is a mutual insurance holding company. This policy does not entitle you to any holding company membership rights.

Employee Group Term Life Certificate of Insurance

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



POLICYHOLDER: ABC Company
POLICY NUMBER: 12345-G

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate summarizes the principal provisions of the

group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.


Secretary


President

TABLE OF CONTENTS

Definitions.....	2	Termination.....	4
General Information	2	Conversion Right	4
Premiums	3	Additional Information.....	5
Death Benefit.....	4		

GENERAL INFORMATION

POLICYHOLDER: The ABC Company

POLICY NUMBER: 12345-G

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.

POLICY SITUS: The policy was issued and delivered in STATE.

POLICY EFFECTIVE DATE: January 1, 2016.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active employees of the policyholder and its associated companies working in the United States in the following classes:

Class 1 All Salaried Employees
Class 2 All Hourly Employees

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance

WAITING PERIOD: The period commencing with the employee's date of employment and ending with the first day of the month next following or coinciding with the employee's completion of 90 days of continuous employment

**MINIMUM HOURS
PER WEEK REQUIRED:** 30 hours per week

PLAN OF INSURANCE**EMPLOYEE BENEFIT SCHEDULE****EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Class 1	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a minimum of \$10,000 and a maximum of \$500,000.*
Class 2	\$50,000

Supplemental Life Insurance

An amount elected by the employee from the following options:

Exhibit A

<u>Eligible Class</u>	<u>Amount of Supplemental Life Insurance</u>
Classes 1 and 2	One, two, three or four times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a minimum of \$10,000 and a maximum of \$500,000.*

*The combined amount of basic and supplemental insurance for an employee shall not exceed \$500,000.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic and Supplemental Insurance

<u>Eligible Class</u>	<u>Amount of Basic and Supplemental AD&D Insurance</u>
Classes 1 and 2	An amount equal to the amount of basic and supplemental life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

The amount of insurance on an employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 - 74	50%
75 and over	25%

Age reductions will apply the first day of the month following an insured employee's 65th, 70th, and 75th birthdays.

RETIREMENT REDUCTIONS:

All insurance terminates at retirement, except as provided for under the portability provision.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; supplemental insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For supplemental insurance:

The lesser of two times annual earnings or \$250,000.

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental life in force under that prior plan immediately prior to the policy effective date.

**EFFECTIVE DATE OF INCREASES
AND DECREASES DUE TO CHANGE
IN ELIGIBLE CLASS OR EARNINGS:**

Increases and decreases due to a change in eligible class or earnings will become effective the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement. NOTE: An employee whose amount of supplemental insurance is limited to the guaranteed amount of \$250,000 due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$250,000 and therefore will not receive an increase in supplemental insurance due to salary increases.

Exhibit A

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

An employee must be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse/Domestic Partner Life Insurance

<u>Eligible Class</u>	<u>Amount of Spouse/Domestic Partner Life Insurance</u>
All Employees	An amount elected by the employee, in an increment of \$10,000, subject to a maximum of \$200,000

Child Life Insurance

<u>Eligible Class</u>	<u>Amount of Child Life Insurance</u>
All Employees	\$5,000 or \$10,000, as elected by the employee

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

**SPOUSE/DOMESTIC PARTNER AGE
REDUCTIONS:**

The amount of insurance on an insured spouse/domestic partner age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such spouse/domestic partner in accordance with the following table:

<u>Age of Spouse/DP</u>	<u>Amount of Insurance</u>
65 – 69	65%
70 – 74	50%
75 and over	25%

Age reductions will apply the first day of the month following an insured spouse's 65th, 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse/domestic partner insurance: \$50,000
For child insurance: \$10,000

NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

ADDITIONAL INFORMATION

Exhibit A

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

EVIDENCE OF INSURABILITY:

Evidence of insurability satisfactory to us will be required:

- In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- In order for a newly eligible spouse/domestic partner to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse/domestic partner will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open enrollment, if the insured has previously been declined any insurance amount by us due to evidence of insurability being found unsatisfactory.
- At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Accidental Death and Dismemberment
Dependents Term Life
Portability
Waiver of Premium

Definitions

application

Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated companies.

evidence of insurability

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured according to the terms of this certificate, including any person insured by supplement to this certificate.

non-work day

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which you are not required to make premium contributions.

policyholder

The owner of the group policy as shown on the specifications page.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page. You are not eligible until the first day following the waiting period.

we, our, us

Securian Life Insurance Company.

you, your

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application.

Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible if you:

- (1) are a member of the eligible group and of an eligible class as shown on the specifications page; and
- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
- (3) have satisfied the waiting period as shown on the specifications page; and

- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as reflected in the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence.

Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) if you are on non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 12 months from the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 12 months from the last day you were actively at work or attained age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

Premium rates are subject to change according to the provisions of the group policy.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

Can you request a change in the amount of your contributory insurance?

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

Exhibit A

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) your lawful spouse if living; otherwise
- (2) your natural or legally adopted child (children) in equal shares, if living; otherwise
- (3) your parents in equal shares, if living; otherwise
- (4) your estate.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your prior coverage may be reinstated, without evidence of insurability. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

Conversion Right

What is the conversion right?

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates due to the reasons listed below.

What is the full conversion right?

You may convert up to the full amount of terminated insurance if termination occurs because of termination of employment or of membership in the class or classes eligible for coverage.

What is the limited conversion right?

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

- (1) the group policy is terminated; or
- (2) the group policy is changed, by amendment or otherwise, to reduce or terminate your insurance.

For a limited conversion, you may convert an amount up to the lesser of:

- (1) \$10,000; and
- (2) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

When is conversion not available?

Neither the full conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

To what type of policy may you convert?

Under both the full conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits or accidental death and dismemberment benefits.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after the date your group insurance terminates. No evidence of insurability will be required.

How is the premium for the individual policy determined?

The premium for the individual policy is based upon the individual policy type, risk class, coverage amount and your age on the date of conversion.

When is the individual policy effective?

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

What happens if you die within 31 days of when your group insurance terminates?

If you die within 31 days of when your group insurance terminates, and meet the conversion eligibility requirements, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit

will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if your age has been misstated?

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Is there any cash value to this coverage?

No. This is term life insurance and it does not build cash value.

What is the suicide limitation?

If you, whether sane or insane, commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in your amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

Can your insurance coverage be contested?

Yes. If you die, or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application.

Who is the owner of this coverage?

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, converting coverage to an individual policy and terminating the coverage.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Can a change in ownership for a certificate be requested?

Yes. A change in ownership is a type of assignment. All provisions for assignments apply to ownership changes.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

What is the policy interpretation right and authority?

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

Accelerated Benefits Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

Accelerated Benefit

Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse or dependent child insured under your certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have not assigned and are the sole owner of the certificate; and

- (3) the certificate does not have an irrevocable beneficiary.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is \$10,000. The maximum death benefit that can be accelerated is \$1,000,000.

Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is at least \$25,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed \$1,000,000. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

Termination

When does an insured's coverage under this supplement terminate?

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

Additional Information

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, an accelerated benefit is not available if you:

- (1) are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.


Secretary


President

Accidental Death and Dismemberment Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

When does insurance under this supplement become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) the insured meets all eligibility requirements; and
- (2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee's insurance under the group policy is effective.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 180 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) the use of alcohol; or
- (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
- (7) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (10) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or
- (11) war or any act of war, whether declared or undeclared.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Sight of One Eye.....	50%
One Hand or One Foot.....	50%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means.

Under no circumstance will more than one payment be made for the loss of the same limb, eye, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of an insured's AD&D insurance.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom do we pay the benefit?

In the case of your accidental death, we will pay the accidental death benefit to the person or persons entitled to receive your death benefit under the terms of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

A dependent's AD&D benefit will be paid to you, if living, otherwise to your estate.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

Air Bag Benefit

What is the air bag benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of \$10,000 or 10% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the seat in which the insured was seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and
- (3) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$10,000; or
- (2) 10% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Termination

When does an insured's coverage under this supplement terminate?

An insured's coverage ends on the earliest of:

- (1) the date you are no longer covered for life insurance under the group policy; or
- (2) the insured's 70th birthday; or
- (3) for an insured dependent, the date the dependent no longer meets the eligibility requirements; or
- (4) for an insured dependent, the date the dependent is no longer covered for life insurance under the group policy; or
- (5) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (6) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

Can insurance under this supplement be converted to a policy of individual insurance upon termination?

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.



Secretary



President

Dependents Term Life Insurance Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your lawful spouse who is not legally separated from you, your civil union partner, or your registered domestic partner, as recognized under the laws of the jurisdiction of celebration; and
- (2) your or your spouse's natural, legally adopted or stepchildren who are less than 26 years old. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible).

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

Termination

When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

If an insured dependent, whether sane or insane, commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in an insured dependent's amount of contributory life insurance for which you were required to apply or for which we required evidence of

insurability, and if the dependent dies by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

The suicide exclusion does not apply to an insured child.

Does the Waiver of Premium supplement to your certificate apply to insured dependents?

The Waiver of Premium supplement to your certificate will not apply to disabilities for dependents covered under this supplement.

However, if, due to your disability, your insurance is continued in force without further payment of premiums due to the Waiver of Premium supplement, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to the Waiver of Premium supplement.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement, unless the converted policy is surrendered without claim except for refund of premiums.


Secretary


President

Portability Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance, the insured must make a written request and make the first premium payment within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will be effective the date we receive the completed application. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group life insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

An insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 70; or
- (2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
- (3) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
- (4) loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Only contributory insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance for any dependent insured under his or her certificate.

An insured may also continue coverage under all certificate supplements which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date, except the Waiver of Premium Certificate Supplement, which shall terminate upon porting.

Is there a minimum amount of insurance that can be continued under this supplement?

Yes. The minimum amount of insurance that can be continued on an employee's life under this supplement is \$10,000. The minimum for dependents life is \$1,000.

Is there a maximum amount of insurance that can be continued under this supplement?

Yes. The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than \$300,000 for an employee or \$150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than \$195,000 for an employee or \$97,500 for a spouse.

Will the amount of insurance continued under this supplement change?

Yes. On the first day of the month following the date an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. Insurance terminates at age 70.

Can an insured request a change in the amount of insurance continued under this supplement?

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum amount. The amount of insurance continued under this supplement will never increase.

How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future.

Can insurance continued under this supplement be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this supplement, but not beyond 31 days after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

What happens if an insured again becomes eligible under the certificate?

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate, the insured shall no longer be considered to have portability status, ported coverage will terminate and only one death benefit will be paid under the coverage. Insurance may be continued only under the terms of the certificate, not including this supplement unless and until the insured no longer meets the eligibility requirements of the certificate and again return to portability status as provided for herein.

What happens to insurance provided under this supplement when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

When will insurance continued under this supplement terminate?

Insurance being continued under this supplement will terminate on the earliest of the following:

- (1) the insured's 70th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse who is insured by a supplement to the employee's certificate, the date the employee's coverage is no longer being continued under this supplement or the date the spouse or child ceases to be eligible as defined under the terms of the certificate; or
- (4) 31 days after the due date of any premium contribution which is not made; or
- (5) the date an insured requests to terminate his or coverage being continued under this supplement.


Secretary


President

Waiver of Premium Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

The specifications page indicates to what insurance this supplement applies. This supplement does not apply to you if you have portability status.

What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate which were in force on the date of the onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience on a full or part time basis. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least nine months.

Are there any limitations?

Yes. Insurance will not be continued if your disability results from intentionally self-inflicted injury, participation in or any attempt to commit a crime, or war or any act of war, whether declared or undeclared.

What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums. You cannot have coverage under both policies and only one death benefit will be available.

What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us as to both substance and form that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for nine months or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. After you have provided at your expense the requested claim forms and records, we may also require that you submit to one or more medical examinations at our expense.

If you die within one year of the date of onset of your total disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than nine months. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before premium payments on your behalf were discontinued and before your 60th birthday, continued without interruption until your death.

When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued without payment of premium under this supplement?

The amount of insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

If the group policy provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance while disabled.

How long will insurance be continued without payment of premium?

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you retire; or
- (3) the date you recover so that you are no longer totally and permanently disabled; or
- (4) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

What happens to your insurance when the waiver of premium benefit ends?

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments on your behalf are resumed or you apply to convert your coverage.

Termination

When does your coverage under this supplement terminate?

Your waiver of premium coverage terminates on the earliest of:

- (1) the date you are no longer insured for life insurance covered by this supplement; or
- (2) the date requested by the policyholder to cancel the Waiver of Premium coverage for its plan; or
- (3) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Waiver of Premium coverage or of the group policy.



Secretary



President

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

GROUP TERM LIFE CERTIFICATE OF INSURANCE

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

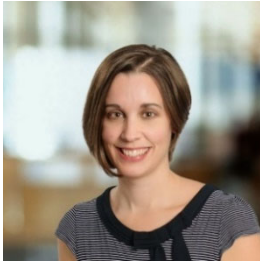
GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING

**KATIE DEGELMANN**

Senior Regional Sales Vice President, Western Region

Ochs, Inc.
400 Robert Street North, Suite 1880
St. Paul, MN 55101-2025
651-665-3789 / 800-392-7295
kdegelmann@ochsinc.com

Key Responsibilities	Sales and service of group insurance products for employer sponsored plans Build and maintain strong relationships with clients and their benefit advisors
Experience with Ochs, Inc.	10 years
Insurance Industry Experience	17 years
Credentials	Life & Health Insurance License MN License Number: 40038386
Education	<u>University of Wisconsin, Eau Claire</u> Bachelor of Arts
Previous Experience	<u>Invesco</u> ○ Account Executive, Retail Broker Distribution <u>Allianz</u> ○ Regional Vice President ○ Strategic Accounts Manager ○ Internal Wholesaler

**EMILY WATTERS**

Senior Manager, Implementation and Client Success

Ochs, Inc.
400 Robert Street North, Suite 1880
St. Paul, MN 55101-2025
651-665-3789 / 800-392-7295
ewatters@ochsinc.com

Key Responsibilities

Responsible for managing the overall implementation process for all lines of coverage
Serves as an implementation coordinator for new lines of coverage, working closely with clients and their benefit advisors
Specializes in groups that are part of The Municipal Pool and provides expertise to employers and employees covering a vast number of topics regarding group benefit plans.

Experience with Ochs, Inc.: 17 years

Insurance Industry Experience 17 years

Credentials Life & Health Insurance License
MN License Number: 40208838

Education University of Wisconsin – La Crosse
Bachelor's Degree, Political Science
Bachelor's Degree, Public Administration

Previous Experience SuperValu
○ Human Resources Technician

**CORY CLAESON**

Manager, Client Accounts

Ochs, Inc.
400 Robert Street North, Suite 1880
St. Paul, MN 55101-2025
651-665-3789 / 800-392-7295
cclaeson@ochsinc.com

Key Responsibilities

Account Management and Client Relations
Lead Ochs Account Management Team
Support and service of group insurance products for employer sponsored plans
Build and maintain strong relationships with clients and their benefit advisors

Experience with Ochs, Inc. 1 year

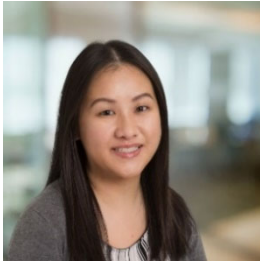
Insurance Industry Experience 10 years

Credentials: Life & Health Insurance License
MN License Number: 40886326

Education: University of Minnesota - Duluth
B.A., Communication

Previous Experience Securian Financial

- Supervisor, Customer Benefit Payments
- Sr. Product Analyst
- Group Insurance Technology Coordinator
- Client Implementation Assistant

**GAO VANG**

Senior Client Success Representative

Ochs, Inc.
400 Robert Street North, Suite 1880
St. Paul, MN 55101-2025
651-665-3789 / 800-392-7295
gvang@ochsinc.com

Key Responsibilities

Responsible for providing customer service support to clients and their employees regarding group benefits, enrollment, and billing. Provides assistance to clients during their annual enrollment period. Day to day contact for assigned clients.

Experience with Ochs, Inc.

4 years

Insurance Industry Experience

9 years

Credentials

Life & Health Insurance License
MN License Number: 40622991

EducationSt. Paul College**Previous Experience**

Securian Financial
○ Client Service Coordinator



Implementation Timeline

At Ochs, we specialize in working closely with clients and their benefit advisors to develop implementation strategies that work best for them. A dedicated Implementation Coordinator from Ochs will be assigned to lead the transition process, along with a team of experts from technology; enrollment; administration; billing; underwriting and claims.

The transition and implementation process below will be customized to meet the client's needs.

When	Action
May 2024	Client Awards Contract for the Insurance Plan
Following the plan award date – May –	Plan and Administrative Questions Ochs Implementation Coordinator provides our Coverage Administration Details (CAD) document to complete Client returns by the date requested (prior to the implementation conference call)
Following Client's completion of the CAD – May –	Implementation Meeting (45 – 60 minutes) Ochs Implementation Coordinator initiates a conference call to discuss the plan and answer questions - Review sold plan design and documents for signature - Identify key contacts; outlining roles and responsibilities - Brief overview of billing, marketing, administration, and certificates
Following the Implementation Meeting – May –	Conference Call with TPA (15 – 20 minutes) – If applicable – Prior to the initial open enrollment, Ochs' Client Services Representative will call the TPA to discuss - Guaranteed Issue (GI) rules and plan design set– up for the benefits enrollment system - Acceptable enrollment form/Evidence of Insurability (EOI) submission process
Prior to the enrollment period – May –	Enrollment Materials Ochs creates customized marketing and enrollment forms at no additional cost - Ochs sends drafts to the client for review and approval - Upon approval, Ochs sends finalized electronic materials, along with GI/EOI form completion guidelines - Brief call between Ochs and client to review understanding of GI and EOI rules - After call with client, Ochs will print and ship enrollment packets requested
Prior to the effective date – May –	Administration - Ochs will send an Administration Kit to the client which includes all necessary forms and documents to administer the plan, including New Employee enrollment materials - Ochs will send an Access Agreement for our secure online site LifeBenefitsExtra (LBE) – client returns signed form to have access to view EOI status, run reports, and submit claims electronically
May or within 60 days of the conference call or CAD return	Policy and Certificates - Ochs will send the certificate drafts to the client to review - Ochs will send an Access Agreement for our secure online site LifeBenefitsExtra (LBE) – client returns signed form to have access to view EOI status, run reports, and submit claims electronically
Prior to the first payment – June –	Bill Remittance and Forms Processing Discussion (20 – 30 minutes) Prior to the first premium payment, Ochs' Client Services Rep. will meet with the client to review the billing process; remittance procedures; and recap the Enrollment and EOI forms submission process Ochs will send client GI guidelines, how to complete forms, on– line billing walk– through, Admin. Kit for review
July 1, 2024	Effective Date of the Insurance Plan



Claim Reports attached include:

- Claims Status Report
- EOI Status Report
- Financial Experience Report
- Participation Trends Report
- Summary of Incurred Claims Report

Claims snapshot

12/29/2018 through 01/04/2019

Showing 1 to 4 of 4 entries

[All](#)
[New](#)
[Finalized](#)

Deceased or claimant ▲	Deceased or claimant Social Security number ▼	Claim number ▼	Coverage type ▼	Status ▼	Effective date ▼	Employer ▼	Amount paid ▼
DOE, ELIZABETH	XXX-XX-XXXX	1328888	Basic Life	Claim Paid	01/04/20XX	055887 - DIVISION 3	\$2,530.75
JONES, SUSAN	XXX-XX-XXXX	1399999	Basic Life	Claim Paid	01/03/20XX	040335 - DIVISION 1	\$87,822.33
SMITH, JUDY	XXX-XX-XXXX	1348888	Basic Life	Claim Paid	01/04/20XX	055887 - DIVISION 3	\$54,602.88
SMYTH, JOSEPH	XXX-XX-XXXX	1349999	Basic Life	Claim Paid	01/03/20XX	030208 - DIVISION 2	\$47,466.78

⚠ This status has been changed since the last date in your snapshot and does not match the current status. You can view the current status of the claim by selecting the deceased/claimant's name.



Not seeing the information you need? Create your own custom report with our Report builder. [Create report >](#)



HOME

[Search](#) [Reports](#) [Administrative Tools](#) [Plan Support](#)

Underwriting snapshot

 You are currently receiving the weekly snapshot notification emails. [Opt Out >](#)

11/05/20XX through 01/04/20XX

Showing 1 to 3 of 3 entries

[All](#)
[Declined/Closed](#)
[Approved](#)

Applicant name	Applicant Employee ID	Application type	Amount	Decision	Decision effective date	Employer
ALOSZKAER, RUEL-AL	999997756	Dependent Spouse Life	\$100,000.00	EOI Not Submitted	12/14/20XX	Your Company
DANBOMS, RAZA-AL	999999510	Additional Life	\$148,000.00	EOI Not Submitted	12/14/20XX	Your Company
GUERERAER, AADIT-AL	999994161	Dependent Spouse Life	\$100,000.00	EOI Not Submitted	12/14/20XX	Your Company

 This status has been changed since the last date in your snapshot and does not match the current status. You can view the current status of the application by selecting the applicant's name.

 Not seeing the information you need? Create your own custom report with our Report builder. [Create report >](#)



FINANCIAL EXPERIENCE REPORT

Client Name

January 1, 2019 through December 31, 2019

Policy Number: 00000

Submitted by

Experience by Coverage

For the Period January 1, 2019 through December 31, 2019

Coverage	Earned Premium	Incurred Claims	Incurred Loss Ratio
Active Basic Life	\$0	\$0	0.0%
Retiree Basic Life	0	0	0.0%
Supplemental Life	0	0	0.0%
Supplemental Spouse Life	0	0	0.0%
Supplemental Child Life	0	0	0.0%
Total Life Coverages	\$0	\$0	0.0%
Active Basic AD&D	\$0	\$0	0.0%
Employee Voluntary AD&D	0	0	0.0%
Family Voluntary AD&D	0	0	0.0%
Total AD&D Coverages	\$0	\$0	0.0%

Notes:

Incurred Claims = Paid Claims + Interest
 + Current Reported Life Reserve - Prior Reported Life Reserve
 + Current Reported Waiver Reserve - Prior Reported Waiver Reserve
 + Current Waiver IBNR Reserve - Prior Waiver IBNR Reserve
 + Conversion Charges

Active Basic Life Experience by Month**For the Period January 1, 2019 through December 31, 2019**

Month	Paid Premium	Paid Claims
January 2017	\$0.00	\$0.00
February 2017	0.00	0.00
March 2017	0.00	0.00
April 2017	0.00	0.00
May 2017	0.00	0.00
June 2017	0.00	0.00
July 2017	0.00	0.00
August 2017	0.00	0.00
September 2017	0.00	0.00
October 2017	0.00	0.00
November 2017	0.00	0.00
December 2017	0.00	0.00
Total	0.00	0.00
Change in Life Reserves	0.00	0.00
Conversion Charges	0.00	0.00
	Earned Premium	Incurred Claims
Total Active Basic Life	\$0.00	\$0.00

Claim Statistics by Coverage

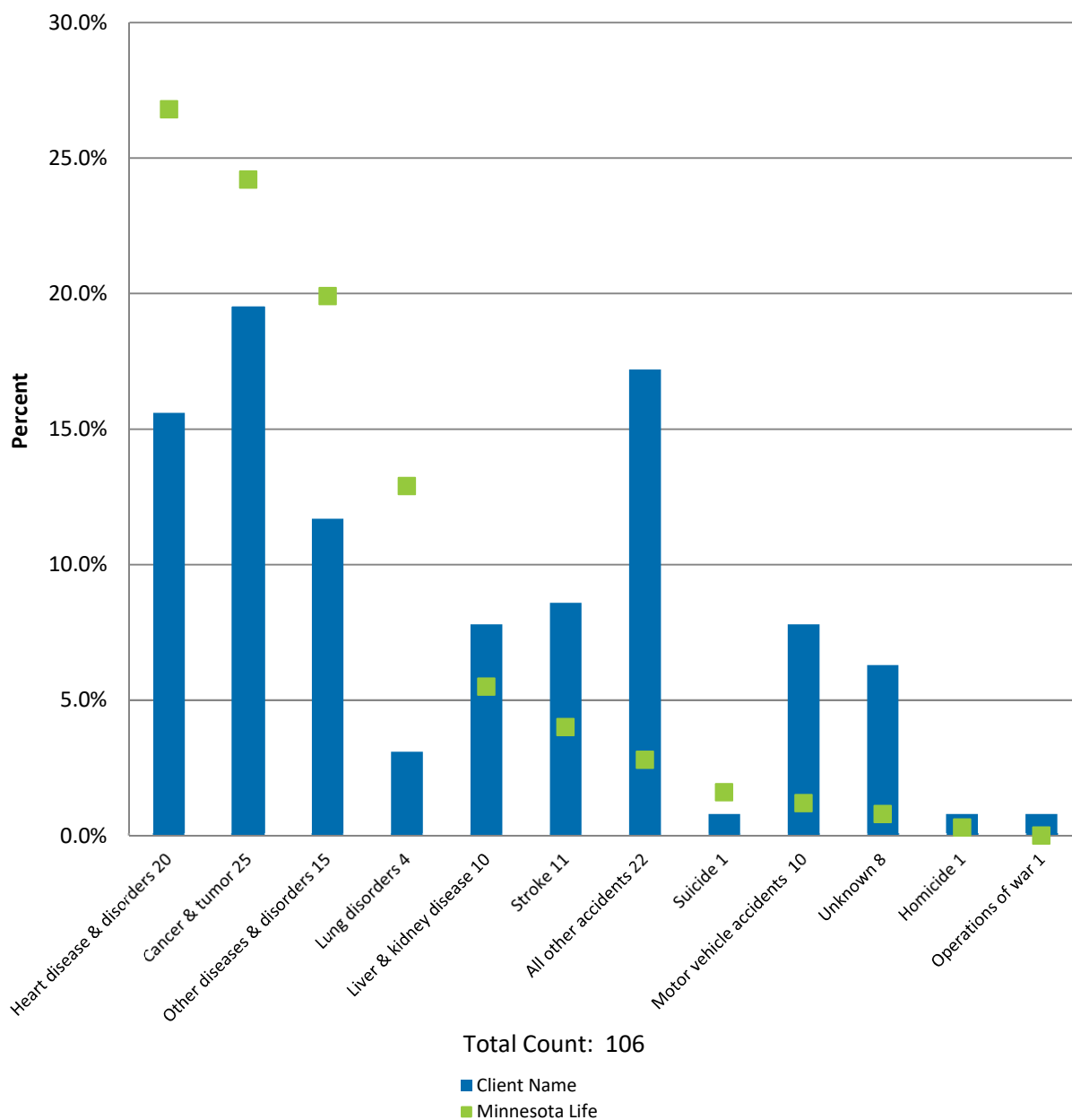
For the Period January 1, 2019 through December 31, 2019
Based on the Number of Paid Claims in the Period

Coverage	Average Paid Claim Amount *	Number of Paid Claims	Average Age at Claim
Active Basic Life	\$0	0	0
Retiree Basic Life	0	0	0
Supplemental Life	0	0	0
Supplemental Spouse Life	0	0	0
Supplemental Child Life	0	0	0
Active Basic AD&D	0	0	0
Employee Voluntary AD&D	0	0	0
Family Voluntary AD&D	0	0	0

*The Average Paid Claim Amount is the average face amount of insurance for claims which had a final claim payment in the reporting period.

Cause of Death Report

For the Period January 1, 2019 through December 31, 2019
Based on the Number of Paid Claims in the Period



Cause of death is considered private, non-public information in many governmental jurisdictions. Please take steps to protect this information and prevent its disclosure. This confidential information may not be shared with your general employee population and should be carefully protected by you.

Death Claims Cause Analysis by Age Band

For the Period January 1, 2019 through December 31, 2019

Cause	<25			25 - 29			30 - 34			35 - 39			40 - 44		
	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %
All other accidents	0	0.0%	15.2%	1	14.3%	19.0%	0	0.0%	17.1%	2	8.7%	10.5%	1	2.3%	8.2%
Cancer & tumor	0	0.0%	7.5%	0	0.0%	8.2%	3	20.0%	18.5%	2	8.7%	27.3%	15	34.1%	32.8%
Heart disease & disorders	0	0.0%	9.6%	2	28.6%	10.1%	3	20.0%	14.7%	2	8.7%	17.8%	10	22.7%	19.1%
Homicide	0	0.0%	8.1%	1	14.3%	7.0%	0	0.0%	5.2%	1	4.3%	1.3%	0	0.0%	2.2%
Liver & kidney disease	0	0.0%	1.3%	0	0.0%	0.6%	0	0.0%	0.0%	2	8.7%	2.6%	2	4.5%	5.4%
Lung Disorders	0	0.0%	5.5%	0	0.0%	3.2%	2	13.3%	5.7%	1	4.3%	7.2%	1	2.3%	4.1%
Motor vehicle accidents	4	80.0%	19.4%	2	28.6%	21.5%	2	13.3%	12.3%	5	21.7%	5.3%	2	4.5%	5.4%
Other diseases & disorders	0	0.0%	18.7%	0	0.0%	11.4%	0	0.0%	9.5%	4	17.4%	11.8%	7	15.9%	10.3%
Stroke	0	0.0%	0.3%	0	0.0%	0.6%	0	0.0%	1.4%	0	0.0%	1.3%	1	2.3%	2.8%
Suicide	1	20.0%	13.4%	1	14.3%	16.5%	5	33.3%	13.3%	4	17.4%	12.2%	5	11.4%	8.8%
Unknown	0	0.0%	1.0%	0	0.0%	1.9%	0	0.0%	2.4%	0	0.0%	2.6%	0	0.0%	0.7%
Totals	5	100.0%	100.0%	7	100.0%	100.0%	15	100.0%	100.0%	23	100.0%	100.0%	44	100.0%	100.0%

Cause	45 - 49			50 - 54			55 - 59			60 - 64			<65 Total		
	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %
All other accidents	3	4.2%	5.5%	5	3.8%	3.4%	7	3.3%	2.8%	7	1.9%	2.4%	26	2.9%	4.8%
Cancer & tumor	29	40.3%	35.4%	56	42.1%	40.5%	78	36.3%	40.2%	151	40.1%	40.7%	334	37.5%	36.3%
Heart disease & disorders	14	19.4%	23.2%	26	19.5%	23.5%	50	23.3%	22.8%	98	26.0%	24.3%	205	23.0%	21.9%
Homicide	0	0.0%	0.4%	3	2.3%	0.5%	0	0.0%	0.2%	2	0.5%	0.2%	7	0.8%	1.1%
Liver & kidney disease	3	4.2%	3.5%	7	5.3%	5.5%	13	6.0%	6.9%	23	6.1%	6.1%	50	5.6%	5.4%
Lung Disorders	4	5.6%	5.4%	8	6.0%	5.1%	16	7.4%	7.7%	27	7.2%	8.5%	59	6.6%	6.9%
Motor vehicle accidents	3	4.2%	4.2%	2	1.5%	2.5%	3	1.4%	1.5%	6	1.6%	1.1%	29	3.3%	3.7%
Other diseases & disorders	9	12.5%	12.4%	16	12.0%	10.6%	34	15.8%	11.7%	46	12.2%	11.9%	116	13.0%	12.0%
Stroke	3	4.2%	2.8%	4	3.0%	2.7%	6	2.8%	2.4%	9	2.4%	2.6%	23	2.6%	2.4%
Suicide	4	5.6%	6.1%	5	3.8%	4.4%	3	1.4%	2.7%	7	1.9%	1.3%	35	3.9%	4.5%
Unknown	0	0.0%	1.1%	1	0.8%	1.3%	5	2.3%	1.1%	1	0.3%	0.8%	7	0.8%	1.1%
Totals	72	100.0%	100.0%	133	100.0%	100.0%	215	100.0%	100.0%	377	100.0%	100.0%	891	100.0%	100.0%

Cause	65 - 69			70 - 74			75 - 79			80 - 84			85 - 89		
	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %
All other accidents	8	1.7%	1.2%	6	1.1%	1.2%	4	0.7%	1.7%	14	1.8%	1.6%	4	0.6%	1.6%
Cancer & tumor	187	39.2%	37.0%	175	32.0%	33.9%	134	23.3%	27.1%	164	21.1%	21.4%	100	14.6%	15.2%
Heart disease & disorders	121	25.4%	26.3%	121	22.1%	25.8%	167	29.0%	27.0%	197	25.3%	27.4%	187	27.3%	30.2%
Homicide	1	0.2%	0.1%	0	0.0%	0.1%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%
Liver & kidney disease	26	5.5%	5.9%	39	7.1%	5.4%	36	6.3%	5.8%	39	5.0%	4.8%	34	5.0%	5.1%
Lung Disorders	44	9.2%	11.8%	68	12.4%	13.7%	85	14.8%	15.5%	127	16.3%	16.7%	117	17.1%	16.4%
Motor vehicle accidents	4	0.8%	0.7%	4	0.7%	0.4%	1	0.2%	0.3%	5	0.6%	0.3%	1	0.1%	0.3%
Other diseases & disorders	66	13.8%	12.5%	93	17.0%	14.2%	115	20.0%	16.7%	187	24.0%	21.8%	202	29.4%	25.5%
Stroke	14	2.9%	2.9%	30	5.5%	3.7%	30	5.2%	4.8%	40	5.1%	5.0%	36	5.2%	4.9%
Suicide	4	0.8%	0.8%	6	1.1%	0.8%	3	0.5%	0.5%	3	0.4%	0.3%	2	0.3%	0.1%
Unknown	2	0.4%	0.8%	5	0.9%	0.7%	1	0.2%	0.6%	3	0.4%	0.7%	3	0.4%	0.6%
Totals	477	100.0%	100.0%	547	100.0%	100.0%	576	100.0%	100.0%	779	100.0%	100.0%	686	100.0%	100.0%

Cause	90 - 94			95 - 99			100 - 104			105+			65+ Total		
	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %	Total	%	SL %
All other accidents	9	1.8%	2.0%	2	1.0%	2.9%	1	2.7%	1.6%	0	0.0%	5.3%	48	1.3%	1.6%
Cancer & tumor	49	9.9%	9.5%	14	7.1%	6.9%	2	5.4%	6.6%	0	0.0%	5.3%	825	21.7%	22.8%
Heart disease & disorders	140	28.2%	32.3%	54	27.4%	34.3%	14	37.8%	35.5%	0	0.0%	26.3%	1001	26.4%	28.5%
Homicide	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	1	0.0%	0.0%
Liver & kidney disease	24	4.8%	4.8%	8	4.1%	4.2%	0	0.0%	3.3%	0	0.0%	0.0%	206	5.4%	5.2%
Lung Disorders	63	12.7%	14.8%	34	17.3%	14.8%	8	21.6%	15.3%	0	0.0%	15.8%	546	14.4%	15.0%
Motor vehicle accidents	0	0.0%	0.1%	2	1.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	17	0.4%	0.3%
Other diseases & disorders	178	35.8%	30.0%	67	34.0%	30.2%	12	32.4%	33.3%	2	100.0%	47.4%	922	24.3%	20.8%
Stroke	31	6.2%	5.8%	15	7.6%	5.7%	0	0.0%	3.3%	0	0.0%	0.0%	196	5.2%	4.6%
Suicide	0	0.0%	0.2%	1	0.5%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	19	0.5%	0.4%
Unknown	3	0.6%	0.5%	0	0.0%	1.0%	0	0.0%	1.1%	0	0.0%	0.0%	17	0.4%	0.7%
Totals	497	100.0%	100.0%	197	100.0%	100.0%	37	100.0%	100.0%	2	100.0%	100.0%	3798	100.0%	100.0%

Exhibit A

APPENDIX

Summary of Incurred Claims

For the Period January 1, 2019 through December 31, 2019

Coverage	Life Claims				Waiver of Premium				(+) Conversion Charge	Incurred Claims
	(+) Insurance Amount Paid	(+) Interest Paid	Reported Reserves		Reported Reserves		IBNR			
			(+) Current Reserve	(-) Prior Reserve	(+) Current Reserve	(-) Prior Reserve	(+) Current Reserve	(-) Prior Reserve		
Active Basic Life	\$0.00	\$0.00	\$0.00	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0
Retiree Basic Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Supplemental Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Supplemental Spouse Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Supplemental Child Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Active Basic AD&D	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Employee Voluntary AD&D	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Family Voluntary AD&D	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0

Active Basic Life Claims Experience

For the Period January 1, 2019 through December 31, 2019

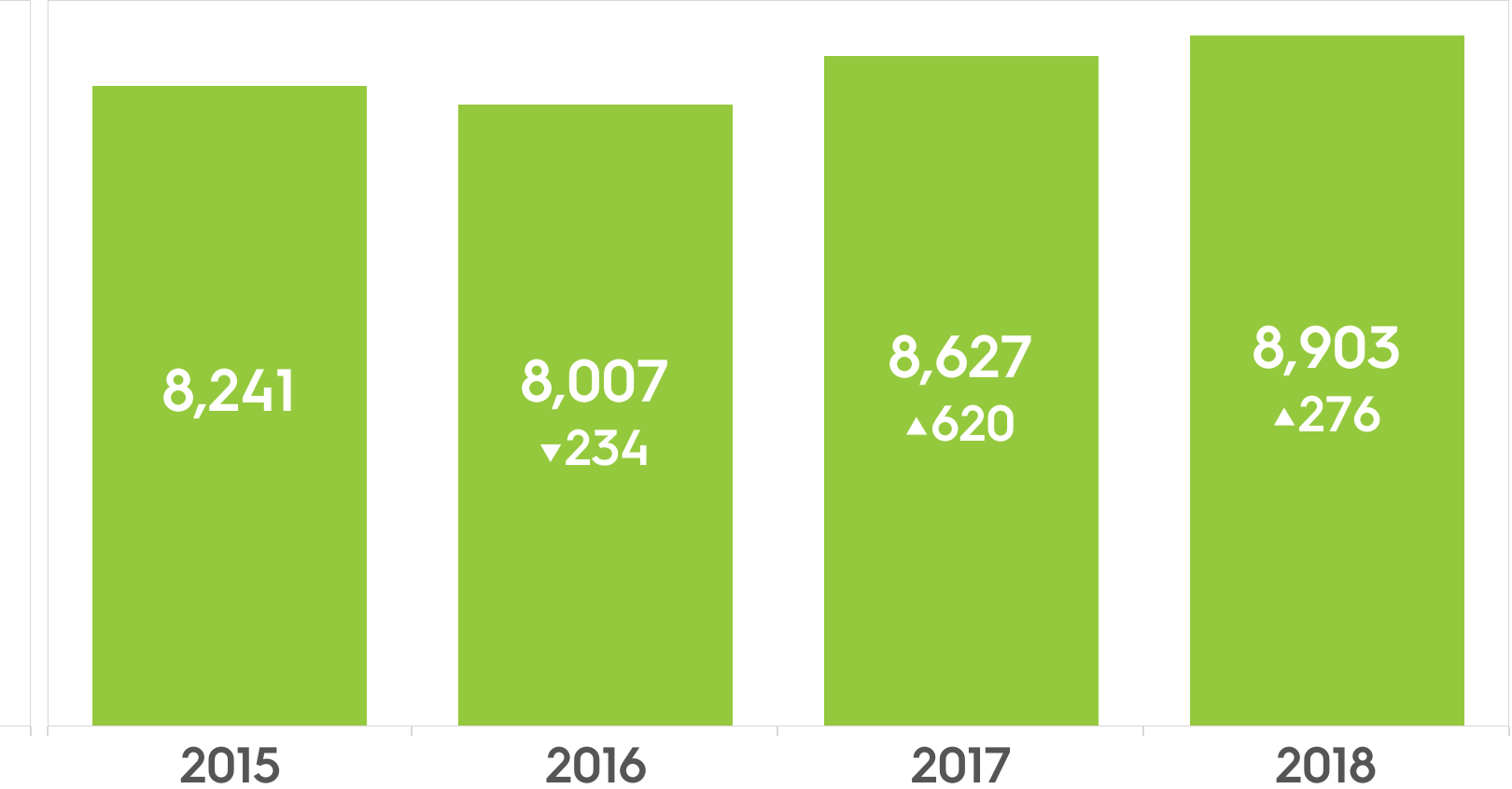
Death Claims

Name	Age at Death	Gender	Date of Death	Date Notice Received	Date Paid	Insurance Amount Paid	Interest Paid	Current Reserve	Prior Reserve	Incurred Claims
Name 1						\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Name 2						0.00	0.00	0.00	0.00	0.00
Name 3						0.00	0.00	0.00	0.00	0.00
Name 4						0.00	0.00	0.00	0.00	0.00
Name 5						0.00	0.00	0.00	0.00	0.00
Name 6						0.00	0.00	0.00	0.00	0.00
6 Total Claims						\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

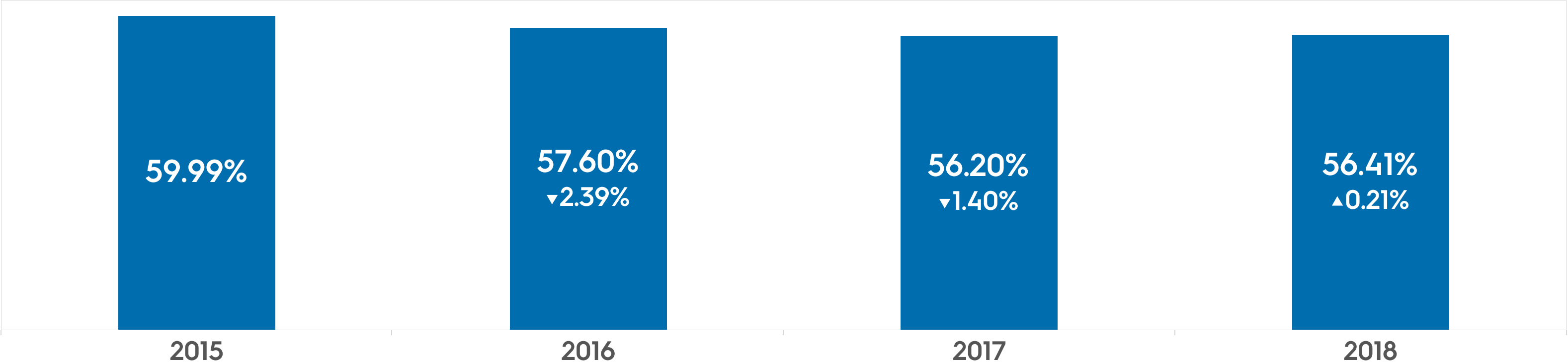
Basic lives



Supplemental lives



Participation rate



Summary of Incurred Claims

For the Period January 1, 2019 through December 31, 2019

Coverage	Life Claims				Waiver of Premium				(+) Conversion Charge	Incurred Claims
	(+) Insurance Amount Paid	(+) Interest Paid	Reported Reserves		Reported Reserves		IBNR			
			(+) Current Reserve	(-) Prior Reserve	(+) Current Reserve	(-) Prior Reserve	(+) Current Reserve	(-) Prior Reserve		
Active Basic Life	\$0.00	\$0.00	\$0.00	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0
Retiree Basic Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Supplemental Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Supplemental Spouse Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Supplemental Child Life	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Active Basic AD&D	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Employee Voluntary AD&D	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Family Voluntary AD&D	0.00	0.00	0.00	0.00	0	0	0	0	0	0
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0

Active Basic Life Claims Experience

For the Period January 1, 2019 through December 31, 2019

Death Claims

Name	Age at Death	Gender	Date of Death	Date Notice Received	Date Paid	Insurance Amount Paid	Interest Paid	Current Reserve	Prior Reserve	Incurred Claims
Name 1						\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Name 2						0.00	0.00	0.00	0.00	0.00
Name 3						0.00	0.00	0.00	0.00	0.00
Name 4						0.00	0.00	0.00	0.00	0.00
Name 5						0.00	0.00	0.00	0.00	0.00
Name 6						0.00	0.00	0.00	0.00	0.00
6 Total Claims						\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Group Term Life Insurance Policy**SAMPLE**

Securian Life Insurance Company • A Stock Company
 400 Robert Street North • St. Paul, Minnesota 55101-2098



POLICYHOLDER: ABC Company

POLICY NUMBER: 12345-G

POLICY SITUS: This policy was issued and delivered in **STATE** .

POLICY EFFECTIVE DATE: January 1, 2016

POLICY ANNIVERSARY DATE: January 1 of each year beginning January 1, 2017

POLICY PREMIUM DUE DATE(S): The first day of each month

Read Your Policy Carefully

This policy was issued to the policyholder on the effective date shown above. We promise to pay the benefits provided by this policy, subject to its conditions,

limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Signed for Securian Life Insurance Company at St. Paul, Minnesota on the effective date.

Secretary

President

TABLE OF CONTENTS

Definitions.....	3	Premiums	3
General Information	3	Termination.....	4
		Additional Information.....	4

Exhibit A
Certificates of Insurance Schedule

The following Certificates of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

<u>Certificate Title</u>	<u>Certificate Form Number</u>	<u>Applies To</u>	<u>Revision Date</u>
All Salaried Employees Certificate of Insurance	14-31701	Salaried employees	January 1, 2015
All Hourly Employees Certificate of Insurance	14-31701	Hourly employees	January 1, 2015
<u>Certificate Endorsement Title</u>	<u>Certificate Endorsement Form Number</u>	<u>Applies To</u>	<u>Revision Date</u>
Executives	12345-G/1	Executive employees	January 1, 2015

Definitions

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under this policy.

contributory insurance

Insurance for which an employee is required to make premium contributions.

noncontributory insurance

Insurance for which an employee is not required to make premium contributions.

policyholder

The owner of the group policy as shown on the first page of this policy.

we, our, us

Securian Life Insurance Company.

you, your

The policyholder.

General Information

What is your agreement with us?

This policy and your application contain the entire insurance contract between you and us. Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

Are employees of associated companies eligible for insurance under this policy?

Yes. Employees of associated companies may be eligible for insurance under this policy. You represent any associated company in all transactions pertaining to this policy. Your acts or omissions and every notice given by us to you shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Can this policy be amended?

Yes. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Premiums

When and how often are premiums due?

Unless we have agreed to some other premium payment procedure, premiums for this policy are remitted to us monthly. Premiums are due on the premium due date as shown on the first page of this policy. We apply premiums consecutively to keep the insurance in force.

Premium contributions for contributory insurance are to be paid to you. The premium contributions by insureds for contributory insurance should be remitted to us as due along with the premiums payable for noncontributory insurance.

How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which you and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) on any premium due date following the date that the amount of insurance in force for any one coverage changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are basic life, supplemental life, spouse life, child life and AD&D); or
- (3) anytime the policy terms are amended.

What factors do we consider when premium is changed?

If premium is changed, the change will be based upon future estimated or emerging experience, which factors include: interest rates, mortality, taxes, our expenses and profit considerations.

Can a premium be paid after the date it is due?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under this policy will remain in effect during the 31-day grace period.

Can the premium be adjusted?

Yes. An adjustment will be made to the premium on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments, so that the correct premium is paid.

Termination

When does this group policy terminate?

You may terminate this group policy by giving us 31 days prior written notice. We reserve the right to terminate this policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide you with notice of our intent to terminate this policy.

Additional Information

Are you required to maintain records?

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We will have reasonable access to such records in order to administer the policy.

If an administration or clerical error is made in keeping records on or administering the insurance under this policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the

provisions of this policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will a certificate of insurance be provided for each insured?

Yes. We will provide you with a certificate of insurance for delivery to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

Are you our agent?

No. For all purposes of this policy, neither you, an associated company, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated company or administrator.

Will the provisions of this policy conform with state law?

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the laws of the state governing the policy or the certificates, the provision will be deemed to be amended to conform to such laws.

Does ownership of this policy entitle you to membership in Securian Life Insurance Company's parent company?

No. The ultimate parent company of Securian Life Insurance Company is a mutual insurance holding company. This policy does not entitle you to any holding company membership rights.

Employee Group Term Life Certificate of Insurance

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



POLICYHOLDER: ABC Company
POLICY NUMBER: 12345-G

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate summarizes the principal provisions of the

group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.


Secretary


President

TABLE OF CONTENTS

Definitions.....	2	Termination.....	4
General Information	2	Conversion Right	4
Premiums	3	Additional Information.....	5
Death Benefit.....	4		

GENERAL INFORMATION

POLICYHOLDER: The ABC Company

POLICY NUMBER: 12345-G

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.

POLICY SITUS: The policy was issued and delivered in STATE.

POLICY EFFECTIVE DATE: January 1, 2016.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active employees of the policyholder and its associated companies working in the United States in the following classes:

Class 1 All Salaried Employees
Class 2 All Hourly Employees

NO DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance

WAITING PERIOD: The period commencing with the employee's date of employment and ending with the first day of the month next following or coinciding with the employee's completion of 90 days of continuous employment

**MINIMUM HOURS
PER WEEK REQUIRED:** 30 hours per week

PLAN OF INSURANCE**EMPLOYEE BENEFIT SCHEDULE****EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Class 1	One times annual earnings, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a minimum of \$10,000 and a maximum of \$500,000.*
Class 2	\$50,000

Supplemental Life Insurance

An amount elected by the employee from the following options:

Exhibit A

<u>Eligible Class</u>	<u>Amount of Supplemental Life Insurance</u>
Classes 1 and 2	One, two, three or four times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a minimum of \$10,000 and a maximum of \$500,000.*

*The combined amount of basic and supplemental insurance for an employee shall not exceed \$500,000.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic and Supplemental Insurance

<u>Eligible Class</u>	<u>Amount of Basic and Supplemental AD&D Insurance</u>
Classes 1 and 2	An amount equal to the amount of basic and supplemental life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS:

The amount of insurance on an employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such employee in accordance with the following table:

<u>Age of Employee</u>	<u>Amount of Insurance</u>
65 - 69	65%
70 - 74	50%
75 and over	25%

Age reductions will apply the first day of the month following an insured employee's 65th, 70th, and 75th birthdays.

RETIREMENT REDUCTIONS:

All insurance terminates at retirement, except as provided for under the portability provision.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic insurance is noncontributory insurance; supplemental insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

For supplemental insurance:

The lesser of two times annual earnings or \$250,000.

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental life in force under that prior plan immediately prior to the policy effective date.

**EFFECTIVE DATE OF INCREASES
AND DECREASES DUE TO CHANGE
IN ELIGIBLE CLASS OR EARNINGS:**

Increases and decreases due to a change in eligible class or earnings will become effective the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement. NOTE: An employee whose amount of supplemental insurance is limited to the guaranteed amount of \$250,000 due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$250,000 and therefore will not receive an increase in supplemental insurance due to salary increases.

Exhibit A

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:

An employee must be insured for supplemental life insurance in order to be insured for dependents life insurance.

Spouse/Domestic Partner Life Insurance

<u>Eligible Class</u>	<u>Amount of Spouse/Domestic Partner Life Insurance</u>
All Employees	An amount elected by the employee, in an increment of \$10,000, subject to a maximum of \$200,000

Child Life Insurance

<u>Eligible Class</u>	<u>Amount of Child Life Insurance</u>
All Employees	\$5,000 or \$10,000, as elected by the employee

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

**SPOUSE/DOMESTIC PARTNER AGE
REDUCTIONS:**

The amount of insurance on an insured spouse/domestic partner age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such spouse/domestic partner in accordance with the following table:

<u>Age of Spouse/DP</u>	<u>Amount of Insurance</u>
65 – 69	65%
70 – 74	50%
75 and over	25%

Age reductions will apply the first day of the month following an insured spouse's 65th, 70th, and 75th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse/domestic partner insurance: \$50,000
For child insurance: \$10,000

NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

EFFECT OF EMPLOYEE'S RETIREMENT:

All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

ADDITIONAL INFORMATION

Exhibit A

WAIVER OF PREMIUM APPLICATION:

Applies to contributory and noncontributory employee insurance.

EVIDENCE OF INSURABILITY:

Evidence of insurability satisfactory to us will be required:

- In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- In order for a newly eligible spouse/domestic partner to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse/domestic partner will be insured for the guaranteed issue amount.
- At Qualified Status Change or annual open enrollment, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change or annual open enrollment, if the insured has previously been declined any insurance amount by us due to evidence of insurability being found unsatisfactory.
- At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits
Accidental Death and Dismemberment
Dependents Term Life
Portability
Waiver of Premium

Definitions

application

Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your basic rate of compensation not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated companies.

evidence of insurability

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured according to the terms of this certificate, including any person insured by supplement to this certificate.

non-work day

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which you are not required to make premium contributions.

policyholder

The owner of the group policy as shown on the specifications page.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page. You are not eligible until the first day following the waiting period.

we, our, us

Securian Life Insurance Company.

you, your

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application.

Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible if you:

- (1) are a member of the eligible group and of an eligible class as shown on the specifications page; and
- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
- (3) have satisfied the waiting period as shown on the specifications page; and

- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as reflected in the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence.

Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) if you are on non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 12 months from the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 12 months from the last day you were actively at work or attained age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the applicable premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

Premium rates are subject to change according to the provisions of the group policy.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

Can you request a change in the amount of your contributory insurance?

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

Exhibit A

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) your lawful spouse if living; otherwise
- (2) your natural or legally adopted child (children) in equal shares, if living; otherwise
- (3) your parents in equal shares, if living; otherwise
- (4) your estate.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within three months after the date your coverage under this certificate terminated, your prior coverage may be reinstated, without evidence of insurability. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

Conversion Right

What is the conversion right?

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates due to the reasons listed below.

What is the full conversion right?

You may convert up to the full amount of terminated insurance if termination occurs because of termination of employment or of membership in the class or classes eligible for coverage.

What is the limited conversion right?

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

- (1) the group policy is terminated; or
- (2) the group policy is changed, by amendment or otherwise, to reduce or terminate your insurance.

For a limited conversion, you may convert an amount up to the lesser of:

- (1) \$10,000; and
- (2) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

When is conversion not available?

Neither the full conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

To what type of policy may you convert?

Under both the full conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits or accidental death and dismemberment benefits.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after the date your group insurance terminates. No evidence of insurability will be required.

How is the premium for the individual policy determined?

The premium for the individual policy is based upon the individual policy type, risk class, coverage amount and your age on the date of conversion.

When is the individual policy effective?

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

What happens if you die within 31 days of when your group insurance terminates?

If you die within 31 days of when your group insurance terminates, and meet the conversion eligibility requirements, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit

will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if your age has been misstated?

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Is there any cash value to this coverage?

No. This is term life insurance and it does not build cash value.

What is the suicide limitation?

If you, whether sane or insane, commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in your amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

Can your insurance coverage be contested?

Yes. If you die, or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application.

Who is the owner of this coverage?

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, converting coverage to an individual policy and terminating the coverage.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Can a change in ownership for a certificate be requested?

Yes. A change in ownership is a type of assignment. All provisions for assignments apply to ownership changes.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

What is the policy interpretation right and authority?

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

Accelerated Benefits Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

Accelerated Benefit

Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse or dependent child insured under your certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have not assigned and are the sole owner of the certificate; and

- (3) the certificate does not have an irrevocable beneficiary.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is \$10,000. The maximum death benefit that can be accelerated is \$1,000,000.

Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is at least \$25,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed \$1,000,000. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

Termination

When does an insured's coverage under this supplement terminate?

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

Additional Information

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, an accelerated benefit is not available if you:

- (1) are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.


Secretary


President

Accidental Death and Dismemberment Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the group policy is eligible for insurance under this supplement. In addition, an employee may elect coverage for his or her spouse and/or dependent child(ren) who are insured under the Dependents Term Life Insurance Certificate Supplement attached to the certificate. All references to an insured in this supplement shall include dependents. All provisions of this supplement applicable to an "insured" shall apply to an insured dependent.

When does insurance under this supplement become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) the insured meets all eligibility requirements; and
- (2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

For an insured employee who has existing dependent coverage in force, any newly acquired dependent who meets the requirements will automatically become insured when he or she becomes eligible unless additional premium is required for the newly eligible dependent, in which case coverage will become effective as described above.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This provision shall not apply to a newborn child. However, in no event will insurance on a dependent be effective before the employee's insurance under the group policy is effective.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your death or dismemberment. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 180 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
- (2) suicide or attempted suicide, whether sane or insane; or
- (3) your participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) the use of alcohol; or
- (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
- (7) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
- (8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
- (9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
- (10) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; or
- (11) war or any act of war, whether declared or undeclared.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Sight of One Eye.....	50%
One Hand or One Foot.....	50%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means.

Under no circumstance will more than one payment be made for the loss of the same limb, eye, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of an insured's AD&D insurance.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom do we pay the benefit?

In the case of your accidental death, we will pay the accidental death benefit to the person or persons entitled to receive your death benefit under the terms of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

A dependent's AD&D benefit will be paid to you, if living, otherwise to your estate.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits.

Air Bag Benefit

What is the air bag benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of \$10,000 or 10% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the seat in which the insured was seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and
- (3) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Seatbelt Benefit

What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional AD&D benefit equal to the lesser of:

- (1) \$10,000; or
- (2) 10% of the insured's amount of AD&D insurance.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Termination

When does an insured's coverage under this supplement terminate?

An insured's coverage ends on the earliest of:

- (1) the date you are no longer covered for life insurance under the group policy; or
- (2) the insured's 70th birthday; or
- (3) for an insured dependent, the date the dependent no longer meets the eligibility requirements; or
- (4) for an insured dependent, the date the dependent is no longer covered for life insurance under the group policy; or
- (5) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (6) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

Can insurance under this supplement be converted to a policy of individual insurance upon termination?

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.



Secretary



President

Dependents Term Life Insurance Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your lawful spouse who is not legally separated from you, your civil union partner, or your registered domestic partner, as recognized under the laws of the jurisdiction of celebration; and
- (2) your or your spouse's natural, legally adopted or stepchildren who are less than 26 years old. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible).

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date he or she so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement (except in the case of a newborn).

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence.

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This does not apply to a newborn child. However, in no event will insurance on a dependent be effective before your insurance is effective.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

Termination

When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

If an insured dependent, whether sane or insane, commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in an insured dependent's amount of contributory life insurance for which you were required to apply or for which we required evidence of

insurability, and if the dependent dies by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

The suicide exclusion does not apply to an insured child.

Does the Waiver of Premium supplement to your certificate apply to insured dependents?

The Waiver of Premium supplement to your certificate will not apply to disabilities for dependents covered under this supplement.

However, if, due to your disability, your insurance is continued in force without further payment of premiums due to the Waiver of Premium supplement, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to the Waiver of Premium supplement.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement, unless the converted policy is surrendered without claim except for refund of premiums.


Secretary


President

Portability Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance, the insured must make a written request and make the first premium payment within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will be effective the date we receive the completed application. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group life insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

An insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 70; or
- (2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
- (3) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
- (4) loses eligibility due to termination of the group policy.

Can insurance that is lost due to moving from one eligible class to another be ported?

No, with one exception: if an employee moves from an active class to a retiree class, he or she can port the amount of insurance lost due to the change in class, subject to all the provisions of this supplement.

What insurance can be continued under this supplement?

Only contributory insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance for any dependent insured under his or her certificate.

An insured may also continue coverage under all certificate supplements which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date, except the Waiver of Premium Certificate Supplement, which shall terminate upon porting.

Is there a minimum amount of insurance that can be continued under this supplement?

Yes. The minimum amount of insurance that can be continued on an employee's life under this supplement is \$10,000. The minimum for dependents life is \$1,000.

Is there a maximum amount of insurance that can be continued under this supplement?

Yes. The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than \$300,000 for an employee or \$150,000 for a spouse. However, for an insured age 65 or older on his or her portability date, the amount will not be more than \$195,000 for an employee or \$97,500 for a spouse.

Will the amount of insurance continued under this supplement change?

Yes. On the first day of the month following the date an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. Insurance terminates at age 70.

Can an insured request a change in the amount of insurance continued under this supplement?

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum amount. The amount of insurance continued under this supplement will never increase.

How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future.

Can insurance continued under this supplement be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this supplement, but not beyond 31 days after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

What happens if an insured again becomes eligible under the certificate?

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate, the insured shall no longer be considered to have portability status, ported coverage will terminate and only one death benefit will be paid under the coverage. Insurance may be continued only under the terms of the certificate, not including this supplement unless and until the insured no longer meets the eligibility requirements of the certificate and again return to portability status as provided for herein.

What happens to insurance provided under this supplement when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?".

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

When will insurance continued under this supplement terminate?

Insurance being continued under this supplement will terminate on the earliest of the following:

- (1) the insured's 70th birthday; or
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse who is insured by a supplement to the employee's certificate, the date the employee's coverage is no longer being continued under this supplement or the date the spouse or child ceases to be eligible as defined under the terms of the certificate; or
- (4) 31 days after the due date of any premium contribution which is not made; or
- (5) the date an insured requests to terminate his or coverage being continued under this supplement.


Secretary


President

Waiver of Premium Certificate Supplement

Exhibit A

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098



General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

The specifications page indicates to what insurance this supplement applies. This supplement does not apply to you if you have portability status.

What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate which were in force on the date of the onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience on a full or part time basis. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least nine months.

Are there any limitations?

Yes. Insurance will not be continued if your disability results from intentionally self-inflicted injury, participation in or any attempt to commit a crime, or war or any act of war, whether declared or undeclared.

What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums. You cannot have coverage under both policies and only one death benefit will be available.

What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us as to both substance and form that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for nine months or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. After you have provided at your expense the requested claim forms and records, we may also require that you submit to one or more medical examinations at our expense.

If you die within one year of the date of onset of your total disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than nine months. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before premium payments on your behalf were discontinued and before your 60th birthday, continued without interruption until your death.

When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued without payment of premium under this supplement?

The amount of insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

If the group policy provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance while disabled.

How long will insurance be continued without payment of premium?

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you retire; or
- (3) the date you recover so that you are no longer totally and permanently disabled; or
- (4) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

What happens to your insurance when the waiver of premium benefit ends?

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments on your behalf are resumed or you apply to convert your coverage.

Termination

When does your coverage under this supplement terminate?

Your waiver of premium coverage terminates on the earliest of:

- (1) the date you are no longer insured for life insurance covered by this supplement; or
- (2) the date requested by the policyholder to cancel the Waiver of Premium coverage for its plan; or
- (3) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Waiver of Premium coverage or of the group policy.



Secretary



President

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

GROUP TERM LIFE CERTIFICATE OF INSURANCE

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE	CITY OF GLENDALE Procurement Division 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

3. SCOPE OF WORK

It is the City's desire to engage a community partner to provide services at city-owned facilities that meet or exceed the following program objectives and create a focus on measuring for success. Responses to this RFP should clearly demonstrate how the Offeror intends to accomplish and measure successful outcomes of the program objectives.

General Services - Contractor shall:

- Provide Basic and Optional Life and Accidental Death & Dismemberment (AD&D) insurance and Commuter Life.

Our proposal includes Basic Life and AD&D, and Optional Life and AD&D. Our proposal does not include Commuter Life.

- Guarantee initial rates and contract terms at minimum effective July 1, 2024, through June 30, 2026.

Confirmed. Our proposed rates are guaranteed for three years effective July 1, 2024

- Provide claims experience for actives and retirees by employee, dependent spouse, and dependent child(ren) at minimum every six months.

By using our customized LifeBenefitsExtra site, you will be able to create claims or underwriting reports specific to its needs by selecting criteria from the Report Builder screen. Once the request is submitted, the report displays immediately and can be printed or saved as a .pdf or Excel file. Additionally, subscriptions can be created to run reports. This one time setup allows reports to be automatically emailed to you as often as requested.

- Customized claims reports can be built by sorting data for a specified time frame by class, location, or division; by claim type (e.g. life, AD&D, or accelerated death benefit); or coverage type (e.g. basic, optional, or dependent coverage).
- Underwriting reports can provide data for a specified time frame sorted by class, location, or division; by claim type (e.g. life, AD&D, or accelerated death benefit); or coverage type (e.g. basic, optional, or dependent coverage).
- Provide final renewal rates, costs, and underwriting projections to the City at least 180 days prior to the contract anniversary date.

Confirmed.

- Agree to provide coverage on a "no loss" basis for all participants enrolled in the current plan.

Confirmed. We waive the actively-at-work requirement at initial transition and grandfather all coverage on a no-loss/no-gain basis as outlined in the chart below. We also waive our standard confinement restriction for dependent life coverage for currently insured dependents.

Status of Employee on the Effective Date	Responsible Party
Disabled and on approved waiver of premium	Incumbent Carrier

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE	CITY OF GLENDALE Procurement Division 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

Disabled and not yet approved waiver of premium	Incumbent Carrier*
Disabled and satisfying elimination period	Incumbent Carrier*
Absent due to disabling ailment	Incumbent Carrier*
Absent due to nondisabling ailment	Securian Financial
On vacation	Securian Financial
On non-medical leave of absence	Securian Financial
On excused absence (funeral, etc.)	Securian Financial
At work	Securian Financial

*Assumes that employees on approved waiver of premium on the effective date stays with the incumbent carrier under the current waiver of premium provision. Any employees absent due to disability as of the plan transition date may remain the liability of the incumbent carrier under the waiver of premium provision. If the employee remains disabled and satisfies the requirements for a waiver of premium claim, the claim should be filed with the incumbent carrier. Similarly, if the employee dies while disabled but before satisfying the elimination period for a waiver of premium claim, the death claim should be filed with the incumbent carrier. If the employee returns to work or otherwise does not satisfy the requirements for approved waiver of premium (e.g. not disabled, over age), Securian Financial is responsible for the ongoing life insurance coverage in accordance with plan provisions. In any event, either Securian Financial or the incumbent carrier provides coverage for every insured employee.

- Not include commissions in the rates submitted unless included in the carrier's filing with the State. *Any proposal that includes payment of commissions or any other form of remuneration shall be deemed non-responsive unless fully disclosed and approved by the City.* If commissions or fees are included in the filed rates and cannot be removed from the rates provided, the level of commissions included in the proposed rates must be disclosed and noted.

Confirmed.

- Comply with all HIPAA Privacy Rule Regulations where applicable.

HIPAA regulations specifically exclude life insurance coverages; therefore, do not affect our group term plan. With that said, we do take our customers' privacy very seriously and are in full compliance with the Gramm-Leach-Bliley Act. We also employ privacy specialists who ensure all reasonable safeguards are being taken to protect private information.

- Provide all Plan Certificates and Summary Benefit Booklets, and other customized communications (i.e. payroll stuffers, etc.) at no additional charge.

Confirmed.

- Provide any professional service representatives the City requires to understand, analyze, and/or plan for any plan changes including but not limited to general account servicing, underwriting- actuarial, clinical, and/or operational support.

Confirmed. To ensure satisfaction in Ochs' handling of your needs, we use multiple approaches which have earned us 97% satisfaction rating from our clients who would recommend Ochs to other organizations.

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE	CITY OF GLENDALE Procurement Division 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

To ensure we are meeting our client's needs, we have several touch points throughout the year, including:

- Annual service visit from the Account Manager
- Attendance at open enrollments meetings and discussions with human resources (HR) and Benefits Department
- Phone calls and email check-ins, at least 3 times during the year
- Available for day-to-day assistance as needed
- Annual satisfaction survey

Additionally, when requested, we provide benefit plan reviews for newly hired HR and benefits personnel.

- Maintain all pertinent claim records for up to seven (7) years including claim records, individual case review and notes, and any member inquiry records as prudent business practice and provisions dictate.

Records are maintained for the life of the policy plus ten years.

We allow policyholders the opportunity to inspect plan administrative and claim records and procedures any time they have a need or desire to verify information related to the insurance plan. Please note that some claim information, as well as medical information, is considered confidential for the individual involved and cannot be released to the City without written permission from the individual.

The correct retention process for each type of document is regularly reviewed and carefully determined by the legal research of an outside consultant. We do not have a publicly available policy to provide.

- Process Life and Accidental Death and Dismemberment insurance claims accurately and timely.

Confirmed.

- Rates provided shall be based on current rates.

Confirmed.

- Sign the Business Associate Amendment as written and attached to this proposal as **Attachment 11**, attached separately.

We will be happy to review your contract/service agreement if we are selected as a finalist. Securian Financial's legal counsel will review and provide edits to discuss with the City's legal counsel. We have found that this process results in the efficient development of a mutually agreeable contract.



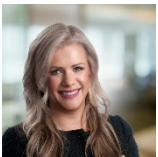
Account Management

Account services for the plan will be provided by Ochs Inc., a Securian Company. Specializing in employee benefit plans, Ochs has been a key part of Securian's group life success since 1943. We provide insurance to municipalities and school districts through an insurance pooling arrangement branded The Municipal Pool. Ochs has been the exclusive administrator of The Municipal Pool since its inception in 1955 and to date, there are 806 public employers with over 256,200 lives realizing the cost advantages and financial stability of purchasing their employee life insurance programs through The Municipal Pool.

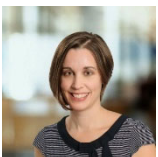
We provide customized marketing and plan communication services at no additional charge to provide complete support. We also provide robust tools and resources to educate employers and employees about their benefit plans. We can also attend meetings in person. We would be happy to visit with you and discuss your needs further when we are chosen as a finalist.

Solution highlights include:

- Detailed-electronic plan summaries, forms, and handouts available in hard copy at no additional cost
- Engaging-online educational videos
- Informative needs calculators
- Fun trinkets and raffle prizes
- Benefit plan overviews ready-to-go in PowerPoint
- Customized and virtual presentation including a Q&A session
- Annual personalized employee benefit statements and enrollment packets available in hard copy at no additional cost



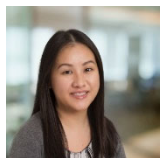
Katie Degelmann, Senior Regional Sales Vice President, Western Region at Ochs will be a key player in the success of the plan. Katie will be the first point of contact with your organization, will work with you through the award process, and will initiate implementation. Katie, a graduate of the University of Wisconsin - Eau Claire, has been with Ochs for ten years and in the industry for 17 years.



Emily Watters, Senior Manager, Implementation & Client Success at Ochs will manage a centralized implementation team of subject matter experts to ensure a simplified and flexible transition process for you and will be the primary contact for the duration of the implementation. Emily, a graduate of the University of Wisconsin - LaCrosse, has been with Ochs and in the industry for 17 years.



Cory Claeson, Manager - Account Services at Ochs will assume account management on an ongoing basis. Cory be involved in your implementation and afterward, will be the primary contact for service matters and management of the plan. He will also work closely with our team of dedicated experts from claims, technology, enrollment, and administration to ensure that your plan runs smoothly. Cory, a graduate of the University of Minnesota - Duluth, has been with Ochs for one year and in the industry for ten years.



Gao Vang, Senior Client Success Representative at Ochs will provide exemplary service and is responsible for providing customer service support to clients and their employees regarding group benefits, enrollment, and billing, assistance to clients during their annual enrollment period, and day to day contact for her assigned clients. Gao, a graduate of St. Paul College, has been with Ochs for four years and in the industry for nine years.

Value Adds

At no additional cost, our proposal includes the following services:

- Ochs Resource Center is an embedded EMPLOYER benefit, at NO additional cost:
 - Unlimited answers to your HR (Human Resources), benefits law
 - Employee Training courses for Sexual Harassment Prevention, HIPAA Privacy, and Cyber Risk Management
 - Employee Handbook and Policy Builder
 - Live and on demand webinars with HRCI credits
 - Forms, Posters, Articles, What Are You Doing Today Tool, and More
- Lifestyle Benefits, a suite of self-service resources that help employees address specific issues such as financial counseling, travel assistance, or will preparation, among other offerings. This is available at no charge with our proposed Life Insurance coverage.
 - Legal, Financial and Grief Resources from LifeWorks by Morneau Shepell: Whether it is creating a will or advice on a legal matter, getting a handle on financial security, or struggling to cope with the loss of a loved one - get the professional support you need. Resources include templates to create a will and other key legacy documents, complimentary 30-minute face-to-face consultation with an attorney, unlimited telephone consultation with attorneys and counselors, and much more.
 - Travel Assistance Services from RedpointWTP LLC: While traveling 100 or more miles from home, you have access to pre-trip planning and emergency services. These include medical relocation and medical or security evacuation, assistance replacing lost or stolen luggage or other critical items, repatriation of mortal remains and much more.
 - Beneficiary Financial Counseling from PricewaterhouseCoopers LLP: Beneficiaries receiving \$25,000 or more will be invited to access professional guidance to help them make sound financial decisions regarding their policy proceeds. Resources include assessment, workbooks, newsletter, website and more. Access information is provided with claims payment.
 - Legacy Planning Resources from Securian Financial: This website provides self-help tools for getting a person's affairs in order in advance as well as for dealing with the loss of a loved one. In addition to the online tools and resources available, funeral concierge service allows for coverage verification and direct payment to the funeral home so that services can be provided before the insurance settlement becomes available.

Securian and Ochs understand the importance of a strong ongoing and proactive work plan to ensure we meet your needs. We have been insuring group clients since 1917. We provide more than 21 million people with nearly \$1.2 trillion of insurance protection and have over \$97.8 billion in assets under management. Our most recent A.M. Best rating is A+ (Superior), last affirmed on 11/30/23. We have been insuring group clients since 1917. We currently have \$1.179 trillion of group life insurance in force and \$3.06 billion of group life insurance annual premium covering 10.82 million lives which includes 1,014 public sector clients with 2.7 million lives and 15 state plans with 2.1 million lives.

Customer Service

Human Resources and Payroll staff as well as plan members can reach us toll free at 800-392-7295. We are available Monday through Friday 8 am to 4:30 pm Central Time. You can also email us at

ochs@ochsinc.com. You can call us at 800-392-7295 or, for claim specific questions, you can call 877-494-8401. You will also be provided with direct contact info for your Claims Examiner. For underwriting specific questions, call 651-665-7092. These call centers are staffed with customer service representatives from 7 am to 7 pm Central Time. Additionally, online claims status is available to benefit staff 24 hours a day, 7 days a week, with information updated daily. Life insurance claims are processed in Saint Paul, Minnesota.

Additionally, we will also provide our secure online website. This technology provides benefits staff fast, easy access to plan information and services including:

- eClaims, our online claim submission site allows you to submit claims online. We will also accept a faxed or attached copy of the death certificate
- 24/7 access to claims and underwriting information, updated daily
- Ability to create customized claims and EOI reports instantly online with Report Builder
- Plan specific forms

We establish different levels of accessibility to accommodate your organizational structure (e.g., different levels for the central staff and branch representatives). Information will be updated daily, and sorting capabilities offer additional flexibility in viewing this information.

Underwriting

We use a simplified underwriting approach, with requirements tailored to the level of risk, for amounts above the guaranteed issue limit, and coverage applied for outside an eligibility period. Our goal is to enable most individuals to become insured while appropriately screening unacceptable risks to minimize anti-selection.

Applicants are asked to provide their height, weight, and answer three general health questions. Our underwriters take into consideration this information and any additional information obtained that may include prescription history, digital medical and laboratory data reports, a report from the Medical Information Bureau, and the amount of coverage requested in determining if more information is needed to assess insurability. Most of the applications we receive are approved without asking for further information.

Continuity of Coverage

We waive the actively-at-work requirement at initial transition and grandfather all coverage on a no-loss/no-gain basis as outlined in the chart below. We also waive our standard confinement restriction for dependent life coverage for currently insured dependents.

Status of Employee on the Effective Date	Responsible Party
Disabled and on approved waiver of premium	Incumbent Carrier
Disabled and not yet approved waiver of premium	Incumbent Carrier*
Disabled and satisfying elimination period	Incumbent Carrier*
Absent due to disabling ailment	Incumbent Carrier*
Absent due to nondisabling ailment	Securian Financial
On vacation	Securian Financial
On non-medical leave of absence	Securian Financial
On excused absence (funeral, etc.)	Securian Financial
At work	Securian Financial

*Assumes that employees on approved waiver of premium on the effective date stays with the incumbent carrier under the current waiver of premium provision. Any employees absent due to disability as of the plan transition date may remain the liability of the incumbent carrier under the waiver of premium provision. If the employee remains disabled and satisfies the requirements for a waiver of premium claim, the claim should be filed with the incumbent carrier. Similarly, if the employee dies while disabled but

before satisfying the elimination period for a waiver of premium claim, the death claim should be filed with the incumbent carrier. If the employee returns to work or otherwise does not satisfy the requirements for approved waiver of premium (e.g. not disabled, over age), Securian Financial is responsible for the ongoing life insurance coverage in accordance with plan provisions. In any event, either Securian Financial or the incumbent carrier provides coverage for every insured employee.

Claims

We offer a simple claims process. Claims can be submitted online, fax, mail, or by telephone.

Our Life Claims Experience highlights include:

Cash Advance

- Ability to issue a partial benefit to a beneficiary
- Up to \$25,000 without a death certificate or claim form

Express Assignment

- Same-day funeral home assignment
- Funeral home or lending agency reimbursement for final expenses
- Securian works directly with the funeral home or lending agency

Fast Track

- Claims \$100,000 and under*
 - No death certificate
 - Expedited and high touch handling
- *Under some circumstances a death certificate or other additional information may be needed.

Upon receipt of all necessary claim documents, examiners make claim payout determination within 3.92 days on average. (Statistics reflect entire group insurance business of Minnesota Life Insurance Company and Securian Life Insurance Company.) 99% of survey clients are satisfied with our group claims process. (Securian Financial Customer and Channel Partner Insights, Service Scorecard, December 2021.)

Reporting

By using our customized LifeBenefitsExtra site, you will be able to create claims or underwriting reports specific to its needs by selecting criteria from the Report Builder screen. Once the request is submitted, the report displays immediately and can be printed or saved as a .pdf or Excel file. Additionally, subscriptions can be created to run reports. This one-time setup allows reports to be automatically emailed to you as often as requested.

- Customized claims reports can be built by sorting data for a specified time frame by class, location, or division; by claim type (e.g. life, AD&D, or accelerated death benefit); or coverage type (e.g. basic, optional, or dependent coverage).
- Underwriting reports can provide data for a specified time frame sorted by class, location, or division; by claim type (e.g. life, AD&D, or accelerated death benefit); or coverage type (e.g. basic, optional, or dependent coverage).

Additional ad hoc reports can be provided as requested at no additional charge. We welcome additional discussions regarding your reporting needs.



Statement of Qualifications

Securian Financial Group, Inc. is the parent company for our underwriters, Minnesota Life Insurance Company and Securian Life Insurance Company. We are a Minnesota Corporation founded in 1880 and providing a full range of financial products for individuals and businesses including insurance, investments, and retirement solutions. We have 2,968 employees and are in Saint Paul, Minnesota.

We provide more than 21 million people with nearly \$1.2 trillion of insurance protection and have over \$97.8 billion in assets under management. Our most recent A.M. Best rating is A+ (Superior), last affirmed on 11/30/23. We have been insuring group clients since 1917. We currently have \$1.179 trillion of group life insurance in force and \$3.06 billion of group life insurance annual premium covering 10.82 million lives which includes 1,014 public sector clients with 2.7 million lives and 15 state plans with 2.1 million lives.

Securian will provide the exceptional service we are consistently known for.

Ochs will be responsible for the account services of your plan. Securian and Ochs understand the importance of a strong ongoing and proactive work plan to ensure we meet your needs.



Claims Process

Exhibit A

We offer a simple claims process. Claims can be submitted online, fax, mail, or by telephone.

Our Life Claims Experience highlights include:

Cash Advance

- Ability to issue a partial benefit to a beneficiary
- Up to \$25,000 without a death certificate or claim form

Express Assignment

- Same-day funeral home assignment
- Funeral home or lending agency reimbursement for final expenses
- Securian works directly with the funeral home or lending agency

Fast Track

- Claims \$100,000 and under*
 - No death certificate
 - Expedited and high touch handling
- *Under some circumstances a death certificate or other additional information may be needed.

Upon receipt of all necessary claim documents, examiners make claim payout determination within 3.92 days on average. (Statistics reflect entire group insurance business of Minnesota Life Insurance Company and Securian Life Insurance Company.) 99% of survey clients are satisfied with our group claims process. (Securian Financial Customer and Channel Partner Insights, Service Scorecard, December 2021.)



City of Glendale
Solicitation Number: RFP 24-45 / 42400061
LIFE, AD&D INSURANCE AND COMMUTER LIFE

CITY OF GLENDALE
Procurement Division 5970
West Brown Street,
Suite 210
Glendale, Arizona 85302

12. SUBMISSION CHECKLIST

This section provides an overview of the submission instructions including a checklist to aid in the submission of complete proposals. Offerors shall complete the fillable "RESPONSE WORKBOOK" attachment and submit as their proposal.

Vendors are strongly advised to read this section in its entirety and complete the checklist to avoid disqualification. **Please note that the City will NOT be able to consider proposals that are submitted late or that do not follow these guidelines.**

The Offeror shall bear all costs associated with submitting the proposal, including proposal preparation, site visitation or any travel connected with submission of the proposal. The City shall have no liability whatsoever for such costs.

Checklist for Submitting Proposal		Complete (✓)
Submission Requirements		
OFFER SHEET (Response Workbook)		✓
Offeror Name: Securian Life Insurance Company		
Offeror Address: 400 Robert Street North St. Paul, MN 55101		
1. EXPERIENCE AND QUALIFICATIONS		✓
2. METHOD OF APPROACH		✓
3. INSURANCE OFFERING		✓
3.1 Claims & Administration		
3.2 Plan Design		✓
3.3 Insurance Financials		✓
3.4 Basic Life		✓
3.5 Optional Life		✓
3.6 Dependent Life		✓
3.7 AD & D		✓
3.8 Commuter Life		✓
4. COST (Must be submitted in a separate electronic file) (1 question)		✓
COMPLETED PRICING WORKBOOK		✓
ADDENDUM RESPONSES (if applicable)		✓
Return of Offer		
• Electronic copies of all "SUBMISSION REQUIREMENTS" listed above. Pricing Workbook must be submitted separately from the rest of the proposal.		✓

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE ATTACHMENTS 1 THROUGH 11	CITY OF GLENDALE Procurement Department 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

ATTACHMENT 11 – BUSINESS ASSOCIATE AGREEMENT

BUSINESS ASSOCIATE AGREEMENT

This Agreement is made and entered into this 11th day of April, 2024, by and between **Securian Life Insurance Company** ("Business Associate") and the City of Glendale, ("Covered Entity") and constitutes an addendum to * [Name of Agreement] dated Mar. 20, 2024 between the parties hereto (the "Base Agreement").

***Solicitation Number:
RFP 24-45**

For valuable consideration, the receipt of which is hereby acknowledged, and intending to establish a business associate relationship under 45 CFR §164, the parties hereby agree as follows:

I. Definitions

- A. "CFR" means the Code of Federal Regulations. A reference to a CFR section means that section as amended from time to time; provided that if future amendments change the designation of a section referred to herein, or transfer a substantive regulatory provision referred to herein to a different section, the section references herein shall be deemed to be amended accordingly.
- B. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR §164.501 and shall include a group of records that is: (i) the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for Covered Entity by Business Associate or (2) used, in whole or in part, by or for Covered Entity to make decisions about Individuals.
- C. "Electronic Protected Health Information" (EPHI) shall have the same meaning as the term "electronic protected health information" in 45 CFR §160.103, limited to the information received from or created on behalf of Covered Entity by Business Associate.
- D. "Individual" shall have the same meaning as the term "individual" in 45 CFR §160.103, and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- E. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR parts 160 and 164, subparts A and E.
- F. "Protected Health Information" (PHI) shall have the same meaning as the term "protected health information" in 45 CFR §160.103, limited to the information received from or created on behalf of Covered Entity by Business Associate.
- G. "Required by law" shall have the same meaning as the term "required by law" in 45 CFR §164.501.

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE ATTACHMENTS 1 THROUGH 11	CITY OF GLENDALE Procurement Department 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

- H. "Security Incident" shall have the same meanings as the term "security incident" in 45 CFR §164.304.
- I. "Security Rule" shall mean the Standards for the Protection of Electronic Protected Health Information at 45 CFR parts 160 and 164, subparts A and C.

II. Obligations of Business Associate

- A. Business Associate agrees not to use or disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
- B. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall implement administrative, physical, and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity as required by the Security Rule.
- C. Business Associate agrees to report to Covered Entity any use or disclosure of Protected Health Information other than as provided for by this Agreement within a reasonable time after Business Associate has actual knowledge of such use or disclosure. Business Associate shall report to the Covered Entity all Security Incidents of which it becomes aware.
- D. Business Associate agrees to include in its agreement with any agent or subcontractor to whom it provides Protected Health Information, including EPHI, conditions with respect to such information that are at least as restrictive as those that apply through this Agreement to Business Associate.
- E. If Business Associate maintains Protected Health Information in a Designated Record Set, Business Associate agrees to make available to Covered Entity, within a reasonable time, such information as Covered Entity may require to fulfill Covered Entity's obligations to respond to a request for access to Protected Health Information as provided under 45 CFR §164.524 or to respond to a request to amend Protected Health Information as required under 45 CFR §164.526. Business Associate shall refer to Covered Entity all such requests, which Business Associate may receive from Individuals. If Covered Entity requests Business Associate to amend Protected Health Information in Business Associate's possession in order to comply with 45 CFR §164.526, Business Associate shall effectuate such amendments no later than the date they are required to be made by 45 CFR §164.526; provided that if Business Associate receives such a request from Covered Entity less than ten (10) business days prior to such date, Business Associate will effectuate such amendments as soon as is reasonably practicable.

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE ATTACHMENTS 1 THROUGH 11	CITY OF GLENDALE Procurement Department 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

- F. If applicable, Business Associate agrees to provide to Covered Entity within a reasonable time such information necessary to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures as provided under 45 CFR §164.528. Business Associate shall refer to Covered Entity all such requests that Business Associate may receive from Individuals.
- G. Upon reasonable notice, Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the U.S. Secretary of Health and Human Services, or an officer or employee of that Department to whom relevant authority has been delegated, at Covered Entity's expense in a reasonable time and manner, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

III. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Agreement, Business Associate may:

- A. Use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of Covered Entity, as specified in the Base Agreement, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by the Covered Entity.
- B. Disclose Protected Health Information for the proper management and administration of Business Associate or to fulfill any present or future legal responsibilities of Business Associate, provided that such disclosure is either Required by Law or Business Associate obtains reasonable assurances from any person to whom Protected Health Information is disclosed that such person will: (i) keep such information confidential, (ii) use or further disclose such information only for the purpose for which it was disclosed to such person or as Required by Law, and (iii) notify Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- C. Use Protected Health Information to provide data aggregation services relating to the health care operations of the Covered Entity, as provided in 45 CFR §164.501.

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE ATTACHMENTS 1 THROUGH 11	CITY OF GLENDALE Procurement Department 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

IV. Obligations of Covered Entity

- A. Covered Entity shall notify Business Associate of any facts or circumstances that affect Business Associate's use or disclosure of Protected Health Information. Such facts and circumstances include, but are not limited to: (i) any limitation or change in Covered Entity's notice of privacy practices, (ii) any changes in, or withdrawal of, an authorization provided to Covered Entity by an Individual pursuant to 45 CFR §164.508; and (iii) any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR §164.522.
- B. Covered Entity warrants that it will not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule or is not otherwise authorized or permitted under this [the] Agreement.

V. Effective Date; Termination

- A. The effective date of this Agreement shall be the date this Agreement is signed by both parties.
- B. This Agreement shall terminate on the date Business Associate ceases to be obligated to perform the functions, activities, and services described in Article III, Section A. Either party may terminate this Agreement in the event of a material breach by the other party of any provision contained in Sections II through IV above.
- C. Upon termination of this Agreement, Business Associate will return to Covered Entity, or if return is not feasible, destroy, any and all Protected Health Information that it created or received on behalf of Covered Entity and retain no copies thereof. If the return or destruction of the Protected Health Information is determined by Business Associate not to be feasible, or if Business Associate is required by law to retain such information or copies thereof, Business Associate will maintain the Protected Health Information for the period of time required under applicable law, or in accordance with Business Associate's internal record retention schedule as in effect from time to time, whichever is longer, after which time Business Associate shall return or destroy the Protected Health Information.
- D. Business Associate's obligations under Sections II and III above shall survive the termination of this Agreement with respect to any Protected Health Information so long as it remains in the possession of Business Associate.

	City of Glendale Solicitation Number: RFP 24-45 / 42400061 LIFE, AD&D INSURANCE AND COMMUTER LIFE ATTACHMENTS 1 THROUGH 11	CITY OF GLENDALE Procurement Department 5970 West Brown Street, Suite 210 Glendale, Arizona 85302

VI. Other Provisions

- A. Each party agrees to defend, indemnify and hold harmless the other party, its affiliates and each of their respective directors, officers, employees, agents or assigns from and against any and all actions, causes of action, claims, suits and demands whatsoever, and from all damages, liabilities, costs, charges, debts, fines, government investigations, proceedings, and expenses whatsoever (including reasonable attorneys' fees and expenses related to any litigation or other defense of any claims), which may be asserted or for which they may now or hereafter become subject arising in connection with (i) any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Agreement; and (ii) any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Agreement.
- B. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate, and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- C. The parties agree that this Business Associate Agreement supplements the Base Agreement between the parties and agree that the terms and conditions thereof are hereby incorporated by reference herein and made a part of hereof to the maximum extent permitted by law. In the event of conflict between the Base Agreement and this Business Associate Agreement, the terms of the Base Agreement shall control unless otherwise prohibited.

In witness whereof, this Agreement has been signed and delivered as of the date first set forth above.

The City of Glendale

Securian Life Insurance Company

by _____
[Insert name of signer and title]

by _____
[Insert name of signer and title]

Kyle Strese, 2nd Vice President and Actuary

Securian Life Insurance Company's group life and AD&D products are excluded from the definition of "health plan" under HIPAA, and therefore HIPAA is not applicable to the products or services that are the subject of this plan. Because HIPAA regulations exclude life insurance coverages, we do not enter into Business Associate Agreements. With that said, we take our customers' privacy very seriously and are in full compliance with the Gramm-Leach-Bliley Act and have privacy specialists who assure all reasonable safeguards are being taken to protect private information.