



ORIGINAL
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Contract No.: 175-9699

Agreement to Supply: GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

This agreement, made and entered into this the _____ day of _____, 2007, is by and between the **CITY OF FORT LAUDERDALE**, a Florida municipality, City Hall, 100 North Andrews Avenue, Fort Lauderdale, FL 33301, hereinafter called the "City" and

Name of **CONTRACTOR**: Standard Insurance Company

Address: 550 West Cypress Creek Road, #320 City: Fort Lauderdale State: FL Zip: 33309

A Corporation A Partnership An Individual Other: _____

authorized to do business in the State of Florida, hereinafter called the "Company" or "Contractor." Witnesseth that: Whereas, the City did advertise and issue a Request for Proposal (RFP) for supplying the requirements of the City for the items and/or service listed above for a period of **three years with two one-year extension options** the Contractor submitted a proposal that was accepted and approved by the City.

Formal authorization of this contract was adopted by the City Commission on: February 20, 2007 Pur- 07

Now, therefore, for and in consideration of the premises and the mutual covenants herein contained, the parties covenant and agree as follows:

1. The Company agrees to provide to the City group life and accidental death & dismemberment insurance services, during the period beginning

04/01/07 and ending 03/31/10 for the requirements listed above and according to the following specifications, terms, covenants and conditions:

a. The Request for Proposal containing General Conditions, Special Conditions, Specifications, addenda, if any, and other attachments forming a part of RFP Number **175-9699** and the Contractor's proposal in response, excluding Contractor's proposed Plan 2, form a part of this contract and by reference are made a part hereof.

b. In construing the rights and obligations between the parties, the order of priority in cases of conflict between the documents shall be as follows:

- 1) This contract Form G-110;
- 2) The City's RFP and all addenda thereto, except that the four-year rate guarantee contained in Contractor's response to the RFP shall prevail;
- 3) Contractor's proposal in response to the City's RFP, excluding Contractor's proposed Plan 2.

c. Warranty: The Company by executing this contract embodying the terms herein warrants that the product and/or service that is supplied to the City shall remain fully in accord with the specifications and be of the highest quality. In the event any product and/or service as supplied to the City is found to be defective or does not conform to specifications the City reserves the right to cancel that order upon written notice to the Contractor and to adjust billing accordingly.

d. Cancellation: The City may cancel this contract upon notice in writing should the Contractor fail to reasonably perform the service of furnishing the products and/or services as specified herein upon 30 days written notice. This applies to all items of goods or services.

e. Taxes Exempt: State Sales (#16-03-196479-54C) and Federal Excise (#59-600319) Taxes are normally exempt, however, certain transactions are taxable. Consult your tax practitioner for guidance where necessary.

f. Invoicing: Contractor will forward all invoices in duplicate for payment to the following: Finance Department, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. If discount, other than prompt payment terms applies, such discount **MUST** appear on the invoice.

2. **Contract Special Conditions:** The following special conditions are made a part of and modify the standard provisions contained in this contract Form G-110.

3. **Contract Summary:**

a. Attachments:

Standard Insurance Company's response to the RFP (Plan 1 and Plan 3), Addendum No. 1 issued 1/18/07 and a copy of the RFP document.

b. Payment Terms: Per RFP

c. Delivery: Per RFP

d. Insurance: Yes No

e. Performance Bond/Letter of Credit: Yes No

f. Procurement Specialist's Initials: MW

4. **Contractor's Phone Numbers:** Office: 954-958-1703/305-773-5291

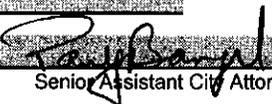
5. **Contractor's Fax Number:** 954-771-7086

6. **Contractor's E-Mail Address:** skovash@standard.com **Website:**

City of Fort Lauderdale

By: 
Director of Procurement Services (City Manager's Designee)
Auth: Sec. 2-180(8) of Code and Procurement Memo No. 04-03

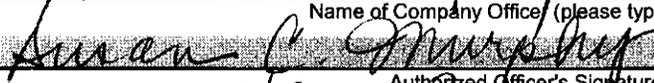
Date:


Senior Assistant City Attorney (approved as to form)

Date: 3/5/07

Contractor/Vendor

Susan C Murphy
Name of Company Officer (please type or print)

By: 
Authorized Officer's Signature

Title: Regional Vice President

Date: 3/26/2007

Karen Ryer
Secretary (please type or print)

Attest: 
Signature of Secretary

CONTRACT
COPY

EMPLOYEE BENEFITS SOLUTIONS FOR

City of Fort Lauderdale

Group Life and Accidental Death &
Dismemberment

RFP No. 175-9699

Due Date: January 24, 2007

Time: 2:00 p.m.

Presented By:

Standard Insurance Company
Contact: Steve Kovash
550 West Cypress Creek Road
Suite 320
Fort Lauderdale, FL 33309

Telephone: 954-771-6828 or 800-530-2291



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City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D Insurance

6.1 Bid/Proposal Signature Page

How to submit bids/proposals: It will be the sole responsibility of the Bidder to ensure that his bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Submitted by: Susan C. Murphy 1/19/07
(signature) (date)

Name (printed) SUSAN C. MURPHY Title: Regional Vice President

Company: (Legal Registration) STANDARD INSURANCE COMPANY

CONTRACTOR, IF FOREIGN CORPORATION, SHALL BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/doc/>).

Address: Not applicable

City _____ State: _____ Zip _____

Telephone No. _____ FAX No. _____

E-MAIL: _____

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE No

City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D Insurance

6.2 Proposer's Identification

Proposer's Identification

Name of Organization: Standard Insurance

Address: 550 West Cypress Creek Road, Suite 320
Fort Lauderdale, FL 33309

Contact Person: Steve Kovash

Telephone Numbers

Daytime: 954-958-1703

After Hours/Mobile: 305-773-5291

Fax: 954-771-7086

E-Mail: skovash@standard.com

PROPOSER'S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE

Name of Firm: Standard Insurance

Address: 550 West Cypress Creek Road, Suite 320
Fort Lauderdale, FL 33309

Group Representative or

Account Executive: Steve Kovash

Telephone Numbers

Daytime: 954-958-1703

After Hours/Mobile: 305-773-5291

Fax: 954-771-7086

E-Mail: skovash@standard.com



The Standard®
Positively different.



Benefit and Cost Summary Proposal

An Employee Benefits Proposal for:

City of Ft. Lauderdale

Presented By:

Steve Kovash:

Account Executive

Standard Insurance Company

January 23, 2007

A Positively Different Way of Doing Business

Over the course of a century, Standard Insurance Company has earned a reputation for personal service, financial strength, and the quality of its insurance products. From the home office to the local office, we're dedicated to helping you find productive solutions and explore ways to address your changing needs.

Simple — making it easy for you

Whether you have two eligible employees or thousands, we put all our strengths to work to help you create a cost-effective benefits package — for you and for them.

Find the benefits you want and need. We offer understandable, comprehensive products configured to meet your needs. You'll find a full range of disability, life and dental insurance, retirement plans, and individual and voluntary insurance products.

No financial surprises. Comprehensive contract pricing. We strive to offer the best value, going beyond the formulas, using a long-term pricing philosophy.

Dedicated contacts. No outsourced call centers. Our experienced employees deliver strong, empathetic and personalized service. You'll have expert claim handling, accurate, fair and prompt payments, and a clear, accessible appeals process.

Account support tailored for you. Enjoy customized administration, implementation and enrollment services. Benefit from insightful reporting, industry benchmarking and program recommendations.

Local — supporting you where you do business

We have over 40 offices across the nation to serve our customers. Our representatives are committed to their communities and have an insider's understanding of local needs.

Dependable — a track record you can trust

- **100 years** of history and **five decades** of employee benefits experience
- More than **29,000** group insurance policies in force, covering over **7 million** employees; over **\$1.7 billion** in force premium*
- Recognized as one of the **top 4** companies in the nation for in force group Long Term Disability and Short Term Disability insurance**
- Close to **90%** of our business is employee benefits, letting us focus on what our customers really need
- Our **first group insurance customer** is still with us — after 55 years

* Figures are as of 12/31/05 and are based on internal data developed by Standard Insurance Company and apply to the Employee Benefits Division; reinsurance assumed is excluded. Certain statistics are unaudited.

** 2005 U.S Group Disability Market Survey, JHA

Basic Life and AD&D Plan 1 (Current plan)

Covered Members

An active management member or confidential member of the Employer working 40 hours per week

An employee of the Employer who retired under the Employer's retirement program prior to July 1, 1997 and that qualifies for The City of Fort Lauderdale's Retiree Pension Plan

Class 1: All Eligible full-time Management and Confidential members

Class 2: Retirees

Plan

	Class 1	Class 2 (Retirees)
Benefit Formula	Flat \$10,000	Flat \$10,000
Age Based Benefit Reduction	To 65% at age 70	To 65% at age 70
Guarantee Issue	Full Benefit	Full Benefit
Employer Contribution	100%	0%

Cost

	Members	Volume	X Rate: Per \$1,000	=	Monthly Premium
All Eligible Life (Class 1)	272	\$2,716,500	0.130		\$353
All Eligible Life (Class 2)	11	\$85,500	2.640		\$226
AD&D	272	\$2,716,500	0.030		\$81
Total					\$660

- The policyholder will be notified of renewal rates 120 days prior to the renewal effective date.
- The rates will be guaranteed for 4 years.

Features

- For class 1: Waiver Of Premium is included. Eligibility to age 60; ends at age 65.

Plan Notes

- Includes Child Care, Higher Education and Career Adjustments Benefits.
- A Repatriation Benefit is included. This benefit provides an additional benefit to help pay for the expenses incurred by the transport of an insured employee's body when the employee dies more than 200 miles from home.
- AD&D includes a Drug and Alcohol exclusion.
- A Seat Belt and an Air Bag benefit are included.
- An Accelerated Benefit up to 75% of Life and Supplemental Insurance is included.
- MEDEX® Travel Assist is included, offering plan participants access to appropriate medical care and other emergency services when traveling at least 100 miles from home or internationally. MEDEX Travel Assist offers a full range of professional 24-hour medical, legal and travel assistance services.
- AdminEASE service is included, offering online resources for day-to-day administration of employee benefit plans.
- Portability of Insurance is included.
- For class 2: Waiver Of Premium and Accelerated Benefits are not included for retirees.

Conditions

- This proposal may include the following types of producer compensation: 1) Commission or override commission based on customary or negotiated scales, 2) Subject to participation and eligibility requirements, contingent compensation based on performance factors, such as volume and persistency, 3) Fees for administrative, marketing or consulting services. If you have questions, please contact your producer.
- Does not include continued coverage for retirees under Fl. St. 112.0801.
- The rates assume billing is centralized.

Basic Life and AD&D Plan 2 (Proposed Plan)

Covered Members

An active management member or confidential member of the Employer working 40 hours per week

An employee of the Employer who retired under the Employer's retirement program prior to July 1, 1997 and that qualifies for The City of Fort Lauderdale's Retiree Pension Plan

Class 1: All Eligible full-time Management and Confidential members

Class 2: Retirees

Plan

	Class 1	Class 2 (Retirees)
Benefit Formula	1 X Annual Earnings	Flat \$10,000
Rounding	Up to next \$1,000	N/A
Maximum Benefit	\$250,000	N/A
Age Based Benefit Reduction	To 65% at age 70	To 65% at age 70
Guarantee Issue	Full Benefit	Full Benefit
Employer Contribution	100%	0%

Cost

	Members	Volume	X	Rate: Per \$1,000	=	Monthly Premium
All Eligible Life (Class 1)	272	\$21,017,200		0.140		\$2,942
All Eligible Life (Class 2)	11	\$85,500		2.640		\$226
AD&D	272	\$21,017,200		0.030		\$631
Total						\$3,799

- The policyholder will be notified of renewal rates 120 days prior to the renewal effective date.
- The rate will be guaranteed for 4 years.

Features

- For class 1: Waiver Of Premium is included. Eligibility to age 60; ends at age 65.

Plan Notes

- Includes Child Care, Higher Education and Career Adjustments Benefits.
- A Repatriation Benefit is included. This benefit provides an additional benefit to help pay for the expenses incurred by the transport of an insured employee's body when the employee dies more than 200 miles from home.
- AD&D includes a Drug and Alcohol exclusion.
- A Seat Belt and an Air Bag benefit are included.
- An Accelerated Benefit up to 75% of Life and Supplemental Insurance is included.
- MEDEX® Travel Assist is included, offering plan participants access to appropriate medical care and other emergency services when traveling at least 100 miles from home or internationally. MEDEX Travel Assist offers a full range of professional 24-hour medical, legal and travel assistance services.
- AdminEASE service is included, offering online resources for day-to-day administration of employee benefit plans.
- Portability of Insurance is included.
- For class 2: Waiver Of Premium and Accelerated Benefits are not included for retirees.

Conditions

- This proposal may include the following types of producer compensation: 1) Commission or override commission based on customary or negotiated scales, 2) Subject to participation and eligibility requirements, contingent compensation based on performance factors, such as volume and persistency, 3) Fees for administrative, marketing or consulting services. If you have questions, please contact your producer.
- Does not include continued coverage for retirees under Fl. St. 112.0801.
- The rates assume billing is centralized.

Basic Life Plan 3 (Current Voluntary Life Plan)

Covered Members

An active employee of the Employer working 40 hours per week

Plan

Benefit Formula	Choice of \$10,000, \$25,000, \$50,000, \$100,000, \$150,000
Age Based Benefit Reduction	To 65% at age 70
Guarantee Issue	Full Benefit
Employer Contribution	0%

- For coverage to become effective on 04/01/2007, the greater of 25% of eligible members, or 25 members must enroll.

Cost

	Members	Age	Rate: Per \$1,000	X	Volume	=	Monthly Premium
All Enrolled	108	<= 29	0.060		\$5,575,000		\$335
	121	30-34	0.070		\$7,975,000		\$558
	199	35-39	0.090		\$13,875,000		\$1,249
	236	40-44	0.140		\$13,860,000		\$1,940
	227	45-49	0.240		\$13,205,000		\$3,169
	201	50-54	0.360		\$9,645,000		\$3,472
	126	55-59	0.600		\$4,460,000		\$2,676
	48	60-64	0.680		\$1,670,000		\$1,136
	22	65-69	1.260		\$500,000		\$630
	7	70-74	2.070		\$153,000		\$317
	5	75 +	6.830		\$36,000		\$246
Total							\$15,727

- The policyholder will be notified of renewal rates 120 days prior to the renewal effective date.
- The rate will be guaranteed for 4 years.

Features

- Waiver Of Premium is included. Eligibility to age 60; ends at age 65.

Plan Notes

- An Accelerated Benefit up to 75% of Life and Supplemental Insurance is included.
- MEDEX® Travel Assist is included, offering plan participants access to appropriate medical care and other emergency services when traveling at least 100 miles from home or internationally. MEDEX Travel Assist offers a full range of professional 24-hour medical, legal and travel assistance services.
- AdminEASE service is included, offering online resources for day-to-day administration of employee benefit plans.
- Portability of Insurance is included.
- Proof of good health is required for employees who are eligible under the current plan but are not enrolled.
- Proof of good health is required for employees who enroll more than 31 days after eligibility.

Conditions

- This proposal may include the following types of producer compensation: 1) Commission or override commission based on customary or negotiated scales, 2) Subject to participation and eligibility requirements, contingent compensation based on performance factors, such as volume and persistency, 3) Fees for administrative, marketing or consulting services. If you have questions, please contact your producer.
- Until coverage has been in force for 2 years, death which results from suicide or other intentional self-inflicted injury is not covered (in force for 1 year in CO, not available in WA.)
- Assumes census includes participants only.
- Does not include continued coverage for retirees under Fl. St. 112.0801.
- The rates assume billing is centralized.

Basic AD&D Plan 3

Covered Members

An active employee of the Employer working 40 hours per week

Plan

Benefit Formula	Choice of \$10,000, \$25,000, \$50,000, \$100,000, \$150,000
Age Based Benefit Reduction	To 65% at age 70
Employer Contribution	0%

Cost

		Members	Volume	X Rate: Per \$1,000	=	Monthly Premium
All Eligible	AD&D	1300	\$70,954,000	0.030		\$2,129
Total						\$2,129

- The rate will be guaranteed for 4 years.

Plan Notes

- Includes Child Care, Higher Education and Career Adjustments Benefits.
- A Repatriation Benefit is included. This benefit provides an additional benefit to help pay for the expenses incurred by the transport of an insured employee's body when the employee dies more than 200 miles from home.
- AD&D includes a Drug and Alcohol exclusion.
- A Seat Belt and an Air Bag benefit are included.

Dependent Life Plan 3

Covered Members

An active employee of the Employer working 40 hours per week

Plan

Child Benefit Formula: Under 6 months	\$10,000
Child Benefit Formula: 6 months or more	\$10,000

Cost

Rates: Per Member			
Members:			Elective: Paid by each member electing coverage
All Eligible			\$0.05/\$1,000

Plan Notes

- The Right to Convert is included.

Conditions

- Dependents Life may only be purchased with Basic Life.

Spouse Life Plan 3

Covered Members

An active employee of the Employer working 40 hours per week

Plan

Benefit Formula	Increments of \$5,000 to a maximum of \$75,000 with a minimum of \$5,000
Age Based Benefit Reduction	To 65% at age 70
Guarantee Issue	\$20,000
Employer Contribution	0%

Cost

	Members	Age	Rate: Per \$1,000	X	Volume	=	Monthly Premium
All Enrolled	0	<= 29	0.060		\$0		\$0
	0	30-34	0.070		\$0		\$0
	2	35-39	0.090		\$60,000		\$5
	3	40-44	0.140		\$65,000		\$9
	4	45-49	0.240		\$125,000		\$30
	4	50-54	0.360		\$90,000		\$32
	3	55-59	0.600		\$55,000		\$33
	1	60-64	0.680		\$20,000		\$14
	0	65-69	1.260		\$0		\$0
	0	70-74	2.070		\$0		\$0
	0	75 +	6.830		\$0		\$0
Total							\$124

- The policyholder will be notified of renewal rates 120 days prior to the renewal effective date.

Plan Notes

- Proof of good health is required for spouses enrolling more than 31 days after eligibility
- Proof of good health is required for spouses who are eligible but not enrolled under the current plan.

Conditions

- This proposal may include the following types of producer compensation: 1) Commission or override commission based on customary or negotiated scales, 2) Subject to participation and eligibility requirements, contingent compensation based on performance factors, such as volume and

persistence, 3) Fees for administrative, marketing or consulting services. If you have questions, please contact your producer.

- This proposal assumes the census includes participants only.
- Dependents Life for Spouses may be purchased only with Additional Life.

Producer Compensation Disclosure

The Standard recognizes the valuable role of insurance advisors in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Any questions regarding the compensation connected with this proposal should be directed to the insurance advisor or broker. Please visit our website at http://www.standard.com/producer/comm_scales.html to view our normal commission scales. If this proposal is quoted with a non-standard scale or override it is noted below. Please consult with your agent or broker for details.

Non-standard commission scale: **N/A**
Override: **N/A**

Subject to participation and eligibility requirements, contingent compensation may be paid based on performance factors, for example volume and persistency (unless participation is declined by the producer or client.) For information about our customary producer rewards program visit <http://www.standard.com/producer/bonus.html>.

Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Fees: **N/A**

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

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

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured, and our current underwriting rules and practices.

This benefit and cost summary proposal expires on April 23, 2007, unless replaced or withdrawn by The Standard.

Premium Form

	Rates Current Coverage*	Rates One Times Annual Earnings*
Basic Life		
Benefit volume	2,110,000	18,371,000
Proposed monthly rate per \$1,000 of benefit	<u>\$.130</u>	<u>\$.140</u>
Total monthly premium	<u>\$274.00</u>	<u>\$2,572</u>

Basic Accidental Death and Dismemberment

Benefit volume	2,110,000	18,371,000
Proposed monthly rate	<u>\$.030</u>	<u>\$.030</u>
Total monthly premium	<u>\$63.00</u>	<u>\$551.00</u>
**Notation	<u>\$2.64/1,000</u>	<u>\$2.64/1,000</u>
Retirees	<u>\$226.00/ month</u>	<u>\$226.00/ month</u>

Length of rate guarantee (requested 3 years) 4 years

*** These rates apply only to the management & confidential employee census**

**** Retirees**

Voluntary Life (no AD&D)

Age	Monthly Rates per \$1,000 of benefit	Age	Monthly Rates per \$1,000 of benefit
under 30	<u>.06</u>	60-64	<u>.68</u>
30-34	<u>.07</u>	65-69	<u>1.26</u>
35-39	<u>.09</u>	70-74	<u>2.07</u>
40-44	<u>.14</u>	75+	<u>6.83</u>
45-49	<u>.24</u>		
50-54	<u>.36</u>		
55-59	<u>.60</u>		

Voluntary AD&D

Rate per \$1,000 of benefit \$.030/\$1,000

Length of rate guarantee (requested 3 years) 4 years

Dependent Life Premium Form

Spouse (no AD&D)
Dependent Life

Spouse's Age	Monthly Rates per \$1,000 of benefit	Spouse's Age	Monthly Rates per \$1,000 of benefit
under 30	<u>.06</u>	60-64	<u>.68</u>
30-34	<u>.07</u>	65-69	<u>1.26</u>
35-39	<u>.09</u>	70-74	<u>2.07</u>
40-44	<u>.14</u>	75+	<u>6.83</u>
45-49	<u>.24</u>		
50-54	<u>.36</u>		
55-59	<u>.60</u>		

Children Monthly Life Rates

age 2 weeks to 6 months
 age 6 months to 19 years

Per Child Per Month Rate
\$.050/1,000
\$.050/1,000

Length of rate guarantee (requested 3 years) 4 years

**City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D**

Name of Proposer STANDARD INSURANCE COMPANY

1. INTERROGATORIES

1.1 General Interrogatories – Insurance Companies

1. Provide the following ratings:

	Rating	Date of Rating
AM Best	<u>A</u>	<u>April 1994</u>
Duff & Phelps	<u>AA- (Fitch)</u>	<u>August 1994</u>
Moody's	<u>A1</u>	<u>May 2002</u>
Standard & Poors	<u>AA-</u>	<u>August 2006</u>

The following are our current Industry Ratings as of January 2007. Ratings for The Standard have been consistent since 1994 with a Moody's upgrade in January 2002 and Standard & Poor's upgrade in 2006.

2. What enrollment forms and/or start-up procedures will you require? Will you accept the current plan enrollment forms for Basic Life & Voluntary Life?

The Standard will accept another company's beneficiary and/or enrollment forms provided they contain all the information needed to enroll, underwrite and administer the policy.

3. If an employee is not "actively at work" on the effective date and this individual is not covered under the prior carrier's extension of benefit or waiver of premium provision, will you cover this individual?

The Standard would recommend that these members convert the coverage with the current carrier until they are approved by the carrier for waiver of premium.

4. What is your timetable for producing a master contract and benefits booklets.

The Standard will provide the City of Ft. Lauderdale with a draft contract upon installation. The Standard will provide Certificates for City of Ft. Lauderdale within 90 days of the acceptance of the final Group Policy.

**City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D**

Name of Proposer STANDARD INSURANCE COMPANY

1.2 Life and AD&D Interrogatories – Insurance Companies

1. Do you agree to cover all presently insured employees, retirees and others, whether at work, disabled or otherwise on approved absence on the effective date of coverage?

The Standard agrees to cover all presently insured employees subject to review by The Standard and possible re-pricing.

2. In terms of funding, have you proposed a fully insured, experience rated contract?

The Standard confirms.

3. Does your proposal include a life waiver of premium provision? If so, for how many months must an employee be “totally disabled” to be eligible for premium waiver?

The Standard confirms.

Waiver of Premium claims are submitted by an employee/claimant who will be totally disabled for at least 180 consecutive days or longer.

4. Please describe your actuarial methodology for “booking” waiver of premium claims against the group’s experience. What is the impact on renewal rates?

As soon as The Standard receives the notification of a claim, The Standard will establish a statutory reserve. Policyholder reserves for reported waiver of premium claims are set at 65% of face amount for approved claims and 37.5% of face amount for pending claims.

5. Please provide a description of your conversion policy including rates.

Conversion Privilege

Following coverage reduction or termination, the employer notifies the employee of his/her right to convert and provides an application.

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The Standard offers an insured a whole life conversion policy requiring a conversion of \$2,000 or more. An employee can convert up to the amount of insured benefit terminated under the group plan without evidence of insurability. The employee must apply in writing and pay the first premium within the conversion period (the 31 day period following the date of any qualifying event).

Conversion Charge

Age	Charge/\$1,000
Under age 35	\$ 25
35 - 44	50
45 - 54	120
55 - 64	225
Age 65 & over	410

The conversion charge will appear as a part of the incurred claims.

Group conversions are issued without medical evidence of insurability; therefore, there is no underwriting or waiving of the conversion charge.

6. Is your accelerated death benefit calculated on both the basic and optional benefit? How is this calculated and is there a maximum benefit?

Yes, accelerated death benefit is calculated on both the basic and optional benefit.

The Standard offers an Accelerated Benefit with our life contracts that have Waiver of Premium provisions. Insured employees can receive money when they need it most.

The Standard is one of the first insurance providers in the nation to offer up to 75% of the coverage under the Group Life Insurance policy in the event of a "Qualifying Medical Condition".

"Qualifying Medical Condition" means you are terminally ill as a result of an illness or physical condition which is reasonable expected to result in death within 12 months.

The terminally ill insured can receive a minimum of \$5,000 and up to a maximum of \$500,000. The money can be used to help preserve their

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dignity and to help maintain their quality of life during an emotionally difficult and financially draining situation. There are no restrictions on how this money is spent.

Interest is charged against the early payout and may completely exhaust the remaining benefit over time. So to help protect beneficiaries, The Standard will pay at least 10% of the original coverage amount even after interest charges for accelerating are deducted. (Note: If insureds assign their rights under the Group Life Insurance policy, the 10% minimum benefit will not apply. The 10% minimum benefit is not available in all states.)

7. Does your company include interest on claims incurred but not yet paid to beneficiaries? If yes, please provide an explanation of how the interest is calculated.

Upon approval, the claim is processed on our system and interest will accrue from the date the claim is received (or the date of death of the insured, depending on state law).

The Standard will pay interest as mandated by the laws of the state in which the beneficiary resides.

The interest paid is not charged against the group's experience. Interest paid on a claim is included in the retention of the policy.

8. Please describe the settlement options available to beneficiaries.

We have three settlement options available to beneficiaries:

1. "Standard Secure Access" for amounts of \$25,000 or more (per beneficiary). This is an interest-bearing draft account set up in the beneficiary's name to use as the beneficiary wishes. Life insurance benefits are safely deposited into the account and can be accessed by check, up to the full balance of the account. Checks can be written in amounts of \$250 or more. There are no monthly service fees, no per-check charges, no charges for additional checks, and no penalties for withdrawal. Funds begin earning interest the day they are deposited, with interest compounded daily and added to the account on the last day of the month. The interest rate is a variable short-term rate.

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2. Lump sum check for amounts less than \$25,000 per beneficiary. If the benefit is less than \$25,000 per beneficiary, the benefits will be issued in a lump sum check.
3. Installments – If the recipient chooses, they can have their funds placed into an interest bearing account to receive installment payments. This method is also used for payment to minors who do not have a guardian of their estate appointed. If this is for a minor, installment payments are not made and the funds are held until the minor reaches the age of majority or until a guardian is appointed by the court.
9. Is the voluntary life plan schedule available to all eligible employees on a guarantee issue basis? If not please provide a detailed explanation including any participation requirements.

The Standard confirms all voluntary life coverage has been quoted without a guarantee issue up to the plan maximum of \$150,000. Participation requirements are the greater of 25 lives or 25 percent of all eligible.

10. Is there a minimum participation requirement for the voluntary life? If so, what is it?

The greater of 25 lives or 25 percent of all eligible must participate in the voluntary life plan in order to maintain a voluntary life plan with The Standard.

11. Please provide the address and phone number and name of the service representative that would be servicing this account.

The service representative who will be servicing the City of Ft. Lauderdale is Lynda Malech, Account Manager in our Miami/Ft. Lauderdale Sales and Service Office. We have provided the address and phone number below as follows:

Standard Insurance Company
Lynda Malech, Account Manager
550 W. Cypress Creek Road, Suite 320
Ft. Lauderdale, FL 33309

Phone Number: 954-771-6828 or 800-530-2291

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12. Do your benefits include any value added riders such as Worldwide Travel Emergency Assistance? If so, please include a description with your benefit descriptions.

MEDEX Travel Assist

Designed to respond to most medical care situations and many other emergencies you and your family experience when you travel 100 miles or more from your home, MEDEX® provides a wide-ranging program of information, referral, coordination and assistance services. These services include pre-trip assistance, medical assistance, emergency transportation, travel and technical assistance, legal services and medical supplies. Assistance is available 24 hours a day, 365 days a year whether you are 100 or 10,000 miles from home.

The Standard offers a Family Benefits Package as part of our Group Life Insurance policies that have AD&D and Dependents Life coverage and includes the following benefits. This is provided at no additional cost.

- **Child Care Benefit pays for child care when the surviving spouse goes back to work or obtains job training. Qualified child care expenses will be paid up to 25% of the AD&D coverage with a maximum benefit of \$10,000, reimbursed within 36 months after the insured employee's death. (Annual maximum benefit is \$5,000)**
- **Higher Education Benefit covers tuition expenses for children who are already in college, as well as paying tuition for children who will be starting college within a year after the insured employee's death. Qualified tuition expenses will be reimbursed up to 25% of the AD&D coverage up to a maximum of \$5,000 per year, per child, for four consecutive years of college, up to \$20,000.**
- **Career Adjustment Benefit makes it possible for the surviving spouse to learn a vocation via a professional or trade-related training program. Qualified expenses will be paid up to 25% of the AD&D coverage up to a maximum benefit of \$10,000, reimbursed within 36 months after the insured employee's death. (Annual maximum benefit is \$5,000.)**

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13. Is the voluntary term life portable upon termination of employment? _____. If yes, please describe the provisions, rates and terms.

Yes. The Standard has described our Portability provision contract language and rates as follows:

PORTABILITY OF INSURANCE

A. Portability of Insurance

You may continue your Insurance for up to 24 months if your employment with your Employer terminates, subject to the following:

1. The amount of any Insurance to be continued must have been continuously in effect for at least 12 consecutive months on the date your employment terminates. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
2. 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 on the date your employment terminates.
3. Termination of your employment is not due to retirement.

If you do not continue your Life Insurance, you may not continue any other Insurance. Insurance continued under Waiver Of Premium may not be continued under this provision.

Insurance means your Life Insurance and if you continue your Life Insurance, includes the other insurance eligible for portability under the provision as shown in the Coverage Features.

B. Application And Premium Payment

To continue Insurance under this provision you must apply in writing and pay the first Portability Premium to us within 31 days after the date your employment terminates. The Portability Premium Rate is shown in the Coverage Features.

C. Amount Of Insurance

The minimum and maximum amounts of Insurance eligible for portability are shown in the Coverage Features.

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The amount of Insurance you continue under this provision cannot be increased.

The amount of your Insurance will be reduced or terminated according to the terms of the Group Policy in effect on the date your employment terminates.

D. When Insurance Ends

Insurance continued under this provision ends automatically on the earliest of:

1. The date it would otherwise end under the Group Policy.
2. The end of the 24-month period during which your Insurance may be continued under this provision.
3. The date you become insured under any other group life insurance plan.
4. For any Dependent, the date you insured the Dependent under any other group life insurance plan.

E. Group Policy Provisions

Except as provided above, Insurance continued under this provision is subject to all other terms of the Group Policy. With respect to any notice you are required to provide to the Policyholder or your Employer under other provisions of the Group Policy, such notice must be provided to us while your Insurance is continued.

Portability Premium –

Age-graded Rates per Multiple of \$1,000 per Month

<u>Age of Insured</u>	<u>Rate</u>
Under 30	.118
30-34	.125
35-39	.164
40-44	.266
45-49	.468
50-54	.721
55-59	1.233
60-64	1.471
65-69	2.827
70-74	5.089
75-79	7.624
80-89	14.088
90+	35.584

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14. In the event of an insured's death, does the policy provide benefits such as tuition reimbursement or educational assistance for survivors? If yes, please provide a description of the benefits.

Yes, please refer to the Family Benefits Package description in the response to Question #12 above.

15. The City is requesting that experience reports include summaries of paid claims and premiums by coverage by plan year in addition to detail reports including waiver of premium claims. Is your Company capable of providing this information? Yes Please provide sample reports in Section VII of your response.

The Standard has provided sample Life Reports as part of our proposal package.

16. If domestic partner coverage is included at a later date, is there a cost impact to offering dependent life coverage to those who qualify?

There will be no impact to cost should The City of Fort Lauderdale want to add domestic partner coverage. This coverage would be subject to compliance review and approval.

Deviations and Additions

- **The Standard has included portability on the Basic and Voluntary Life coverages.**
- **The Standard has offered an alternative proposal for management and confidential employees, one times annual earnings rounded to the next higher thousand dollars to a maximum of \$250,000.**
- **The Standard is offering a 4 year guarantee on all lines of coverage.**
- **The Standard is offering a performance guarantee, whereas if we have not satisfied the City's expectations, we will refund up to 5% of the previous quarter's expenses. (Please see additional info on next page brochure).**
- **MEDEX Travel Assist is included, without having to enroll, at no additional charge, to all participants, including family members and dependent children, when traveling at least 100 miles from home or international travel, on business or pleasure. Benefits include 24 hour medical, legal, referral transportation, evacuation, and travel assistance. (Please see additional information in back of binder).**
- **The Standard has offered additional AD&D Benefits to extend financial assistance to the insured employee's family members in the event of an accidental death, where an AD&D Benefit is payable. These include Higher Education (Tuition Reimbursement), Career Adjustment (for spouse's further education or training), and Child Care to assist with caregiver expenses for children under 18 years of age. Please see brochure in back of binder for additional information.**

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Name of Proposer _____

Reference Form, continued

4. Name of Company – **City of Coconut Creek** _____
Total Number of Full-Time Employees - **512** _____
Name & Title of Contact - **Darlene Kasoff** _____
Email Address - **dkasoff@coconutcreek.net** _____
Telephone Number - **954-973-6737** _____
Fax Number - **954-956-1523** _____
Type of Benefits Provided – **Life, AD&D, STD** _____
Number of Employees Covered - **512** _____
Plan Inception Date - **10/01/1993** _____

5. Name of Company - **Martin County BOCC** _____
Total Number of Full-Time Employees - **1045** _____
Name & Title of Contact - **Joann Donase** _____
Email Address - **jdonase@martin.fl.us** _____
Telephone Number - **772-288-5517** _____
Fax Number - **772-463-3218** _____
Type of Benefits Provided - **Life, AD&D** _____
Number of Employees Covered - **1045** _____
Plan Inception Date - **01/01/2003** _____

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6.6 Reference Form

This form is to be included in Section V of your proposal.

1. Name of Company - **Broward County BOCC** _____
Total Number of Full-Time Employees - **10,261** _____
Name & Title of Contact - **Karen Ruh – Employee Benefits Manager** _____
Email Address - **kruh@broward.org** _____
Telephone Number - **954-357-6740** _____
Fax Number - **954-765-4250** _____
Type of Benefits Provided - **Life, AD&D, LTD, Dental** _____
Number of Employees Covered - **10,261** _____
Plan Inception Date - **04/01/1995** _____

2. Name of Company - **City of Miramar** _____
Total Number of Full-Time Employees - **852** _____
Name & Title of Contact - **Carolyn Cervanti – Asst. HR Director** _____
Email Address - **cdcervanti@ci.miramar.fl.us** _____
Telephone Number - **954-602-3813** _____
Fax Number - **954-602-3812** _____
Type of Benefits Provided - **Life, AD&D, LTD** _____
Number of Employees Covered - **852** _____
Plan Inception Date - **10/01/1999** _____

3. Name of Company - **City of Gainesville** _____
Total Number of Full-Time Employees - **2952** _____
Name & Title of Contact - **Lillian Hutchinson** _____
Email Address - **hutchinslb@ci.gainesville.fl.us** _____
Telephone Number - **352-334-3102** _____
Fax Number - **352-334-3688** _____
Type of Benefits Provided - **Life** _____
Number of Employees Covered - **2952** _____
Plan Inception Date - **04/01/2002** _____

Standard Insurance Company

Continued Benefits 800.378.4668 ext. 6785 800.331.3397 Fax
920 SW Sixth Avenue Portland OR 97204-1203

Group Conversion Packet

Dear Insured:

Thank you for asking for more information about converting your group term life insurance to personal, permanent insurance coverage. The individual life insurance plan you may use for this conversion is our Whole Life Insurance policy.

If you are terminating employment due to sickness or injury, please contact your employer to determine eligibility for disability or Waiver of Premium benefits before completing this application for conversion.

If you convert your group insurance coverage to this policy, you'll have continued protection with premiums payable to age 100. Standard may also pay you dividends. This policy will allow you to obtain a loan any time there is sufficient loan value. The interest on the loan will accrue daily at a rate of 8 percent.

The amount of insurance you may convert depends on the reason for the cessation of your group insurance coverage. If your group life insurance coverage ended for any reason other than your failure to make a required premium contribution or the termination of the group policy, the maximum amount you can convert is the amount of your life insurance which ended. Generally, the minimum is \$2,000 unless your group insurance was less than \$2,000. If it was, you must convert the entire amount. If your life insurance ended because of the termination or amendment of the group policy, or if your insurance has been reduced, then the amount you can convert may be different. Please refer to your Certificate of Insurance or contact Standard for a full description regarding the amount you may be entitled to convert.

To calculate your premium payments, use the Schedule of Whole Life Rates attached to this letter and use the attached worksheet.

To complete the conversion, please return the enclosed application form and your check for the first premium payment within 31 days of the termination of your group insurance. Your application to convert your insurance may not be valid if received in our office after this 31 day period. If you had group life insurance on your dependents and want to convert their coverage, also, please contact us for additional applications. Your former employer or group policyowner must also complete and send the Employer's Certification to us.

If you have any questions about the application or other conversion options, our office is available to assist you. We look forward to continuing to provide you with life insurance protection. You can reach us at (800) 378-4668 ext. 6785.

**SCHEDULE OF WHOLE LIFE RATES
ANNUAL PREMIUM PER \$1,000**

FACE AMOUNTS 0 TO 14,999					
Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000
0	6.57	29	13.56	58	46.34
1	6.66	30	14.03	59	48.73
2	6.79	31	14.53	60	51.27
3	6.92	32	15.06	61	53.99
4	7.05	33	15.62	62	56.88
5	7.20	34	16.21	63	59.95
6	7.36	35	16.84	64	63.20
7	7.52	36	17.50	65	66.64
8	7.70	37	18.20	66	70.31
9	7.89	38	18.94	67	74.22
10	8.09	39	19.72	68	78.44
11	8.29	40	20.54	69	82.99
12	8.51	41	21.40	70	87.91
13	8.73	42	22.30	71	93.22
14	8.96	43	23.25	72	98.93
15	9.18	44	24.25	73	105.01
16	9.40	45	25.30	74	111.47
17	9.63	46	26.44	75	118.31
18	9.87	47	27.64	76	125.51
19	10.12	48	28.90	77	133.21
20	10.39	49	30.25	78	141.52
21	10.66	50	31.67	79	150.56
22	10.95	51	33.16	80	160.43
23	11.26	52	34.75	81	171.20
24	11.59	53	36.42	82	182.89
25	11.94	54	38.18	83	195.50
26	12.31	55	40.05	84	208.92
27	12.70	56	42.02	85	223.41
28	13.12	57	44.12		

FACE AMOUNTS 15,000 TO 99,999					
0	4.30	29	11.29	58	44.07
1	4.39	30	11.76	59	46.46
2	4.52	31	12.26	60	49.00
3	4.65	32	12.79	61	51.72
4	4.78	33	13.35	62	54.61
5	4.93	34	13.94	63	57.68
6	5.09	35	14.57	64	60.93
7	5.25	36	15.23	65	64.37
8	5.43	37	15.93	66	68.04
9	5.62	38	16.67	67	71.95
10	5.82	39	17.45	68	76.17
11	6.02	40	18.27	69	80.72
12	6.24	41	19.13	70	85.64
13	6.46	42	20.03	71	90.95
14	6.69	43	20.98	72	96.66
15	6.91	44	21.98	73	102.74
16	7.13	45	23.03	74	109.20
17	7.36	46	24.17	75	116.04
18	7.60	47	25.37	76	123.24
19	7.85	48	26.63	77	130.94
20	8.12	49	27.98	78	139.25
21	8.39	50	29.40	79	148.29
22	8.68	51	30.89	80	158.16
23	8.99	52	32.48	81	168.93
24	9.32	53	34.15	82	180.62
25	9.67	54	35.91	83	193.23
26	10.04	55	37.78	84	206.65
27	10.43	56	39.75	85	221.14
28	10.85	57	41.85		

**SCHEDULE OF WHOLE LIFE RATES
ANNUAL PREMIUM PER \$1,000***

FACE AMOUNTS 100,000 TO 249,999					
Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000
0	3.55	29	10.61	58	43.36
1	3.64	30	11.09	59	45.73
2	3.77	31	11.59	60	48.27
3	3.90	32	12.13	61	50.97
4	4.03	33	12.70	62	53.85
5	4.18	34	13.29	63	56.90
6	4.34	35	13.93	64	60.15
7	4.50	36	14.60	65	63.57
8	4.68	37	15.31	66	67.21
9	4.87	38	16.06	67	71.10
10	5.07	39	16.85	68	75.29
11	5.27	40	17.67	69	79.81
12	5.49	41	18.53	70	84.70
13	5.71	42	19.44	71	89.98
14	5.94	43	20.40	72	95.66
15	6.16	44	21.41	73	101.70
16	6.39	45	22.47	74	108.13
17	6.62	46	23.59	75	114.94
18	6.87	47	24.78	76	122.14
19	7.12	48	26.04	77	129.84
20	7.39	49	27.37	78	138.15
21	7.66	50	28.78	79	147.19
22	7.95	51	30.26	80	157.06
23	8.27	52	31.83	81	167.83
24	8.60	53	33.50	82	179.52
25	8.96	54	35.25	83	192.13
26	9.34	55	37.10	84	205.55
27	9.73	56	39.06	85	220.04
28	10.16	57	41.15		

FACE AMOUNTS 250,000 AND ABOVE					
0	3.35	29	10.43	58	43.18
1	3.44	30	10.91	59	45.55
2	3.57	31	11.42	60	48.08
3	3.70	32	11.96	61	50.78
4	3.83	33	12.53	62	53.66
5	3.98	34	13.13	63	56.71
6	4.14	35	13.77	64	59.95
7	4.30	36	14.44	65	63.37
8	4.48	37	15.15	66	67.00
9	4.67	38	15.90	67	70.88
10	4.87	39	16.69	68	75.06
11	5.07	40	17.51	69	79.57
12	5.29	41	18.38	70	84.45
13	5.51	42	19.29	71	89.72
14	5.74	43	20.25	72	95.39
15	5.96	44	21.26	73	101.43
16	6.19	45	22.32	74	107.85
17	6.42	46	23.44	75	114.65
18	6.67	47	24.63	76	121.85
19	6.92	48	25.88	77	129.55
20	7.19	49	27.21	78	137.86
21	7.47	50	28.62	79	146.90
22	7.76	51	30.10	80	156.77
23	8.08	52	31.67	81	167.54
24	8.41	53	33.33	82	179.23
25	8.77	54	35.08	83	191.84
26	9.15	55	36.93	84	205.26
27	9.55	56	38.89	85	219.75
28	9.98	57	40.97		

*These premium rates are not guaranteed and are subject to change by Standard Insurance.

WORKSHEET FOR CALCULATING YOUR PREMIUM

1. Determine the amount of insurance you want to convert.
2. Determine whether you want to pay your Whole Life premium annually, semi-annually, quarterly or monthly. The less frequently you pay premium, the lower the rate is.
3. Find your rate on the chart on the following page. The rate is based on the face amount of your policy and your age. **(Please note: If your next birthday is less than 6 months away, add one year to your current age.)** Age _____
4. Calculate your premium:
 - a) The number of thousand dollar units of coverage you want (Example: \$50,000 is 50 thousand dollar units): _____
 - b) Rate. Using age listed in question 3 please find the rate per 1,000 on the appropriate chart X _____
 - c) Multiply a times b = _____
 - d) Add \$40.00 policy fee. + **\$40.00**
 - e) This is your annual premium due. = _____
 - f) If not paying annually; multiply by pay factor.
 - 1.) semiannually .516
 - 2.) quarterly .265
 - 3.) monthly .094X _____
 - g) This is premium amount due for each pay frequency you selected. = _____

EXAMPLE

1. A 40-year-old person wishes to convert the amount of his/her group coverage, \$50,000.
2. The person wants to pay premiums monthly.
3. The annual premium rate for a 40-year-old is \$18.27 for each \$1,000 of coverage.
4. Premium calculation:
 - a) 50
 - b) \$18.27
 - c) \$913.50 (\$18.27 x 50)
 - d) \$40 annual policy fee
 - e) \$953.50 (total annual premium)
 - f) x .094 (monthly pay factor)
 - g) \$89.63 due each month

GROUP CONVERSION – INSTRUCTIONS

Be sure to complete all blanks (except for Federal group insurance conversions, for which date of termination of employment is omitted). It is important to use full given name of insured (not initials) and to show the date of birth accurately. If you make any changes on the application, please initial and date the change.

1. Check box to indicate who is converting: **Member, Spouse, or Dependent Child.**
2. **Name of group.** Please show complete name of Company, Union, Association, Government Unit, etc. Example: John Doe Manufacturing Co.
3. **Amount of coverage requested.** This amount is to be determined as follows:
 - a. It may not exceed the face value of your Group Life Insurance on the date of termination.
 - b. If your group life amount is \$2,000 or more, you may convert less than the group amount but not less than \$2,000.
 - c. If your group life amount is less than \$2,000, you must convert the full face amount of your group life coverage.
 - d. If your Group Life Insurance contract includes portability, and you choose to continue a portion of your insurance under this provision, you are eligible to convert only the balance of your Group Life Coverage.
4. **Premium Payable.** You must include your first premium with your application to be considered. If you are paying monthly please remit 2 months worth.
5. **Automatic Premium Loan Provision.** The automatic premium loan provision is designed to prevent lapse of your policy in case your premium is paid after the end of the grace period. As long as you have sufficient policy value, an automatic policy loan would be made to pay any premium which has not been paid on time. You would be notified of the loan and it may be repaid within 31 days without interest. The interest rate is shown in your policy.
6. **Dividend Selection.** Dividends may be used in any of four ways, except that under policies with monthly premiums, dividends may not be used to reduce premiums. If the selection is "Paid-up Additions", then dividends are used to purchase additional, paid-up insurance at net rates.

CASH:	Take in Cash.
PAID-UP ADDITIONS:	Used to buy participating paid-up additional insurance. It would have the same provisions as the original policy.
REDUCED PREMIUMS: (Except Monthly)	Applied toward the payment of premiums for the next policy year
LEAVE AT INTEREST:	Left with the Company to accumulate at interest, compounded and credited annually, at such rate as the Company shall declare. A Form W-9 must be submitted if you select this option. You may obtain a form W-9 from the IRS or our office.

7. **Full Name of Beneficiary.** The beneficiary is the person named to receive the death benefit. Unless otherwise requested, any amount payable at the death of the Insured is paid in equal shares to the Primary Beneficiaries, if living, or if none are living, in equal shares to the then surviving Contingent Beneficiaries of highest rank; if no beneficiary is then living, to the executors, administrators or assigns of the insured. Be sure to show the given name for a married woman (Jane L. Doe, not Mrs. John L. Doe).
8. **Signature.** Please sign the form at the bottom. Include your address and have another person sign (bottom left) as a witness to your signature. If application is on the life of a dependent child, the signature of the child's parent is required. If a guardian has been named, the guardian must sign; a copy of the Letters of Guardianship should accompany the application.
9. **Please complete.** Taxpayer Identification Number (TIN) Certification on the back of the conversion application.

ALL APPLICATIONS
Taxpayer Identification Number (TIN) Certification

(APPLICANT **MUST SIGN AND DATE BELOW, AND GIVE TIN, ON ALL APPLICATIONS.**)

We are required by law to obtain the following information. Please fill in the owner's social security number (or other TIN). Draw a line through no. 2 only if it is not correct.

Certification. – Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding either because: I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or the IRS has notified me that I am no longer subject to backup withholding.

DATE	OWNER'S SOC. SEC. OR TIN NUMBER	APPLICANT/OWNER'S SIGNATURE
------	---------------------------------	-----------------------------

Home Office Only – Item(s) no. _____ changed to:

Standard Insurance Company

Continued Benefits 800.378.4668 ext 6785 800.331.3397 Fax
920 SW Sixth Avenue Portland OR 97204-1203

Employer's Certification for
Conversion of Group Life Insurance

Please complete the entire form

TO BE COMPLETED BY FORMER EMPLOYER

Member's Name _____ Social Security Number _____ - _____ - _____

Group Policyowner _____ Policy Number _____

Date of Membership/Hire ____/____/____ Effective Date of Insurance ____/____/____

Member's Termination Date ____/____/____

Amount of Group Life Insurance on Termination Date (list amount of each coverage separately):

Basic Insurance \$ _____ Additional Insurance \$ _____

Supplemental \$ _____ Other (specify) \$ _____

Did this member have Dependent Coverage? Yes No

Please Indicate the Amount of Dependent Coverage: Spouse \$ _____ Child \$ _____

Member's Insurance Class, as Defined by the Policy _____

Reason for Termination _____

Monthly Salary on Termination Date \$ _____ per month

Effective Date of last salary change ____/____/____

Was a Summary Plan Description or Certificate of Insurance Delivered to the Member? Yes No

PLEASE ATTACH ORIGINAL ENROLLMENT / BENEFICIARY CARD. THIS IS REQUIRED.

I hereby certify that _____ was an insured Member under the above Group Policy and was insured for the coverage amounts noted above.

Signature

_____/_____/_____
Date

Title

(_____) _____
Telephone Number

Street Address

City, State, and Zip

City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D

Name of Proposer STANDARD INSURANCE COMPANY

6.3 Proposer's Warranty

The undersigned person by the undersigned's signature affixed hereon warrants that:

- A. The undersigned is an officer, partner or a sole proprietor of the firm and the enclosed proposal is submitted on behalf of the firm;
- B. The undersigned has carefully reviewed all the materials and data provided on the firm's proposal on behalf of the firm, and, after specific inquiry, believes all the material and data to be true and correct;
- C. The firm authorizes the City, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the firm offering this proposal;
- D. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions as set forth in the RFP other than the deviations noted ;
- E. If this proposal is accepted, the contract will be issued as proposed.

STANDARD INSURANCE COMPANY

Name of Firm

Susan C. Murphy

Signature of Authorized Representative

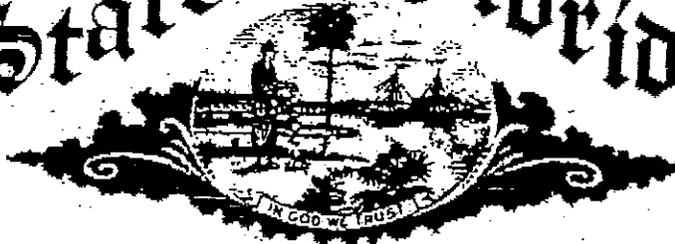
Regional Vice President

Title of Authorized Representative

1/19/2007

Date Signed by Authorized Representative

State of Florida



Department of State

I certify from the records of this office that STANDARD INSURANCE COMPANY is an Oregon corporation authorized to transact business in the State of Florida, qualified on March 4, 1987.

The document number of this corporation is R13468.

I further certify that said corporation has paid all fees due this office through December 31, 2005, that its most recent annual report/uniform business report was filed on February 1, 2005, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Third day of February, 2005



CR2EO22 (2-03)

Glenda E. Hood

Glenda E. Hood
Secretary of State

STANDARD INSURANCE COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a license and remains subject to all applicable laws of Florida.

Date of Issuance: January 19, 1988
No. 91-93-0242990



Tom Gallagher
Treasurer and Insurance Commissioner



Florida
Department
of Insurance