



REQUEST for PROPOSAL #868
PROFESSIONAL, TECHNICAL AND EXPERT SERVICES

Clark County Washington

RELEASE DATE: WEDNESDAY, AUGUST 9, 2023

DUE DATE: WEDNESDAY, SEPTEMBER 6, 2023 by 1:30 pm

Request for Proposal for:

**GROUP LIFE, AD&D and LONG-TERM DISABILITY INSURANCE
COVERAGE**

SUBMIT:

One (1) Original

Four (4) Complete Copies

of the Proposal to:

Shipping Method of your Choice or Hand Delivery

Clark County
ATTN: Office of Purchasing
1300 Franklin Street, 6th Floor, Suite 650
Vancouver WA 98660
564-397-2323

United States Postal Service

Clark County
ATTN: Office of Purchasing
PO Box 5000
Vancouver WA 98666-5000
564-397-2323

Office Hours: 8:00 am – 3:00 pm, Monday – Friday, except Legal Holidays.

No electronic submissions.

****Proposals must be delivered to the Purchasing office – No Exceptions**

****Proposals must be date and time stamped by Purchasing staff by 1:30 pm on due date.**

****Proposal shall be sealed and clearly marked on the package cover with RFP #, Title & Company Name**

Refer Questions to Project Manager:

Amie Johnson
Sr. HR Rep / Human Resources
Amie.Johnson@clark.wa.gov
564-397-2465

General Terms and Conditions

ADMINISTRATIVE REQUIREMENTS - Contractors shall comply with all management and administrative requirements established by Washington Administrative Code (WAC), the Revised Code of the State of Washington (RCW), and any subsequent amendments or modifications, as applicable to providers licensed in the State of Washington.

ALL proposals submitted become the property of Clark County. It is understood and agreed that the prospective Proposer claims no proprietary rights to the ideas and written materials contained in or attached to the proposal submitted. Clark County has the right to reject or accept proprietary information.

AUTHORSHIP - Applicants must identify any assistance provided by agencies or individuals outside the proposers own organization in preparing the proposal. No contingent fees for such assistance will be allowed to be paid under any contract resulting from this RFP.

CANCELLATION OF AWARD - Clark County reserves the right to immediately cancel an award if the contractual agreement has not been entered into by both parties or if new state regulations or policy make it necessary to change the program purpose or content, discontinue such programs, or impose funding reductions. In those cases where negotiation of contract activities are necessary, Clark County reserves the right to limit the period of negotiation to sixty (60) days after which time funds may be unencumbered.

CONFIDENTIALLY - Proposer shall comply with all applicable state and federal laws governing the confidentiality of information.

CONFLICT OF INTEREST - All proposals submitted must contain a statement disclosing or denying any interest, financial or otherwise, that any employee or official of Clark County or the appropriate Advisory Board may have in the proposing agency or proposed project.

CONSORTIUM OF AGENCIES - Any consortium of companies or agencies submitting a proposal must certify that each company or agency of the consortium can meet the requirements set forth in the RFP.

COST OF PROPOSAL & AWARD - The contract award will not be final until Clark County and the prospective contractor have executed a contractual agreement. The contractual agreement consists of the following parts: (a) the basic provisions and general terms and conditions, (b) the special terms and conditions, (c) the project description and goals (Statement of Work), and (d) the budget and payment terms. Clark County is not responsible for any costs incurred prior to the effective date of the contract. Clark County reserves the right to make an award without further negotiation of the proposal submitted. Therefore, the proposal should be submitted in final form from a budgetary, technical, and programmatic standpoint.

DISPUTES - Clark County encourages the use of informal resolution to address complaints or disputes arising over any actions in implementing the provisions of this RFP. Written complaints should be addressed to Clark County – Purchasing, P.O. Box 5000, Vancouver, Washington 98666-5000.

DIVERSITY IN EMPLOYMENT AND CONTRACTING REQUIREMENTS - It is the policy of Clark County to require equal opportunity in employment and services subject to eligibility standards that may be required for a specific program. Clark County is an equal opportunity employer and is committed to providing equal opportunity in employment and in access to the provision of all county services. Clark County's Equal Employment Opportunity Plan is available at [_](#) This commitment applies regardless of race, color, religion, creed, sex, marital status, national origin, disability, age, veteran status, on-the-job injury, or sexual orientation. Employment decisions are made without consideration of these or any other factors that are prohibited by law. In compliance with department of Labor Regulations implementing Section 504 of the rehabilitation Act of 1973, as amended, no qualified handicapped individual shall be discriminated against in admission or access to any program or activity. The prospective contractor must agree to provide equal opportunity in the administration of the contract, and its subcontracts or other agreements.

ENVIRONMENTALLY RESPONSIBLE PURCHASING PROGRAM - Clark County has implemented an Environmentally Responsible Purchasing Policy with a goal to reduce negative impacts on human health and the environment. Negative environmental impacts include, but are not limited to, greenhouse gases, air pollution emissions, water contamination, waste from the manufacturing process and waste in packaging. This policy also seeks to increase: 1) water and energy efficiency; 2) renewable energy sources; 3) use of products with recycled content; 4) product durability; 5) use of products that can be recycled, reused, or composted at the end of its life cycle. Product criteria have been established on the Green Purchasing List <https://clark.wa.gov/sites/default/files/dept/files/general-services/Purchasing/ERP%20Policy.pdf>

INDEPENDENT PRICE DETERMINATION - The prospective contractor guarantees that, in connection with this proposal, the prices and/or cost data have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This does not preclude or impede the formation of a consortium of companies and/or agencies for purposes of engaging in jointly sponsored proposals.

INTERLOCAL AGREEMENT - Clark County has made this RFP subject to Washington State statute RCW 39.34. Therefore, the proposer may, at the proposers option, extend identical prices and services to other public agencies wishing to participate in this RFP. Each public agency wishing to utilize this RFP will issue a purchase order (or contract) binding only their agency. Each contract is between the proposer and the individual agency with **no** liability to Clark County.

LIMITATION - This RFP does not commit Clark County to award a contract, to pay any costs incurred in the preparation of a response to this RFP, or to procure or contract for services or supplies.

LATE PROPOSALS - A proposal received after the date and time indicated above will not be accepted. No exceptions will be made.

ORAL PRESENTATIONS - An oral presentation may be required of those prospective contractors whose proposals are under consideration. Prospective contractors may be informed that an oral presentation is desired and will be notified of the date, time and location the oral presentation is to be conducted.

OTHER AUDIT/MONITORING REQUIREMENTS - In addition, auditing or monitoring for the following purposes will be conducted at the discretion of Clark County: Fund accountability; Contract compliance; and Program performance.

PRICE WARRANT - The proposer shall warrant that the costs quoted for services in response to the RFP are not in excess of those which would be charged any other individual or entity for the same services performed by the prospective contractor, in a similar socioeconomic, geographical region.

PROTESTS - Must be submitted to the Purchasing Department.

PUBLIC SAFETY - May require limiting access to public work sites, public facilities, and public offices, sometimes without advance notice. The successful Proposer's employees and agents shall carry sufficient identification to show by whom they are employed and display it upon request to security personnel. County project managers have discretion to require the successful Proposer's employees and agents to be escorted to and from any public office, facility or work site if national or local security appears to require it.

ACCEPTANCE or REJECTION OF PROPOSALS - Clark County reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any or all prospective contractors on modifications to proposals, to waive formalities, to postpone award, or to cancel in part or in its entirety this RFP if it is in the best interest of Clark County to do so.

SUBCONTRACTING - No activities or services included as a part of this proposal may be subcontracted to another organization, firm, or individual without the approval of Clark County. Such intent to subcontract shall be clearly identified in the proposal. It is understood that the contractor is held responsible for the satisfactory accomplishment of the service or activities included in a subcontract.

VERBAL PROPOSALS - Verbal proposals will not be considered in making the award of any contract as a result of this RFP.

WORKERS COMPENSATION INSURANCE – The contractor shall comply with R.C.W. Title 51- with minimum coverage limits of \$500,000 for each accident, or provide evidence that State law does not require such coverage.

FOR ALTERNATIVE FORMATS
Clark County ADA Office: V: 564-397-2322
ADA@clark.wa.gov

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Part I Proposal Requirements

Section IA	General Information
1. Introduction	<p>Clark County is accepting proposals from experienced and qualified providers for the following coverages for an effective date of January 1, 2024:</p> <ul style="list-style-type: none"> • Group Life/AD&D • Additional Employee, Spouse, and Child Life • Additional Employee, Spouse AD&D • Core and Buy-up Long-Term Disability <p>The insured plans are currently issued through Standard Insurance Company (Standard). The County does not have an outside FML administrator at this time and is not seeking FML administration proposals now. The County would like to place all lines of coverage with one carrier.</p> <p>If your company contact details <u>are not</u> on the Plan Holder List at https://clark.wa.gov/internal-services/request-proposal-1 Attachment B, Letter of Interest must be submitted to participate in this RFP.</p> <p>Proposers shall respond to all sections to be considered.</p> <p>Clark County has made this Request for Proposal subject to Washington State statute RCW 39.34. Therefore, the proposer may, at the proposers' option, extend identical prices and services to other public agencies wishing to participate in this RFP. Each public agency wishing to utilize this proposal will issue a purchase order (or contract) binding only their agency. Each contract is between the proposer and the individual agency with no liability to Clark County.</p>
2. Background	<p>The County's contracts have been with Standard Insurance since 1989 with the exception of the Additional Life Insurance plan, which became effective 2003. The County has approximately 1,695 employees eligible for life insurance with fourteen (14) union/guilds. The County has 1,572 employees eligible for LTD benefits because members of the Deputy Sheriff's Guild do not participate in the group's LTD benefit.</p> <p>The County provides Basic Group Term Life Insurance and Accidental Death & Dismemberment (AD&D) to all eligible Active Employees based on class of employees. The Basic Life/AD&D coverage is non-contributory.</p> <p>Employees in all classes may purchase Additional Life/AD&D and Spouse Life/AD&D in multiples of \$10,000 up to \$500,000 through payroll deduction at coverage levels and premiums described in the policy certificate and rate history. Child Life is also available for purchase at \$5,000, \$7,500, and \$10,000 at per unit rates.</p> <p>Note: Additional Life Insurance can be purchased with AD&D benefits, but AD&D benefits cannot be purchased separately. If both the employee and spouse work for the County, he/she cannot be covered as a dependent under this policy, and only one member may cover dependent children.</p> <p><u>Life</u> Current class structure and benefit levels:</p> <p>Group Life/AD&D, Additional Life, Additional AD&D, Spouse Life, Spouse AD&D, Dependent Child Life.</p>

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Class 1: Elected Officials, Management 1 & 2, Court Appointed, RTC Management, CRESA Management, SW Clean Air Agency Management, Information Technology Guild, and Lower Columbia Fish Recovery Board Management. Basic Life and AD&D benefits are 1 times annual earnings up to \$150,000.

Class 2: Non-represented (M3), CRESA Non-represented, RTC Non-represented, and Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, and Lower Columbia Fish Recovery Board Non-Represented. Basic Life and AD&D benefits are 1 times annual earnings up to \$50,000.

Class 3: CRESA 911 Dispatchers Guild. Basic Life and AD&D benefits are 1 times annual earnings up to \$50,000.

Class 4: Custody Officer's Guild; Sheriff's Office Support Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Juvenile Detention Officer's Guild, Local 307, Local 8, Local 335. Basic Life and AD&D benefits are a flat benefit of \$25,000.

Class 5: Deputy Sheriff's Guild. Basic Life and AD&D benefits are a flat benefit of \$25,000.

LTD

Current Class structure and benefit levels:

Class 1: Elected Officials, Management 1 and 2, Court Appointed, RTC-Management, CRESA Management, SW Clean Air Agency Management, Non-represented (M3), CRESA Non-represented, RTC Non-represented, SW Clean Air Agency Non-represented, Law Library, and Lower Columbia Fish Recovery Board Management. Core LTD benefit is 60% of earnings up to \$9,000 per month. The buy-up LTD option brings the total LTD benefit to 66²/₃% up to \$10,000.

Class 2: Information Technology Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Sheriff's Administrator Association, and Local 8. Core LTD benefit is 60% of earnings up to \$9,000 per month. The buy-up LTD option brings the total LTD benefit to 66²/₃% up to \$10,000.

Class 3: Partners in Careers, CRESA 911 Dispatchers Guild. Core LTD benefit is 60% of earnings up to \$4,375 per month. The buy-up LTD option brings the total LTD benefit to 66²/₃% up to \$4,862.

Class 4: Sheriff Office Support Guild. Core LTD benefit is 60% of earnings up to \$9,000 per month. The buy-up LTD option brings the total LTD benefit to 66²/₃% up to \$10,000.

Class 5: Corrections Deputy Guild. Core LTD benefit is 60% of earnings up to \$4,375 per month. The buy-up LTD option brings the total LTD benefit to 66²/₃% up to \$4,862.

Class 6: Juvenile Detention Officer's Guild. Core LTD benefit is 60% of earnings up to \$4,375 per month. The buy-up LTD option brings the total LTD benefit to 66²/₃% up to \$4,862.

The Core LTD coverage is non-contributory.

LTD Buy-Up Option: eligible employees may purchase an additional monthly LTD benefit, as listed above, through after-tax payroll deduction. Class and premium information is described in the policy certificate and rate history. Eligibility for the buy-up option is based on employee class.

The census will indicate the employees Current Class for both life insurance and LTD benefits.

Employees are eligible first of the month following date of hire as a regular full or part-time employee. Employees are eligible at 20 hours.

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<p>3. Scope of Project</p>	<p>Clark County is requesting proposals for Group Life/AD&D, Additional Life, Additional AD&D, Spouse Life, Spouse AD&D, Dependent Child Life, and Long-Term Disability programs with the primary objectives of finding:</p> <ul style="list-style-type: none"> • Competitive fully insured rates for all lines of coverage requested. Please include any package discounts that are applicable. • Plans that match our current benefits. Indicate any areas which cannot be matched or benefit enhancements you could offer in lieu of matching. • The County requests an additional quote to increase the max Basic Life and AD&D benefit for Class 2 employees to \$150,000. • Useful and timely claims experience reporting. • On-line claims submission and reports. • Responsive service to the Human Resources staff and employees. • Strong claims management and customer service. • One carrier for all lines of coverage is preferred.
<p>4. Project Funding</p>	<p>Allocation of funds for this RFP will be established based on the funds requested in the selected proposal.</p> <p>The County currently and plans to continue to pay premiums associated with the Group policies and for employees to pay premiums associated with the supplemental policies.</p> <p><u>Title VI Statement</u> Clark County, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.</p> <p>El Condado de Clark, de acuerdo con las disposiciones del Título VI de la Ley de Derechos Civiles de 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d a 2000d-4) y el Reglamento, por la presente notifica a todos los postores que se asegurará afirmativamente de que cualquier contrato celebrado de conformidad con este anuncio, las empresas comerciales desfavorecidas tendrán la oportunidad plena y justa de presentar ofertas en respuesta a esta invitación y no serán discriminadas por motivos de raza, color u origen nacional en consideración a un laudo.</p>

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<p>5. Timeline for Selection</p>	<p>The following dates are the intended timeline:</p> <table border="1" data-bbox="423 247 1511 810"> <tr> <td>RFP Release Date</td> <td>August 9, 2023</td> </tr> <tr> <td>Proposer Questions Due</td> <td>August 16, 2023</td> </tr> <tr> <td>Responses to Questions Released</td> <td>August 23, 2023</td> </tr> <tr> <td>Proposals Due</td> <td>September 6, 2023</td> </tr> <tr> <td>Finalist Meetings</td> <td>October 2 - 4, 2023</td> </tr> <tr> <td>Decision</td> <td>October 5 - 6, 2023</td> </tr> <tr> <td>Notifications</td> <td>October 9 - 13, 2023</td> </tr> <tr> <td>Implementation</td> <td>October - December, 2023</td> </tr> <tr> <td>Contract Effective Date</td> <td>January 1, 2024</td> </tr> </table>	RFP Release Date	August 9, 2023	Proposer Questions Due	August 16, 2023	Responses to Questions Released	August 23, 2023	Proposals Due	September 6, 2023	Finalist Meetings	October 2 - 4, 2023	Decision	October 5 - 6, 2023	Notifications	October 9 - 13, 2023	Implementation	October - December, 2023	Contract Effective Date	January 1, 2024
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<p>6. Employment Verification</p>	<p>To be considered responsive to this formal Clark County RFP, all proposers shall submit before, include with their response or within 48 hours after submittal, a recent copy of their E-Verify MOU or proof of pending enrollment. The awarded contractor shall be responsible to provide Clark County with the same E-Verify enrollment documentation for each sub-contractor (\$25,000 or more) within thirty days after the sub-contractor starts work. Contractors and sub-contractors shall provide a report(s) showing status of new employees hired after the date of the MOU. The status report shall be directed to the county project manager at the end of the contract, or annually, whichever comes first. E-Verify information and enrollment is available at the Department of Homeland Security web page: www.dhs.gov/E-Verify</p> <p>How to submit the MOU in advance of the submittal date:</p> <ol style="list-style-type: none"> 1. Hand deliver to 1300 Franklin St, Suite 650, Vancouver, WA 98660, or; 2. E-mail: koni.odell@clark.wa.gov or priscilla.ricci@clark.wa.gov <p><i>Note : Sole Proprietors shall submit a letter stating exempt.</i></p>																		

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<p>Section IB</p>	<p>Work Requirements</p>
<p>1. Required Services</p>	<p><u>Service</u> It is expected that the contracts, necessary administrative forms, administrative manual, and employee certificates will be prepared as quickly as reasonably possible following designation of the selected carrier. Please note any additional costs related to SPDs and any other services if these are not part of the normal administration you provide.</p> <p><u>Rate Guarantee Periods</u> Rates and fees should be guaranteed for at least 3 years. Please indicate your willingness to extend such guarantees by line of coverage on the Rate Response Form provided.</p> <p><u>Commission</u> Please quote all lines of coverage net of commissions.</p> <p><u>Deviations</u> It is understandable that you may not be able to respond to each specification in this RFP. Therefore, if you are unable to substantially meet the requirements, you are requested to describe any deviations in your proposal on the Proposal Deviation Form provided. All deviations will be considered.</p> <p><u>Financial Stability</u> The selected carrier must be financially sound, well capitalized and highly rated by A.M. Best as Excellent (A- or A) or Superior (A+ or A++). The finalists may be requested to provide financial reports.</p> <p><u>Claims Processing and Benefit Payments</u> The selected carrier must establish guidelines and have a system to assure that claims are processed timely and accurately.</p> <p>The selected carrier must have an automatic process to file integrated Life and LTD waiver of premium claims. For LTD claims, the carrier must match the employer's share of FICA taxes on payment and prepare W-2 forms at year-end.</p> <p><u>Customer Service</u> The selected carrier must assure all customer service and claims staff is trained in the specific technical issues of the County. The carrier must provide ongoing customer service functions for covered persons, claimants, and Benefits staff. The carrier must be capable of recording and maintaining information regarding service-related or other complaints reported by covered employees and/or employee representative. The selected carrier must have telephone system and staff capacity to adequately respond to covered persons in a timely manner. The telephone customer service system must be available during standard business hours Pacific Time, Monday through Friday.</p> <p><u>Account Management</u> The selected carrier is expected to designate an account manager who has the authority to respond to the County's needs in a timely manner.</p> <p><u>Communication and Marketing</u> The selected carrier will provide annual enrollment, general marketing and information materials for employee education and resources.</p> <p>The carrier will develop and design summary plan booklets (SPD) or Certificates of Coverage in an appropriate form for print or placement on the County's intranet site.</p> <p><u>Reports</u> The selected carrier must provide quarterly reports and annual reports on the performance of the plans. The standard reporting package should include, but is not limited to the following</p>

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reports:

Life/AD&D

- Experience Reports by line of coverage
- Life Waiver of Premium Report

LTD

- Experience Reports, Number of Open Claims and Total Claims by Policy Year
- Open Claim List

Performance Reports

- Customer Service
- Claims Administration

All proposers are expected to provide, at a minimum coverage provisions currently in-force. Any enhancements should be outlined in proposal.

Implementation

The selected carrier must designate an implementation team of experienced staff to work with the County to effectively implement the plans on schedule.

Ensure that no covered members lose benefits in a transition between carriers, giving special consideration to anyone not actively at work due to disability, but not yet qualified for waiver.

Minimum Proposer Qualifications

- Shall provide multiple disability and/or life claim intake options (e.g., web-based, mobile app, telephonic, paper forms to be returned via mail or fax).
- Shall have a minimum ten (10) years' experience administering group life and disability products.
- A dedicated account manager shall be provided.
- Shall have the ability to produce W-2 reporting for disability claims.
- Shall provide tools and resources that help support return to work or applying for Social Security Disability (for disability claimants or AD&D claimants, as applicable) and assistance for survivors/beneficiaries of deceased employees.
- Shall certify it will provide a rate guarantee no less than three (3) years.
- Shall certify it will provide detailed Performance Guarantees with fees at risk that are measurable and reportable, including:
 - Implementation satisfaction
 - Claims processing Time and Accuracy
 - Customer Service (e.g., hold times, call abandonment rate, satisfaction)
 - Reporting
 - Website/Technology/Data Security (e.g., system uptime)
 - Account Management (e.g., responsiveness, satisfaction, etc.)
- Proposer shall agree to execute any and all contracts and other necessary agreements with any approved subcontractor(s) within thirty (30) days of receipt of the Notice of Award.

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<p>2. County Performed Work</p>	<p>Benefits and payroll staff under the direction of the County's Benefits Manager will work with the implementation team to facilitate system requirements resulting from the award of the contract. They will coordinate employee communications to ensure employees are informed of any changes, including new guarantee issue periods, and perform the administrative (enrollment) requirements of the plans.</p>
<p>3. Deliverables & Schedule</p>	<p>The selected carrier provides efficient claims administration management and customer service in accordance with all federal and state regulations to ensure the County's benefits programs remain competitive while managing cost and utilization.</p> <p>Employee communication shall begin in October following approval of the County. The implementation schedule will be finalized with the successful insurance carrier for a January 1, 2024, effective date.</p>
<p>4. Place of Performance</p>	<p>Not needed for this RFP.</p>
<p>5. Period of Performance</p>	<p>A contract awarded as a result of this RFP will be for three (3) years and is intended to begin on January 1, 2024 and end December 31, 2026.</p> <p>Clark County reserves the right to extend the contract resulting from this RFP for a period of two (2) additional years, in one (1) year increments, with the same terms and conditions, by service of a written notice of its intention to do so prior to the contract termination date.</p>
<p>6. Prevailing Wage Applicable to all public work as defined in RCW 39.04.010(4) Public Works Definition</p>	<p>Pursuant to Washington State RCW 39.12 PREVAILING WAGES ON PUBLIC WORKS all work identified in this project as a public work requires the contractor to pay Washington State prevailing wages and file all affidavits of intent to pay with the WA State Dept of Labor & Industries.</p> <p>Contractors shall meet the requirements for Prevailing Wage and public works requirements, per RCW 39.04.350 BIDDER RESPONSIBILITY CRITERIA – SWORN STATEMENT – SUPPLEMENTAL CRITERIA.</p> <p>For this project select the Clark County rates that apply on the proposal closing date from either of these sites:</p> <p>http://www.wsdot.wa.gov/Design/ProjectDev/WageRates/default.htm http://www.ini.wa.gov/TradesLicensing/PrevWage/WageRates</p> <p>Before payment is made by the Local Agency of any sums due under this contract, the Local Agency must receive from the Contractor and each Subcontractor a copy of "Statement of Intent to Pay Prevailing Wages" (Form L & I Number 700-29) approved by the Washington State Department of Labor and Industries.</p> <p>A fee of \$45.00 per each "Statement of Intent to Pay Prevailing Wages" and "Affidavit of Wages Paid" is required to accompany each form submitted to this Department of Labor and Industries. The Contractor is responsible for payment of these fees and shall make all applications directly to the Department of Labor and Industries. These fees shall be incidental to all the proposed items of this contract.</p>

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7. Debarred/Suspended	<p>Federally or Washington State debarred or suspended suppliers may not participate in this Request for Proposal.</p> <p>All proposer's must fill out, sign and submit the "Certification Regarding Debarment, Suspension, and Other Responsibility Matters" form with their proposal to be eligible to participate.</p>
8. Americans with Disabilities Act (ADA) Information	<p>Clark County in accordance with Section 504 of the Rehabilitation Act (Section 504) and the Americans with Disabilities Act (ADA), commits to nondiscrimination on the basis of disability, in all of its programs and activities. This material can be made available in an alternate format by emailing ADA@clark.wa.gov or by calling 564-397-2322.</p>
9. Public Disclosure	<p>This procurement is subject to the Washington Public Records Act (the "Act"), chapter 42.56 RCW. Once in the County's possession, all of the RFP Submittals shall be considered public records and available for public records inspection and copying, unless exempt under the Act.</p> <p>If a Respondent or Proposer considers any portion of an RFP Submittal to be protected under the law, whether in electronic or hard copy form, the Respondent or Proposer shall clearly identify each such portion with the word "PROPRIETARY". The County will notify the Respondent or Proposer in writing of the request and allow the Respondent or Proposer ten (10) days to obtain a court order enjoining release of the record(s). If the Respondent or Proposer does not take such action within the ten (10) day period, the County will release the portions of the RFP Submittal deemed subject to disclosure. All Respondents and Proposers who provide RFP Submittals for this procurement accept the procedures described above and agree that the County shall not be responsible or liable in any way for any losses that the party may incur from the disclosure of records to a third party who requests them.</p>
10. Insurance/Bond	<p>A. <u>Waiver of Subrogation</u> All insurance coverage maintained or procured pursuant to this agreement shall be endorsed to waive subrogation against County, its elected or appointed officers, agents, officials, employees and volunteers or shall specifically allow Contractor or others providing insurance evidence in compliance with these specifications to waive their right of subrogation prior to a loss. Contractor hereby waives its own right of subrogation against County and shall require similar written express waivers and insurance clauses from each of its subcontractors.</p> <p>B. <u>Proof of Insurance</u> Proof of Insurance shall be provided prior to the starting of the contract performance. Proof will be on an ACORD Certificate(s) of Liability Insurance, which the Proposer shall provide to Clark County. Each certificate will show the coverage, deductible and policy period. Policies shall be endorsed to state that coverage will not be suspended, voided, canceled or reduced without a 30-day written notice by mail to the County. It is the Proposer's responsibility to provide evidence of continuing coverage during the overlap periods of the policy and the contract.</p> <p>C. <u>Worker's Compensation</u> As required by the industrial insurance laws of the State of Washington.</p> <p>D. <u>Automobile</u> If the Proposer or its employees use motor vehicles in conducting activities under this Contract, liability insurance covering bodily injury and property damage shall be provided by the Proposer through a commercial automobile insurance policy. The policy shall cover all owned and non-owned vehicles. Such insurance shall have minimum limits of \$1,000,000 per occurrence, combined single limit for bodily injury liability and property damage liability with a \$1,000,000 annual aggregate limit. If the Proposer does not use motor vehicles in conducting activities under</p>

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Group Life, AD&D and Long-Term Disability Insurance Coverage

	<p>this Contract, then written confirmation to that effect on Proposer letterhead shall be submitted by the Proposer.</p> <p><u>E. Commercial General Liability (CGL) Insurance</u> Written under ISO Form CG0001 or its latest equivalent with minimum limits of \$1,000,000 per occurrence and in the aggregate for each one-year policy period. Personal and Advertising Injury \$1,000,000 and General Aggregate \$1,000,000. This policy must renew annually. This coverage may be any combination of primary, umbrella or excess liability coverage affording total liability limits of not less than \$1,000,000 per occurrence and in the aggregate. However, if other policies are added they must be a follow-form policy in language, renewal date, and have no more exclusions than the underlying coverage. Products and Completed Operations coverage shall be provided for a period of three years following Substantial Completion of the Work. The deductible will not be more than \$50,000 unless prior arrangements are made with Clark County on a case by case basis; the criterion is the Contractor's liquidity and ability to pay from its own resources regardless of coverage status due to cancellation, reservation of rights, or other no-coverage-enforce reason. Coverage shall not contain any endorsement(s) excluding nor limiting Product/Completed Operations, Contractual Liability or Cross Liability. Clark County needs to be listed as additional insured.</p> <p><u>F. Professional Liability (aka Errors and Omissions)</u> The Proposer shall obtain, at Proposer's expense, and keep in force during the term of this contract Professional Liability insurance policy to protect against legal liability arising out of contract activity. Such insurance shall provide a minimum of \$2,000,000 per occurrence. The deductible will not be more than \$25,000 unless prior arrangements are made with Clark County on a case by case basis; the criterion is the Proposer's liquidity and ability to pay from its own resources. It should be an "Occurrence Form" policy. If the policy is "Claims Made", then Extended Reporting Period Coverage (Tail coverage) shall be purchased for three (3) years after the end of the contract.</p> <p><u>G. Umbrella Liability Coverage</u> Umbrella Coverage in the amount of \$1,000,000 shall be provided and will apply over all liability policies without exception, including Commercial General Liability and Automobile Liability.</p> <p><u>H. Additional Insured</u> Clark County, its officers, employees and agents, will be named on all policies of contractor and any subcontractors as an additional insured, with no restrictions or limitations concerning products and completed operations. This coverage shall be primary coverage and noncontributory to any coverage maintained by Clark County. The contractor shall provide Clark County with verification of insurance and endorsements required by this agreement. Clark County reserves the right to require complete, certified copies of all required insurance policies at any time. All insurance shall be obtained from an insurance company authorized to do business in the State of Washington.</p> <p>All policies must have a Best's Rating of A-VII or better.</p>
<p>11. Plan Holders List</p>	<p>All proposers are required to be listed on the plan holders list.</p> <p>✓ Prior to submission of proposal, please confirm your organization is on the Plan Holders List below:</p> <p>To view the Plan Holders List, please click on the link below or copy and paste into your browser. Clark County RFP site: https://clark.wa.gov/internal-services/purchasing-overview</p> <ul style="list-style-type: none"> • If your organization is NOT listed, submit Attachment B - Letter of Interest to ensure your inclusion. • Proposals received by Clark County by proposers not included on the Plan Holders List may be considered non-responsive.

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Group Life, AD&D and Long-Term Disability Insurance Coverage**

Part II Proposal Preparation and Submittal

Section IIA	Pre-Submittal Meeting / Clarification
1. Pre-Submittal Meeting	There will be no pre-submittal meeting or site visit scheduled for this project.
2. Proposal Clarification	<p>Questions and Requests for Clarification regarding this Request for Proposal must be directed in writing, via email, to the person listed on the cover page.</p> <p>The deadline for submitting such questions/clarifications is August 16, 2023 by 5:00 pm Pacific Time.</p> <p>An addendum will be issued no later than August 23, 2023 to all recorded holders of the RFP if a substantive clarification is in order.</p> <p>The Questions & Answers/Clarifications are available for review at the link below. Each proposer is strongly encouraged to review this document prior to submitting their proposal.</p> <p>Clark County RFP site: https://clark.wa.gov/internal-services/request-proposal-1</p>
Section IIB	Proposal Submission
1. Proposals Due	<p>Sealed proposals must be received no later than the date, time and location specified on the cover of this document.</p> <p>The outside of the envelope/package shall clearly identify:</p> <ol style="list-style-type: none"> 1. RFP Number and; 2. TITLE and; 3. Name and Address of the Proposer. <p>Responses received after submittal time will not be considered and will be returned to the Proposer - unopened.</p> <p>Proposals received with insufficient copies (as noted on the cover of this document) cannot be properly disseminated to the Review Committee and other reviewers for necessary action, therefore, may not be accepted.</p>
2. Proposal	<p>Proposals must be clear, succinct and not exceed there is no limit on the number of pages submitted. Proposer's who submit more than the pages indicated may not have the additional pages of the proposal read or considered.</p> <p>For purposes of review and in the interest of the County, the County encourages the use of submittal materials (i.e. paper, dividers, binders, brochures, etc.) that contain post-consumer recycled content and are <u>readily recyclable</u>.</p> <p>The County discourages the use of materials that cannot be readily recycled such as PVC (vinyl) binders, spiral bindings, and plastic or glossy covers or dividers. Alternative bindings such as reusable/recyclable binding posts, reusable binder clips or binder rings, and recyclable cardboard/paperboard binders are examples of preferable submittal materials.</p>

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	<p>Proposers are encouraged to print/copy on both sides of a single sheet of paper wherever applicable; if sheets are printed on both sides, it is considered to be two pages. Color is acceptable, but content should not be lost by black-and-white printing or copying.</p> <p>All submittals will be evaluated on the completeness and quality of the content. Only those Proposers providing complete information as required will be considered for evaluation. The ability to follow these instructions demonstrates attention to detail.</p> <p>Additional support documents, such as sales brochures, may be included with each copy unless otherwise specified.</p>
Section IIC	Proposal Content
1. Cover Sheet	This form is to be used as your proposal Cover Sheet. See Cover Sheet - Attachment A
2. Project Team	Specify the proposed structure of the account management, implementation team, and customer support functions.
3. Management Approach	Provide an implementation timeline and accompanying documents to identify a communication strategy and tools for use during initial education and enrollment period.
4. Respondent's Capabilities	Respond to the attached questionnaire. Include any additional information about capabilities including employee/claimant education in your proposal.
5. Project Approach and Understanding	We will defer to the proposal and responses to the RFP questions.
6. Proposed Cost	Please match the existing rate structure (e.g., per \$1,000, per unit, etc.).
7. Employment Verification	<p>Please refer to section 1A.6. – E-Verify</p> <p>IMPORTANT NOTE: Include this portion of the response immediately AFTER the cover page, if not already on file with Clark County. Current vendors on file can be viewed at: https://clark.wa.gov/internal-services/purchasing-overview</p>

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Part III Proposal Evaluation & Contract Award

Section IIIA	Proposal Review and Selection																
1. Evaluation and Selection:	Proposals received in response to this RFP will be evaluated by a Review Committee. The Committee review results and recommendations may be presented to an appropriate advisory board prior to the consent process with the Clark County Council.																
2. Evaluation Criteria Scoring	<p>Each proposal received in response to the RFP will be objectively evaluated and rated according to a specified point system.</p> <p>A one hundred (100) point system will be used, weighted against the following criteria:</p> <table border="1" data-bbox="399 684 1419 1184"> <tr> <td>Proposal Approach / Quality</td> <td>15</td> </tr> <tr> <td>Capabilities / Experience</td> <td>15</td> </tr> <tr> <td>Employee/Claimant and Administrative Support</td> <td>15</td> </tr> <tr> <td>Product Demonstration</td> <td>15</td> </tr> <tr> <td>Cost</td> <td>15</td> </tr> <tr> <td>References</td> <td>10</td> </tr> <tr> <td>Criteria Specific to your Project Needs</td> <td>15</td> </tr> <tr> <td style="text-align: right;">Total Points</td> <td>100</td> </tr> </table>	Proposal Approach / Quality	15	Capabilities / Experience	15	Employee/Claimant and Administrative Support	15	Product Demonstration	15	Cost	15	References	10	Criteria Specific to your Project Needs	15	Total Points	100
Proposal Approach / Quality	15																
Capabilities / Experience	15																
Employee/Claimant and Administrative Support	15																
Product Demonstration	15																
Cost	15																
References	10																
Criteria Specific to your Project Needs	15																
Total Points	100																
Section IIIB	Contract Award																
1. Consultant Selection	<p>The County will determine the most qualified proposer based on the evaluation criteria listed using predetermined weights, the attributes of the Proposers and the overall responsiveness of the Proposal. If the County does not reach a favorable agreement with the top Proposer, the County shall terminate negotiations and begin negotiations with the next qualified Proposer. If the County is unable to reach agreeable terms with either Proposer, they may opt to void the RFP and determine next steps.</p> <p>Clark County reserves the right to accept or reject any or all proposals received, to negotiate with any or all prospective contractors on modifications to proposals, to waive formalities, to postpone award, or to cancel in part or in its entirety this RFP. Clark County reserves the right to award the contract based on the best interests of the County.</p>																
2. Contract Development	The proposal and all responses provided by the successful Proposer may become a part of the final contract.																

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3. Award Review	The public may view Request for Proposal documents by submitting a public records request at www.clark.wa.gov .
4. Orientation/Kick-off Meeting	Each carrier is expected to provide an implementation plan with their proposal and/or during the finalist interview. The carrier is responsible for initiating and driving the implementation to ensure activities are completed before the effective date.

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Attachment A: COVER SHEET

General Information:

Legal Name of Proposing Firm _____

Street Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____

Program Location (if different than above) _____

Email Address _____

Tax Identification Number _____

ADDENDUM:

Proposer shall acknowledge receipt of Addenda by checking the appropriate box(es).

None 1 2 3 4 5 6

NOTE: Failure to do so, shall render the proposer non-responsive and therefore be rejected.

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon funding levels, and the approval of the Clark County Council and required approvals.

Authorized Signature of Proposing Firm

Date

Printed Name

Title

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Attachment B: LETTER OF INTEREST

Legal Name of Applicant Agency _____

Street Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____

Program Location (if different than above) _____

Email Address _____

- All proposers are required to be included on the plan holders list.
- If your organization is NOT listed, submit the 'Letter of Interest' to ensure your inclusion.

Email Letter of Interest to: Koni.Odell@clark.wa.gov and Priscilla.Ricci@clark.wa.gov

Clark County web link: <https://clark.wa.gov/internal-services/request-proposal-1>

This document will only be used to add a proposer to the plan holders list. Submitting this document does not commit proposer to provide services to Clark County, nor is it required to be submitted with proposal.

Proposals may be considered non-responsive if the Proposer is not listed on the plan holders list.

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Attachment C



Clark County, Washington

**Certification Regarding
Debarment, Suspension and Other Responsibility Matters**

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Company Name

Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date

I am unable to certify to the above statements. My explanation is attached.

Employee Number	Status	Date of Birth	Gender	Hire Date	Wage	Pay Code	Full or Part Time	Hours Worked	Job Title	Company	Union	State of Employment	Zip Code	Life Class	Disability	Group Term Life	Group Term AD&D	Additional EE Life	Additional EE AD&D	SP Life	SP AD&D	SP Date of			LTD Class	LTD	LTD Buy-up
						M = Monthly H = Hourly		Per Week							Plan?							Birth	CH Life	LTD			
1	Active	3/8/1959	Female	11/25/1991	10,344.00	Monthly	Full time	40	Accounting Operations Manager	Clark County		WA	98686	1	No	1 X Salary	1 X Salary							1	LTD		
2	Active	5/27/1966	Male	2/8/1993	40.85	Hourly	Full time	40	Planner III	Clark County	Local 307	WA	97211	4	No	25,000	25,000	\$40,000						2	LTD		
3	Active	5/25/1965	Male	3/1/1994	42.22	Hourly	Full time	40	Environmental Outreach Specialist Senior	Clark County	Local 17 Engineers	WA	98604	4	No	25,000	25,000							2	LTD		
4	Active	11/11/1959	Male	1/15/1990	46.16	Hourly	Full time	40	Natural Resources Specialist III	Clark County	Local 307	WA	98607	4	No	25,000	25,000							2	LTD		
5	Active	11/2/1967	Male	12/13/1993	42.22	Hourly	Full time	40	Engineering Technician Senior	Clark County	Local 17 Engineers	WA	98682	4	No	25,000	25,000	\$200,000	\$200,000	\$100,000	\$100,000	8/16/1966	\$10,000	2	LTD		
6	Active	11/4/1962	Female	11/1/1993	39.99	Hourly	Full time	40	Real Property Appraiser IV-Lead	Clark County	Local 17 Appraisers	WA	98682	4	No	25,000	25,000							2	LTD		
7	Active	7/22/1961	Female	9/7/1990	8,286.00	Monthly	Full time	40	Program Coordinator I	Clark County		WA	98662	1	No	1 X Salary	1 X Salary			\$20,000		9/9/1964		1	LTD		
8	Active	7/20/1965	Female	6/20/1991	29.18	Hourly	Full time	40	Legal Specialist	Clark County	Local 11	WA	98685	4	No	25,000	25,000	\$70,000	\$70,000					2	LTD		
9	Active	2/7/1961	Female	11/1/2006	7,145.00	Monthly	Full time	40	Program Coordinator I	Clark County		WA	98686	1	No	1 X Salary	1 X Salary							1	LTD		
10	Active	7/8/1961	Male	7/6/1992	41.97	Hourly	Full time	40	Appraisal Analyst Senior	Clark County	Local 17 Appraisers	WA	97137	4	No	25,000	25,000							2	LTD		
11	Active	4/26/1955	Male	7/1/1992	9,848.00	Monthly	Full time	40	Program Manager II	Clark County		WA	97217	1	No	1 X Salary	1 X Salary							1	LTD		
12	Active	1/22/1964	Female	12/1/1989	33.45	Hourly	Full time	40	Department Web / Publications Coordinator	Clark County	Local 307	WA	98661	4	No	25,000	25,000	\$50,000	\$50,000					2	LTD		
13	Active	4/10/1964	Female	8/9/1993	41.97	Hourly	Full time	40	Commercial Appraiser Specialist	Clark County	Local 17 Appraisers	WA	98686	4	No	25,000	25,000	\$100,000						2	LTD		
14	Active	10/10/1950	Female	1/26/1989	26.48	Hourly	Full time	40	EHA	Clark County	Local 335	WA	98668	4	No	25,000	25,000							2	LTD		
15	Active	4/5/1954	Female	8/26/1986	30.52	Hourly	Full time	40	Program Assistant	Clark County		WA	98662	2	No	1 X Salary	1 X Salary	\$100,000	\$100,000	\$20,000	\$20,000	11/29/1944		1	LTD		
16	Active	7/19/1961	Female	6/2/1986	12,920.00	Monthly	Full time	40	Deputy Prosecuting Attorney Senior	Clark County		WA	98685	1	No	1 X Salary	1 X Salary							1	LTD		
17	Active	9/28/1969	Female	10/28/1991	36.26	Hourly	Full time	40	Quality Assurance & Accreditation Specialist	CRESA		WA	98604	2	No	1 X Salary	1 X Salary							1	LTD		
18	Active	5/6/1963	Female	11/22/1993	26.48	Hourly	Full time	40	Environmental Health Assistant	Clark County	Local 335	WA	98686	4	No	25,000	25,000							2	LTD		
19	Active	2/6/1963	Female	3/1/1993	46.63	Hourly	Full time	40	Communications System Specialist III	CRESA		WA	98683	2	No	1 X Salary	1 X Salary	\$100,000						1	LTD	Buy-up	
20	Active	12/23/1956	Female	2/18/1986	32.49	Hourly	Full time	40	Accountant	Clark County	Local 11	WA	98662	4	No	25,000	25,000							2	LTD		
21	Active	10/3/1970	Female	8/24/1992	41.23	Hourly	Full time	40	Dispatcher	CRESA	CRESA Dispatcher Guild	WA	98686	3	No	1 X Salary	1 X Salary							3	LTD		
22	Active	3/25/1973	Male	2/3/1992	50.85	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98685	5	No	25,000	25,000							N/A			
23	Active	8/19/1968	Female	3/7/1988	30.67	Hourly	Full time	40	Legal Assistant	Clark County	Local 11	WA	98607	4	No	25,000	25,000	\$100,000	\$100,000	\$50,000	\$50,000	11/30/1963		2	LTD		
24	Active	10/18/1966	Female	1/25/1990	41.23	Hourly	Full time	40	Dispatcher	CRESA	CRESA Dispatcher Guild	WA	98625	3	No	1 X Salary	1 X Salary							3	LTD		
25	Active	1/28/1966	Female	11/22/1993	9,872.00	Monthly	Full time	40	IT Professional IV	Clark County	IT Guild	WA	98629	1	No	1 X Salary	1 X Salary					\$10,000		2	LTD		
26	Active	3/29/1963	Male	4/14/1986	40.66	Hourly	Full time	40	Probation Services Case Manager Lead	Clark County	Local 11	WA	98665	4	No	25,000	25,000							2	LTD		
27	Active	3/17/1962	Male	8/6/1992	12,299.00	Monthly	Full time	40	Deputy Prosecuting Attorney II	Clark County		WA	98607	1	No	1 X Salary	1 X Salary					\$10,000		1	LTD	Buy-up	
28	Active	8/28/1966	Female	5/4/1992	37.78	Hourly	Full time	40	Planner II	Clark County	Local 307	WA	98601	4	No	25,000	25,000	\$100,000	\$100,000	\$100,000	\$100,000	9/10/1961	\$10,000	2	LTD	Buy-up	
29	Active	4/21/1967	Female	1/2/1991	23.99	Hourly	Full time	40	Office Assistant II	Clark County	Local 307	WA	98674	4	No	25,000	25,000							2	LTD	Buy-up	
30	Active	9/19/1967	Male	11/12/1991	51.52	Hourly	Full time	40	Dispatch Supervisor	CRESA	CRESA Dispatcher Guild	WA	98682	3	No	1 X Salary	1 X Salary	\$100,000	\$100,000					3	LTD		
31	Active	9/16/1970	Female	3/15/2010	30.30	Hourly	Full time	40	Community Health Specialist	Clark County	Local 335	WA	98674	4	No	25,000	25,000							2	LTD		
32	Active	7/1/1961	Female	8/26/1983	38.56	Hourly	Full time	40	Juvenile Probation Counselor	Clark County		WA	98685	2	No	1 X Salary	1 X Salary							1	LTD		
33	Active	8/26/1970	Female	7/19/1993	30.67	Hourly	Full time	40	Legal Assistant	Clark County	Local 11	WA	98662	4	No	25,000	25,000	\$80,000	\$80,000	\$80,000	\$80,000	12/5/1962	\$10,000	2	LTD		
34	Active	8/25/1971	Male	9/1/1992	44.60	Hourly	Full time	40	HRIS Coordinator	Clark County		WA	98684	2	No	1 X Salary	1 X Salary	\$100,000	\$100,000			\$10,000		1	LTD	Buy-up	
35	Active	5/23/1958	Female	10/30/1984	27.78	Hourly	Full time	40	Legal Secretary II	Clark County	Local 11	WA	98629	4	No	25,000	25,000							2	LTD		
36	Active	1/25/1965	Male	10/17/1990	41.23	Hourly	Full time	40	Dispatcher	CRESA	CRESA Dispatcher Guild	WA	98665	3	No	1 X Salary	1 X Salary	\$100,000	\$100,000	\$20,000		8/17/1962	\$10,000	3	LTD		
37	Active	3/11/1963	Female	8/19/1991	43.41	Hourly	Full time	40	Fire Inspector II	Clark County	Local 307	WA	98686	4	No	25,000	25,000	\$150,000	\$150,000	\$100,000	\$100,000	3/22/1962		2	LTD	Buy-up	
38	Active	3/2/1962	Male	4/16/1991	38.56	Hourly	Full time	40	Juvenile Probation Counselor	Clark County		WA	98662	2	No	1 X Salary	1 X Salary	\$150,000	\$150,000			\$10,000		1	LTD		
39	Active	5/7/1965	Male	7/22/1996	36.84	Hourly	Full time	40	Probation Services Case Manager	Clark County	Local 11	WA	98665	4	No	25,000	25,000					\$10,000		2	LTD		
40	Active	8/10/1964	Female	3/7/1988	41.23	Hourly	Full time	40	Dispatcher	CRESA	CRESA Dispatcher Guild	WA	98674	3	No	1 X Salary	1 X Salary	\$80,000						3	LTD		
41	Active	5/14/1962	Female	4/12/1984	26.48	Hourly	Full time	40	Environmental Health Assistant	Clark County	Local 335	WA	98685	4	No	25,000	25,000							2	LTD		
42	Active	5/22/1958	Female	12/2/1985	9,606.00	Monthly	Full time	40	Principal Planner	Regional Transportation		WA	98685	1	No	1 X Salary	1 X Salary							1	LTD		
43	Active	11/7/1958	Female	9/2/1986	40.02	Hourly	Full time	40	Environmental Health Specialist II	Clark County	Local 335	WA	98629	4	No	25,000	25,000							2	LTD		
44	Active	7/2/1961	Male	1/1/1997	44.35	Hourly	Full time	40	Environmental Operations Specialist Senior	Clark County	Local 17 Engineers	WA	98686	4	No	25,000	25,000			\$20,000		4/8/1971	\$10,000	2	LTD	Buy-up	
45	Active	3/28/1966	Female	1/1/1990	30.40	Hourly	Full time	40	Judicial Assistant (Superior Court)	Clark County		WA	98686	2	No	1 X Salary	1 X Salary							1	LTD		
46	Active	11/25/1944	Male	3/5/2002	8,921.00	Monthly	Full time	40	Program Manager I	Clark County		WA	98665	1	No	1 X Salary	1 X Salary	\$40,000						1	LTD		
47	Active	12/14/1964	Female	11/1/1989	47.81	Hourly	Part time	20	Program Coordinator II	Clark County		WA	98606	2	No	1 X Salary	1 X Salary							1	LTD		
48	Active	8/30/1968	Male	10/22/1990	58.92	Hourly	Full time	42.12	Sergeant	Clark County	Deputy Sheriff Guild	WA	98671	5	No	25,000	25,000	\$500,000	\$500,000	\$250,000	\$250,000	7/10/1974	\$10,000	N/A			
49	Active	10/28/1956	Male	4/2/1990	30.01	Hourly	Full time	40	Traffic Control Technician	Clark County	Local 307	WA	98642	4	No	25,000	25,000	\$100,000	\$100,000					2	LTD	Buy-up	
50	Active	10/1/1958	Male	2/3/1992	36.49	Hourly	Full time	40	Engineering Technician	Clark County	Local 17 Engineers	WA	98604	4	No	25,000	25,000							2	LTD		
51	Active	10/18/1958	Male	6/12/1989	28.87	Hourly	Full time	40	Highway Maintenance Specialist	Clark County	Local 307	WA	98671	4	No	25,000	25,000							2	LTD		
52	Active	9/20/1962	Male	1/3/1991	33.45	Hourly	Full time	40	Offender Crew Chief Lead	Clark County	Local 11	WA	98604	4	No	25,000	25,000	\$100,000						2	LTD		
53	Active	12/15/1958	Male	1/23/1995	40.02	Hourly	Full time	40	Environmental Health Specialist II	Clark County	Local 335	WA	98685	4	No	25,000	25,000							2	LTD		
54	Active	4/21/1965	Female	6/5/1997	9,848.00	Monthly	Full time	40	Program Manager II	Clark County		WA	98607	1	No	1 X Salary	1 X Salary							1	LTD	Buy-up	
55	Active	5/4/1963	Male	6/8/1988	30.30	Hourly	Full time	40	Offender Crew Chief	Clark County	Local 11	WA	98665	4	No	25,000	25,000	\$100,000		\$60,000		8/5/1961		2	LTD		
56	Active	1/12/1968	Male	3/18/1991	50.85	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98684	5	No	25,000	25,000							N/A			
57	Active	12/27/1963	Female	1/6/1992	16,120.59	Monthly	Full time	40	District Court Judge	Clark County		WA	98685	1	No	1 X Salary	1 X Salary							1	LTD		
58	Active	7/3/1963	Male	7/1/1988	10,344.00	Monthly	Full time	40	Planning Manager	Regional Transportation		WA	98662	1	No	1 X Salary	1 X Salary							1	LTD		
59	Active	12/23/1969	Female	5/16/1991	30.40	Hourly	Full time	40	Judicial Assistant (Superior Court)	Clark County		WA	98684	2	No	1 X Salary											

1012	Active	6/25/1984	Male	9/18/2017	33.92	Hourly	Full time	40	Engineering Technician	Clark County	Local 17 Engineers	WA	98685	4	No	25,000	25,000											2	LTD	
1013	Active	12/31/1993	Female	9/25/2017	32.35	Hourly	Part time	32	Environmental Health Specialist II	Clark County	Local 335	WA	98642	4	No	25,000	25,000	\$50,000										2	LTD	Buy-up
1014	Active	6/16/1994	Female	10/9/2017	24.33	Hourly	Full time	40	Delinquent Tax Collector	Clark County	Local 11	WA	98661	4	No	25,000	25,000										2	LTD		
1015	Active	11/16/1978	Male	10/16/2017	42.22	Hourly	Full time	40	Engineer III	Clark County	Local 17 Engineers	WA	98642	4	No	25,000	25,000									2	LTD			
1016	Active	1/12/1962	Male	10/17/2017	39.24	Hourly	Part time	20	Jail Chaplain	Clark County		WA	98665	2	No	1 X Salary	1 X Salary	\$100,000								1	LTD			
1017	Active	7/1/1992	Male	10/17/2017	38.73	Hourly	Full time	42.5	Corrections Deputy	Clark County	Corrections Deputy Guild	WA	98606	4	No	25,000	25,000									5	LTD			
1018	Active	3/29/1969	Female	10/17/2017	40.74	Hourly	Full time	42.5	Corrections Deputy	Clark County	Corrections Deputy Guild	WA	98662	4	No	25,000	25,000	\$100,000	\$100,000	\$20,000	\$20,000	12/17/1973	\$10,000			5	LTD	Buy-up		
1019	Active	11/17/1976	Female	11/28/2017	38.95	Hourly	Full time	40	Public Health Nurse II	Clark County	Local 335	WA	97203	4	No	25,000	25,000									2	LTD			
1020	Active	5/26/1993	Male	11/20/2017	39.26	Hourly	Full time	40	Engineer III	Clark County	Local 17 Engineers	WA	98682	4	No	25,000	25,000									2	LTD			
1021	Active	11/13/1975	Female	11/27/2017	25.84	Hourly	Full time	40	Administrative Assistant	Clark County	Local 11	WA	98666	4	No	25,000	25,000									2	LTD			
1022	Active	10/22/1984	Female	12/18/2017	6,635.00	Monthly	Full time	40	Program Manager I	Clark County		WA	98604	1	No	1 X Salary	1 X Salary									1	LTD			
1023	Active	11/1/1976	Male	11/29/2017	50.85	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98611	5	No	25,000	25,000										N/A			
1024	Active	1/27/1976	Male	12/5/2017	23.10	Hourly	Full time	40	Facilities Maintenance Helper	Clark County		WA	98661	2	No	1 X Salary	1 X Salary									1	LTD			
1025	Active	1/20/1979	Female	12/18/2017	27.78	Hourly	Full time	40	Office Supervisor/Subagent Liaison	Clark County	Local 11	WA	98685	4	No	25,000	25,000					\$10,000				2	LTD	Buy-up		
1026	Active	10/10/1985	Female	12/18/2017	25.46	Hourly	Full time	40	Juvenile Services Associate	Clark County		WA	98660	2	No	1 X Salary	1 X Salary									1	LTD			
1027	Active	9/20/1966	Male	12/12/2017	10,273.00	Monthly	Full time	40	Operations Manager	SW Clean Air Agency		WA	97124	1	No	1 X Salary	1 X Salary									1	LTD			
1028	Active	6/7/1965	Male	1/2/2018	8,921.00	Monthly	Full time	40	Program Manager II	Clark County		WA	97215	1	No	1 X Salary	1 X Salary									1	LTD			
1029	Active	4/17/1986	Female	1/4/2018	9,144.00	Monthly	Full time	40	Policy Analyst, Sr	Clark County		WA	98607	1	No	1 X Salary	1 X Salary	\$100,000								1	LTD			
1030	Active	4/8/1983	Female	1/16/2018	41.87	Hourly	Full time	40	Planner III	Clark County	Local 307	WA	98663	4	No	25,000	25,000									2	LTD			
1031	Active	10/19/1974	Male	1/18/2018	32.15	Hourly	Full time	40	Real Property Appraiser III	Clark County	Local 17 Appraisers	WA	98685	4	No	25,000	25,000	\$100,000		\$20,000			4/2/1977	\$10,000		2	LTD			
1032	Active	3/18/1991	Female	12/28/2017	42.44	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98682	5	No	25,000	25,000	\$150,000	\$150,000								N/A	5	LTD	
1033	Active	2/28/1977	Male	12/28/2017	40.74	Hourly	Full time	42.5	Corrections Deputy	Clark County	Corrections Deputy Guild	WA	98682	4	No	25,000	25,000													
1034	Active	8/12/1986	Male	12/28/2017	38.50	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98682	5	No	25,000	25,000	\$100,000	\$100,000	\$20,000	\$20,000	12/28/1987	\$10,000			N/A				
1035	Active	8/8/1980	Female	1/4/2018	23.99	Hourly	Full time	40	Office Assistant III	Clark County	Local 11	WA	98664	4	No	25,000	25,000									2	LTD			
1036	Active	3/4/1992	Female	1/8/2018	25.46	Hourly	Full time	40	Juvenile Services Associate	Clark County		WA	98662	2	No	1 X Salary	1 X Salary									1	LTD			
1037	Active	4/19/1991	Female	1/2/2018	7,693.00	Monthly	Full time	40	Program Manager II	Clark County		WA	98683	1	No	1 X Salary	1 X Salary									1	LTD			
1038	Active	7/12/1977	Female	1/22/2018	26.36	Hourly	Full time	40	Recovery Support Specialist	Clark County		WA	98665	2	No	1 X Salary	1 X Salary									1	LTD			
1039	Active	10/11/1978	Female	1/22/2018	7,145.00	Monthly	Full time	40	Management Analyst Senior	Clark County		WA	98685	1	No	1 X Salary	1 X Salary									1	LTD			
1040	Active	9/3/1977	Female	1/29/2018	13,590.00	Monthly	Full time	40	Deputy County Manager	Clark County		WA	98660	1	No	1 X Salary	1 X Salary									1	LTD			
1041	Active	5/20/1966	Female	1/29/2018	12,934.00	Monthly	Full time	40	Chief Civil/Criminal Prosecuting Attorney	Clark County		WA	98644	1	No	1 X Salary	1 X Salary			\$20,000	\$20,000	7/10/1965				1	LTD	Buy-up		
1042	Active	6/25/1972	Female	2/5/2018	25.19	Hourly	Full time	40	Grants Accounting Specialist	Clark County	Local 11	WA	98683	4	No	25,000	25,000									2	LTD			
1043	Active	3/15/1983	Male	2/26/2018	27.17	Hourly	Full time	40	Traffic Control Technician	Clark County	Local 307	WA	98682	4	No	25,000	25,000									2	LTD			
1044	Active	1/18/1990	Male	2/27/2018	30.14	Hourly	Full time	40	Highway Maintenance Crew Chief	Clark County	Local 307	WA	98629	4	No	25,000	25,000	\$100,000	\$100,000					\$10,000		2	LTD	Buy-up		
1045	Active	6/29/1983	Female	2/6/2018	30.93	Hourly	Full time	40	Food Services Coordinatior	Clark County	Sheriff Support's Guild	WA	97211	4	No	25,000	25,000									4	LTD	Buy-up		
1046	Active	1/16/1993	Female	2/26/2018	39.26	Hourly	Full time	40	Engineer III	Clark County	Local 17 Engineers	WA	98685	4	No	25,000	25,000									2	LTD			
1047	Active	6/10/1979	Female	2/22/2018	5,544.90	Monthly	Part time	36	Program Coordinator I	Clark County		WA	98642	1	No	1 X Salary	1 X Salary									1	LTD			
1048	Active	10/23/1991	Male	2/27/2018	40.43	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98642	5	No	25,000	25,000										N/A			
1049	Active	2/25/1990	Male	2/27/2018	40.43	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98682	5	No	25,000	25,000					\$10,000					N/A			
1050	Active	5/24/1970	Male	3/1/2018	10,867.00	Monthly	Full time	40	Deputy Prosecuting Attorney II	Clark County		WA	97230	1	No	1 X Salary	1 X Salary									1	LTD			
1051	Active	11/17/1981	Female	3/22/2018	36.44	Hourly	Part time	32	Program Coordinator I	Clark County		WA	98626	2	No	1 X Salary	1 X Salary									1	LTD			
1052	Active	1/7/1993	Female	4/9/2018	33.45	Hourly	Full time	40	GIS Technician III	Clark County	Local 11	WA	97203	4	No	25,000	25,000			\$20,000			6/18/1991			2	LTD			
1053	Active	11/16/1982	Female	4/9/2018	34.41	Hourly	Full time	40	Dispatcher	CRESA	CRESA Dispatcher Guild	WA	98662	3	No	1 X Salary	1 X Salary									3	LTD	Buy-up		
1054	Active	1/23/1989	Female	4/3/2018	5,581.00	Monthly	Full time	40	Program Coordinator I	Clark County		WA	98674	1	No	1 X Salary	1 X Salary									1	LTD			
1055	Active	8/15/1971	Male	4/2/2018	7,100.70	Monthly	Full time	40	Salmon Recovery Specialist	LCFRB		WA	97233	1	No	1 X Salary	1 X Salary									1	LTD			
1056	Active	7/19/1974	Female	4/2/2018	7,839.75	Monthly	Full time	40	Program Manager	LCFRB		WA	98625	1	No	1 X Salary	1 X Salary									1	LTD			
1057	Active	6/25/1985	Female	4/2/2018	31.84	Hourly	Full time	40	Probation Services Case Manager	Clark County	Local 11	WA	98664	4	No	25,000	25,000									2	LTD	Buy-up		
1058	Active	8/1/1986	Female	4/25/2018	34.23	Hourly	Full time	40	Natural Resources Specialist II	Clark County	Local 307	WA	97217	4	No	25,000	25,000									2	LTD			
1059	Active	4/3/1987	Male	4/16/2018	36.58	Hourly	Full time	40	Building Inspector III	Clark County	Local 307	WA	98683	4	No	25,000	25,000									2	LTD			
1060	Active	7/19/1990	Male	4/17/2018	36.58	Hourly	Full time	40	Building Inspector III	Clark County	Local 307	WA	98682	4	No	25,000	25,000									2	LTD			
1061	Active	3/20/1985	Female	4/30/2018	6,971.00	Monthly	Full time	40	Program Coordinator II	Clark County		WA	98604	1	No	1 X Salary	1 X Salary									1	LTD			
1062	Active	7/22/1982	Female	5/1/2018	23.99	Hourly	Full time	40	Program Assistant	Clark County	Local 307	WA	98662	4	No	25,000	25,000	\$250,000	\$250,000	\$20,000	\$20,000	10/28/1975	\$10,000			2	LTD	Buy-up		
1063	Active	4/1/1969	Female	4/27/2018	22.29	Hourly	Full time	40	Office Assistant III	Clark County	Local 307	WA	98661	4	No	25,000	25,000	\$100,000	\$100,000	\$20,000		11/17/1969				2	LTD			
1064	Active	10/11/1960	Male	4/30/2018	10,867.00	Monthly	Full time	40	IT Manager - PMO	Clark County		WA	98671	1	No	1 X Salary	1 X Salary	\$100,000	\$100,000					\$10,000		1	LTD	Buy-up		
1065	Active	1/5/1971	Female	4/30/2018	21.96	Hourly	Full time	40	Sheriffs Support Specialist III	Clark County	Sheriff Support's Guild	WA	98604	4	No	25,000	25,000									4	LTD			
1066	Active	2/7/1974	Male	4/30/2018	46.79	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98625	5	No	25,000	25,000										N/A			
1067	Active	5/30/1964	Male	4/30/2018	49.13	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guild	WA	98664	5	No	25,000	25,000	\$100,000									N/A			
1068	Active	7/14/1973	Female	5/10/2018	5,976.00	Monthly	Full time	40	Death Investigator Lead	Clark County	Local 8	WA	98663	4	No	25,000	25,000									2	LTD			
1069	Active	12/23/1972	Female	5/14/2018	23.18	Hourly	Full time	40	Probation Services Specialist	Clark County	Local 11	WA	98632	4	No	25,000	25,000									2	LTD			
1070	Active	7/22/1993	Female	5/15/2018	21.25	Hourly	Full time																							

1479	Active	9/12/1983	Female	4/6/2022	28.56	Hourly	Full time	40	Environmental Health Specialist I	Clark County	Local 335	WA	98664	4	No	25,000	25,000	\$50,000	\$50,000							2	LTD	Buy-up
1480	Active	5/7/1983	Male	4/18/2022	11,812.00	Monthly	Full time	40	Deputy County Engineer	Clark County		WA	97236	1	No	1 X Salary	1 X Salary	\$100,000	\$100,000			\$10,000				1	LTD	
1481	Active	8/25/1989	Male	3/28/2022	23.69	Hourly	Full time	40	Highway Maintenance Specialist	Clark County	Local 307	WA	98661	4	No	25,000	25,000			\$20,000		\$10,000				2	LTD	
1482	Active	4/8/2003	Male	3/25/2022	23.69	Hourly	Full time	40	Highway Maintenance Specialist	Clark County	Local 307	WA	98629	4	No	25,000	25,000									2	LTD	
1483	Active	11/22/1972	Male	4/1/2022	6,316.00	Monthly	Full time	40	Program Coordinator II	Clark County		WA	98661	1	No	1 X Salary	1 X Salary	\$100,000				\$10,000				1	LTD	
1484	Active	11/14/1974	Female	5/9/2022	8,084.00	Monthly	Full time	40	HIV/STD Program Manager II	Clark County		WA	97007	1	No	1 X Salary	1 X Salary									1	LTD	Buy-up
1485	Active	7/13/1987	Female	4/1/2022	30.06	Hourly	Full time	40	Environmental Health Specialist II	Clark County	Local 335	WA	98664	4	No	25,000	25,000					\$10,000				2	LTD	
1486	Active	4/16/1990	Male	3/29/2022	36.91	Hourly	Full time	42.5	Corrections Deputy	Clark County	Corrections Deputy Guid	WA	98661	4	No	25,000	25,000									2	LTD	
1487	Active	2/22/1993	Male	4/1/2022	32.27	Hourly	Full time	40	Building Inspector II	Clark County	Local 307	WA	98661	4	No	25,000	25,000	\$100,000	\$100,000	\$20,000	\$20,000			6/30/1994		2	LTD	
1488	Active	6/11/1994	Female	4/27/2022	30.81	Hourly	Full time	40	Environmental Health Specialist II	Clark County	Local 335	WA	97203	4	No	25,000	25,000									2	LTD	
1489	Active	5/31/1990	Male	4/18/2022	26.71	Hourly	Full time	40	Facilities Warehouse Worker	Clark County		WA	98662	2	No	1 X Salary	1 X Salary									1	LTD	
1490	Active	4/20/1964	Male	4/18/2022	9,630.00	Monthly	Full time	40	IT Professional IV	Clark County	IT Guid	WA	98606	1	No	1 X Salary	1 X Salary									2	LTD	
1491	Active	7/8/1989	Female	4/12/2022	34.68	Hourly	Full time	40	Air Quality Specialist I	SW Clean Air Agency		WA	98606	2	No	1 X Salary	1 X Salary									1	LTD	
1492	Active	10/31/1993	Female	4/11/2022	21.07	Hourly	Full time	40	Community Health Worker	Clark County	Local 335	WA	98660	4	No	25,000	25,000									2	LTD	
1493	Active	3/28/1989	Female	4/11/2022	26.98	Hourly	Full time	40	911 Trainee	CRESA	CRESA Dispatcher Guid	WA	98642	3	No	1 X Salary	1 X Salary									3	LTD	
1494	Active	6/20/1991	Female	4/1/2022	21.63	Hourly	Full time	40	PIC NonExempt	Partners in Careers		WA	98665	2	No	1 X Salary	1 X Salary									3	LTD	
1495	Active	7/26/1990	Female	5/2/2022	22.82	Hourly	Full time	40	Office Assistant III	Clark County	Local 307	WA	98661	4	No	25,000	25,000	\$100,000								2	LTD	
1496	Active	5/16/1981	Female	5/2/2022	21.25	Hourly	Full time	40	Office Assistant III	Clark County	Local 307	WA	98686	4	No	25,000	25,000									2	LTD	
1497	Active	6/26/1975	Male	5/2/2022	6,473.00	Monthly	Full time	40	Program Coordinator II	Clark County		WA	98671	1	No	1 X Salary	1 X Salary	\$100,000	\$100,000	\$20,000	\$20,000			7/5/1969	\$10,000	1	LTD	Buy-up
1498	Active	5/13/1976	Male	5/9/2022	25.03	Hourly	Full time	40	Juvenile Detention Officer	Clark County	Juvenile Detention Guid	WA	97024	4	No	25,000	25,000									6	LTD	
1499	Active	6/2/1998	Male	5/9/2022	24.87	Hourly	Full time	40	Farm Operations Specialist	Clark County	Local 307	WA	98663	4	No	25,000	25,000									2	LTD	
1500	Active	2/4/1975	Female	5/16/2022	9,144.00	Monthly	Full time	40	Principal Planner	Regional Transportation		WA	98685	1	No	1 X Salary	1 X Salary	\$100,000	\$100,000	\$20,000	\$20,000			3/13/1974	\$7,500	1	LTD	Buy-up
1501	Active	5/21/1985	Male	5/2/2022	29.28	Hourly	Full time	40	Engineering Technician	Clark County	Local 17 Engineers	WA	98642	4	No	25,000	25,000	\$100,000	\$100,000			\$10,000				2	LTD	
1502	Active	3/3/1992	Female	5/16/2022	21.76	Hourly	Full time	40	Joint Lobby Specialist I	Clark County	Local 11	WA	98661	4	No	25,000	25,000	\$100,000	\$100,000							2	LTD	
1503	Active	4/7/1981	Male	5/16/2022	29.88	Hourly	Full time	40	Real Property Appraiser III	Clark County	Local 17 Appraisers	WA	98661	4	No	25,000	25,000									2	LTD	
1504	Active	10/25/1973	Male	5/12/2022	31.37	Hourly	Full time	40	Real Property Appraiser III	Clark County	Local 17 Appraisers	WA	97222	4	No	25,000	25,000									2	LTD	
1505	Active	7/4/1978	Female	5/31/2022	47.70	Hourly	Full time	40	Capital Project Manager III	Clark County	Local 17 Engineers	WA	98607	4	No	25,000	25,000	\$100,000	\$100,000	\$20,000	\$20,000			7/26/1979	\$10,000	2	LTD	
1506	Active	8/28/1977	Male	6/16/2022	7,322.00	Monthly	Full time	40	Associate Planner	Regional Transportation		WA	98683	1	No	1 X Salary	1 X Salary									1	LTD	
1507	Active	12/21/1993	Female	5/8/2022	25.27	Hourly	Full time	40	Autopsy Technician	Clark County	Local 8	WA	97201	4	No	25,000	25,000									2	LTD	
1508	Active	3/1/1978	Female	5/9/2022	20.73	Hourly	Full time	40	Clerks Judicial Proceedings Specialist	Clark County	Local 11	WA	98607	4	No	25,000	25,000									2	LTD	
1509	Active	9/4/1986	Male	5/16/2022	23.87	Hourly	Full time	40	Planning Technician I	Clark County	Local 307	WA	98683	4	No	25,000	25,000									2	LTD	
1510	Active	8/6/1985	Male	5/31/2022	28.44	Hourly	Full time	40	Weed Management Field Inspector	Clark County	Local 17 Engineers	WA	98685	4	No	25,000	25,000									2	LTD	
1511	Active	7/12/1989	Female	5/23/2022	19.13	Hourly	Full time	40	Sheriffs Support Specialist II	Clark County	Sheriff Support's Guid	WA	98632	4	No	25,000	25,000									4	LTD	
1512	Active	8/13/1987	Female	5/23/2022	19.13	Hourly	Full time	40	Sheriffs Support Specialist II	Clark County	Sheriff Support's Guid	WA	98682	4	No	25,000	25,000									4	LTD	
1513	Active	7/31/1992	Female	5/16/2022	20.60	Hourly	Full time	40	Sheriffs Support Specialist II	Clark County	Sheriff Support's Guid	WA	98664	4	No	25,000	25,000					\$10,000				4	LTD	
1514	Active	9/28/1971	Female	5/23/2022	10,093.00	Monthly	Full time	40	Department Finance Manager	Clark County		WA	98683	1	No	1 X Salary	1 X Salary	\$200,000	\$200,000	\$20,000	\$20,000			5/4/1955		1	LTD	
1515	Active	12/3/1964	Female	5/18/2022	8,286.00	Monthly	Full time	40	Human Resources Representative Senior	Clark County		WA	98626	1	No	1 X Salary	1 X Salary	\$50,000	\$50,000	\$20,000	\$20,000			3/8/1965		1	LTD	Buy-up
1516	Active	1/26/1967	Female	5/23/2022	25.56	Hourly	Full time	40	Offender Crew Chief	Clark County	Local 11	WA	98601	4	No	25,000	25,000	\$100,000								2	LTD	
1517	Active	7/7/1986	Female	5/31/2022	18.81	Hourly	Full time	40	Court Assistant II	Clark County	Local 11	WA	98682	4	No	25,000	25,000									2	LTD	
1518	Active	9/28/1997	Female	6/16/2022	20.73	Hourly	Full time	40	Court Assistant II	Clark County	Local 11	WA	98683	4	No	25,000	25,000									2	LTD	
1519	Active	9/29/1990	Female	6/8/2022	23.61	Hourly	Full time	40	Permit Technician Assistant	Clark County	Local 307	WA	98661	4	No	25,000	25,000									2	LTD	
1520	Active	2/5/1988	Female	7/11/2022	25.70	Hourly	Full time	40	Administrative Assistant	Clark County		WA	98684	2	No	1 X Salary	1 X Salary									1	LTD	
1521	Active	3/9/1997	Female	7/6/2022	28.50	Hourly	Full time	40	Health Educator I	Clark County	Local 335	WA	98661	4	No	25,000	25,000									2	LTD	
1522	Active	9/23/1965	Male	7/18/2022	9,848.00	Monthly	Full time	40	IT Mgr I - Infrastructure Mgr	Clark County		WA	98038	1	No	1 X Salary	1 X Salary	\$50,000								1	LTD	
1523	Active	1/14/1999	Female	6/6/2022	19.30	Hourly	Full time	40	License Specialist I	Clark County	Local 11	WA	98685	4	No	25,000	25,000					\$10,000				2	LTD	
1524	Active	11/11/1970	Male	6/21/2022	40.85	Hourly	Full time	40	Department Information Systems Coordinator II	Clark County	Sheriff Support's Guid	WA	98682	4	No	25,000	25,000					\$10,000				4	LTD	
1525	Active	4/16/1973	Female	7/1/2022	22.82	Hourly	Full time	40	Office Assistant III	Clark County	Local 307	WA	98664	4	No	25,000	25,000									2	LTD	
1526	Active	11/1/1993	Male	7/12/2022	40.43	Hourly	Full time	42.12	Deputy Sheriff	Clark County	Deputy Sheriff Guid	WA	98604	5	No	25,000	25,000					\$10,000				N/A		
1527	Active	1/29/1993	Female	6/13/2022	8,706.00	Monthly	Full time	40	Deputy Prosecuting Attorney II	Clark County		WA	98642	1	No	1 X Salary	1 X Salary									1	LTD	
1528	Active	10/29/1988	Male	7/1/2022	20.73	Hourly	Full time	40	Joint Lobby Specialist I	Clark County	Local 11	WA	98632	4	No	25,000	25,000	\$130,000	\$120,000	\$100,000	\$100,000			1/8/1987		2	LTD	
1529	Active	11/27/1986	Female	6/23/2022	22.83	Hourly	Full time	40	Environmental Health Assistant	Clark County	Local 335	WA	98684	4	No	25,000	25,000	\$100,000	\$100,000	\$20,000	\$20,000			11/24/1984		2	LTD	
1530	Active	10/11/1989	Male	6/21/2022	20.24	Hourly	Full time	40	Court Assistant II	Clark County	Local 11	WA	98665	4	No	25,000	25,000									2	LTD	
1531	Active	5/22/1995	Female	12/6/2022	21.76	Hourly	Full time	40	License Specialist I	Clark County	Local 11	WA	98664	4	No	25,000	25,000									2	LTD	
1532	Active	4/24/1996	Female	6/30/2022	19.30	Hourly	Full time	40	Office Assistant II	Clark County	Local 11	WA	98684	4	No	25,000	25,000									2	LTD	
1533	Active	2/28/1995	Male	7/11/2022	19.76	Hourly	Full time	40	Court Assistant II	Clark County	Local 11	WA	98607	4	No	25,000	25,000									2	LTD	
1534	Active	2/14/2001	Female	7/18/2022	19.76	Hourly	Full time	40	Office Assistant II	Clark County	Local 11	WA	98661	4	No	25,000	25,000									2	LTD	
1535	Active	11/25/1992	Male	7/1/2022	35.62	Hourly	Full time	40	Engineer II - III Preservation	Clark County	Local 17 Engineers	WA	98686	4	No	25,000	25,000									2	LTD	
1536	Active	1/27/1996	Female	7/19/2022	20.24	Hourly	Full time	40	Court Assistant II	Clark County	Local 11	WA	98684	4	No													

1661	Retiree	6/22/1966	Male	Clark County	Deputy Sheriff Guild	98683
1662	Retiree	12/11/1963	Male	Clark County		98665
1663	COBRA	5/6/1960	Female	Clark County		98607
1664	Retiree	5/10/1964	Male	Clark County	Deputy Sheriff Guild	98685
1665	Retiree	5/8/1959	Female	Clark County	Local 11	98604
1666	Retiree	9/10/1959	Male	Clark County		98660
1667	Retiree	1/28/1961	Male	Clark County		98606
1668	Retiree	12/14/1946	Male	Clark County	Deputy Sheriff Guild	97756
1669	Retiree	3/7/1950	Male	Clark County	Deputy Sheriff Guild	99301
1670	Retiree	3/8/1944	Male	Clark County	Deputy Sheriff Guild	86323
1671	Retiree	11/20/1942	Male	Clark County	Deputy Sheriff Guild	98606
1672	Retiree	11/30/1951	Female	Clark County	Deputy Sheriff Guild	98352
1673	Retiree	5/16/1948	Male	Clark County	Deputy Sheriff Guild	98664
1674	Retiree	8/12/1942	Male	Clark County	Deputy Sheriff Guild	98685
1675	Retiree	9/13/1951	Male	Clark County	Deputy Sheriff Guild	98606
1676	Retiree	2/1/1939	Male	Clark County	Deputy Sheriff Guild	98671
1677	Retiree	5/12/1945	Male	Clark County	Deputy Sheriff Guild	98682
1678	Retiree	8/10/1941	Male	Clark County	Deputy Sheriff Guild	36066
1679	Retiree	11/6/1938	Male	Clark County	Deputy Sheriff Guild	85325
1680	Retiree	11/16/1953	Male	Clark County	Deputy Sheriff Guild	98674
1681	Retiree	6/29/1940	Female	Clark County	Deputy Sheriff Guild	86426
1682	Retiree	7/25/1946	Male	Clark County	Deputy Sheriff Guild	85622
1683	Retiree	10/25/1943	Male	Clark County	Deputy Sheriff Guild	98685
1684	Retiree	9/14/1951	Male	Clark County	Deputy Sheriff Guild	98370
1685	Retiree	2/23/1947	Male	Clark County	Deputy Sheriff Guild	83467
1686	Retiree	1/25/1946	Male	Clark County	Deputy Sheriff Guild	98664
1687	Retiree	4/9/1944	Male	Clark County	Deputy Sheriff Guild	98642
1688	Retiree	12/30/1946	Male	Clark County	Deputy Sheriff Guild	98642
1689	Retiree	8/22/1948	Male	Clark County	Deputy Sheriff Guild	96738
1690	Retiree	2/28/1957	Male	Clark County	Deputy Sheriff Guild	98625
1691	Retiree	7/20/1958	Female	Clark County	Corrections Deputy Guild	98661
1692	Retiree	3/10/1959	Female	Clark County		98661
1693	Retiree	1/22/1960	Female	Clark County		98607
1694	Retiree	7/30/1958	Female	Clark County	Corrections Deputy Guild	98640
1695	Retiree	12/29/1958	Male	Clark County	Corrections Deputy Guild	98604
1696	Retiree	2/24/1959	Male	Clark County	Deputy Sheriff Guild	85338
1697	Retiree	7/25/1958	Female	Clark County		98685
1698	Retiree	4/25/1962	Female	Clark County		98671
1699	Retiree	3/16/1968	Male	Clark County	Deputy Sheriff Guild	98604
1700	Retiree	6/18/1960	Male	RTC		98685
1701	Retiree	12/23/1965	Male	Clark County	Corrections Deputy Guild	98686
1702	Retiree	10/26/1963	Male	Clark County	IT Guild	98606
1703	Retiree	8/11/1961	Male	Clark County	Deputy Sheriff Guild	98664
1704	Retiree	2/23/1960	Female	Clark County	Local 17 Appraisers	98685
1705	COBRA	6/19/1960	Female	Clark County	Local 8	98642
1706	COBRA	7/12/1962	Male	Clark County	Local 8	98666
1707	Retiree	2/12/1959	Female	Clark County		98642
1708	Retiree	1/20/1952	Male	Clark County	Deputy Sheriff Guild	98607
1709	Retiree	7/9/1954	Male	Clark County		98606
1710	Retiree	8/28/1949	Male	Clark County	Deputy Sheriff Guild	98607
1711	Retiree	11/17/1951	Female	Clark County	Deputy Sheriff Guild	98686
1712	Retiree	10/17/1949	Male	Clark County	Deputy Sheriff Guild	98674
1713	Retiree	2/25/1948	Male	Clark County	Deputy Sheriff Guild	98684
1714	Retiree	2/16/1946	Male	Clark County	Deputy Sheriff Guild	98685
1715	Retiree	7/17/1947	Male	Clark County	Deputy Sheriff Guild	98661
1716	Retiree	3/20/1951	Male	Clark County	Deputy Sheriff Guild	97013
1717	Retiree	11/18/1950	Male	Clark County	Deputy Sheriff Guild	98661
1718	Retiree	8/10/1953	Male	Clark County	Deputy Sheriff Guild	98685
1719	Retiree	1/20/1952	Male	Clark County	Deputy Sheriff Guild	98685
1720	Retiree	3/23/1942	Male	Clark County	Deputy Sheriff Guild	98684
1721	Retiree	2/22/1945	Male	Clark County	Deputy Sheriff Guild	98642
1722	Retiree	5/5/1937	Male	Clark County	Deputy Sheriff Guild	98663
1723	Retiree	10/23/1956	Male	Clark County	Local 1432	98626
1724	Retiree	4/29/1948	Male	Clark County	Deputy Sheriff Guild	98675
1725	COBRA	1/12/1978	Female	Clark County	Local 307	98684
1726	Retiree	2/5/1950	Male	RTC		98671
1727	COBRA	12/22/1953	Male	Clark County		92260
1728	COBRA	8/6/1985	Male	Clark County	Local 17 Engineers	98685
1729	Retiree	7/7/1956	Male	Clark County	Local 17 Engineers	98664
1730	COBRA	4/6/1958	Female	SWCAA		98663
1731	Retiree	3/31/1954	Female	Clark County	Local 17 Engineers	97212
1732	Retiree	2/24/1944	Female	Clark County	Deputy Sheriff Guild	98675
1733	COBRA	7/13/1995	Female	Clark County	Local 307	98683

END OF ATTACHMENT D



Bidding Vendor must check the acknowledgment box

I, the vendor, have reviewed this document

CLIENT NAME:

Clark County

Introduction and Instructions:

RFP TYPE: Procurement
 AON OFFICE: Portland, OR
 CLIENT TEAM Contact: Jennifer Weddle, Allie Huang
 CLIENT Address: 1300 Franklin St, 2nd Floor, Vancouver WA, 98660
 CLIENT SIZE: 1645
 EFFECTIVE DATE: 1/1/2024
 Questionnaire included in RFP: Sales Questionnaire

****All responses must be submitted in this Excel RFP. All deviations and caveats must be noted in the Plan Provision and Financial worksheets within this RFP. Please clearly note any enhancements or deviations.

Please refer to READ ME FIRST document provided in addition to this template document

MARKETING TIMELINE

Activity	Date
Release RFP to Bidders	7/26/2023
Carrier Questions Due	8/2/2023
Proposals Due From Bidders	8/23/2023
Effective Date	1/1/2024



Clark County
SPS Request for Proposal Information

Client Information			Comments
01	Client Name	County of Clark	
02	Client Address, City, State, and ZIP Code	1300 Franklin St, 2nd Floor, Vancouver WA, 98660	
03	Where is the group situated (legal jurisdiction)?	Vancouver, WA	
04	Industry (SIC) Code	9111	
05	Industry Description	Public	
Aon Contact Information			Comments
01	Practice Client Lead Name (Client Owner)	Megan Poppe	
02	Project Manager	Jennifer Weddle, Allie Huang	
Commission Information			Comments
01	Commission Basis (Fee, Commission, Other)	Percentage	
02	Confirm current commission percentage amount, tiered percentages, or flat dollar amount	0.00%	
03	Confirm commission amount to be included in the requested rates of the RFP (% or \$ amount)	0.00%	
Plan Information (Complete rows 30-57, then click the "Update Plan Tabs" button)			Comments
01	Plan Name & Type	Basic Life/AD&D	
01a	Will Basic Life/AD&D be marketed?	Yes	
02	Plan Year Effective Date	01/01/24	
03	Should the proposed plan design match the current plan design?	Yes	
03a	If a quoting vendor cannot exactly match the current plan design, will you accept plan design deviations?	Yes	
04	Do you want to include a proposed or alternate plan design to be quoted?	No	
01	Plan Name & Type	Voluntary Life/AD&D	
01a	Will Voluntary Life/AD&D be marketed?	Yes	
02	Plan Year Effective Date	01/01/24	
03	Should the proposed plan design match the current plan design?	Yes	
03a	If a quoting vendor cannot exactly match the current plan design, will you accept plan design deviations?	Yes	
04	Do you want to include a proposed or alternate plan design to be quoted?	No	
01	Plan Name & Type	Long Term Disability	
01a	Will Long Term Disability be marketed?	Yes	
02	Plan Year Effective Date	01/01/24	
03	Should the proposed plan design match the current plan design?	Yes	
03a	If a quoting vendor cannot exactly match the current plan design, will you accept plan design deviations?	Yes	
04	Do you want to include a proposed or alternate plan design to be quoted?	No	
01	Plan Name & Type	Short Term Disability	
01a	Will Short Term Disability be marketed?	No	
01b	Will HI TDI be marketed?	No	
01c	Will NJ TDB be marketed?	No	
01d	Will NY DBL be marketed?	No	
02	Plan Year Effective Date	N/A	
03	Should the proposed plan design match the current plan design?	No	
03a	If a quoting vendor cannot exactly match the current plan design, will you accept plan design deviations?	No	
04	Do you want to include a proposed or alternate plan design to be quoted?	No	
Carrier History			Comments
01	Has the client been with the incumbent for 3 years or more?	Yes	
Incumbent Contact Information (Copy rows if more than one)			Comments
List contacts by plan (if different)			
01	Life/DI Administrator Name	The Standard	
02	Administrator Contact Name	Regina Jackson	
03	Administrator Contact Phone Number	971.321.2448	
04	Administrator Contact E-Mail Address	Regina.Jackson@standard.com	
Is there anything else we should be aware of? (I.E. recent downsizing, union involvement, any special classes of employees or executive plans, etc.)?			
Enter Information Here			



Provisions for Current Basic Life/AD&D

General Information	Basic Life and AD&D		
Basic Life	Plan Design	Vendor Response	Comments or Deviation
Employer Contribution	100%		
Class Definition	<p>Class 1: Elected Officials, Management 1&2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency Management, Information Technology Guild, SW WA Regional Health, Lower Columbia Fish Recovery Board Management</p> <p>Class 2: Non-represented (M3), CRESA Non-represented, RTC Non-resprented, Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Non-represented</p> <p>Class 3: CREASE 911 Dispatchers Guild</p> <p>Class 4: Custody Officer's Guild, Sheriff Office Support Guild, Juvenile Detention Officer's Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8</p> <p>Class 5: Deputy Sheriff's Guild</p>		

Minimum Hours Requirement	20 Hours per Week		
Eligibility Waiting Period	First of the Month following Date of Hire		
Rehire Provision	None		
Earnings Definition	Salary		
Coverage Type	Class 1, 2, 3: 1x BAE; Class 4 & 5: Flat \$25,000		
Maximum Benefit	Class 1: \$150,000; Class 2 & 3: \$50,000; Class 4&5: Flat \$25,000 Proposed Design: Change Class 2 to \$150,000		
Minimum Benefit	\$0		
Guaranteed Issue	\$100,000		
Rounding Description	Next Higher \$1,000		
Age Reductions	Reduce by 35% at Age 70 (Original Amount) Reduce by 50% at Age 75 (Original Amount)		
Age Reductions Effective Date	Policy Anniversary Date following date age reduction attained		
Age Reductions Rounding	None		
Disability Provision	PW 60/65, 3 Month EP		
Accelerated Death Maximum Benefit	75% up to \$500,000		
Accelerated Death Minimum Benefit	\$5,000		
Accelerated Death Life Expectancy	24 Months		
Conversion	Included		
Portability	Included		
Dependent Life Insurance			
Employer or Employee Paid	Employer		
Spouse Benefit Amount	N/A		
Child Benefit Amount	N/A		
Basic AD&D - Employee On	Plan Design	Vendor Response	Comments or Deviation
Employer Contribution	100%		

AD&D Separate Coverage from Basic Life	No		
Class Definition	<p>Class 1: Elected Officials, Management 1&2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency Management, Information Technology Guild, SW WA Regional Health, Lower Columbia Fish Recovery Board Management</p> <p>Class 2: Non-represented (M3), CRESA Non-represented, RTC Non-resprented, Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Non-represented</p> <p>Class 3: CREASE 911 Dispatchers Guild</p> <p>Class 4: Custody Officer's Guild, Sheriff Office Support Guild, Juvenile Detention Officer's Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8</p> <p>Class 5: Deputy Sheriff's Guild</p>		
Minimum Hours Requirement	20 Hours per Week		
Eligibility Waiting Period	First of the Month following Date of Hire		
Earnings Definition	Salary		
Coverage Type	An amount equal to the amount of Basic Life Insurance for which the employee is insured under the group policy.		

Maximum Benefit	Class 1: \$150,000; Class 2 & 3: \$50,000; Class 4&5: Flat\$25,000		
Minimum Benefit	\$0		
Rounding Description	Next Higher \$1,000		
Age Reductions	Reduce by 35% at Age 70 (Original Amount) Reduce by 50% at Age 75 (Original Amount)		
Age Reductions Effective Date	Policy Anniversary Date following date age reduction attained		
Age Reductions Rounding	None		
Disability Provision	PW 60/65, 3 Month EP		
Covered Losses:			
Life	100%		
Both Hands or Both Feet	100%		
Sight in Both Eyes	100%		
Speech and Hearing	100%		
One Hand and One Foot	100%		
One Hand and Sight of One Eye	100%		
One Foot and Sight of One Eye	100%		
Quadriplegia	100%		
Paraplegia	50%		
Triplegia	N/A		
Hemiplegia	50%		
Sight of One Eye	50%		
Speech or Hearing	50%		
One Hand or One Foot	50%		
Uniplegia	N/A		
Thumb and Index Finger of One Hand	25%		
Coverage Basis	24 Hour Coverage		
Common Carrier	Not Included		
Air Bag Benefit	No		
Seatbelt Benefit	Yes		
Child Care Benefit	Yes		
Child Education Benefit	Yes		
Spouse Education Benefit	Yes		

Coma Benefit	No		
Critical Burn	No		
Therapeutic Counseling Benefit	No		
Felonious Assault Benefit	No		
Repatriation Benefit	No		
Exposure Benefit	Included		
Conversion	Included		
Exclusions	<p>No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:</p> <ol style="list-style-type: none"> 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 but not including complications of pregnancy, existing at the time of the accident. 6. Heart attack or stroke. 7. Medical or surgical treatment for any of the above. 		

Continuation	Plan Design	Vendor Response	Comments or Deviation
FMLA	N/A		
Lay-Off	N/A		
Leave of Absence	N/A		
Military	N/A		
Sickness or Injury	N/A		
Disability Continuation (if STD/LTD is sold)	N/A		
Sabbatical Leave of Absence (Educational or Training)	N/A		

Below, please list any plan deviations not specifically called out	Vendor Response	Comments or Deviation
Deviation #1		
Deviation #2		
Deviation #3		
Deviation #4		



Clark County
Basic Life/AD&D - Rates

Basic Life

Rate Basis: \$1,000		Inforce Plan			Vendor Response
Class	Lives	Volume	Inforce Rate	Quoted Rate	
Class 1	407	\$43,270,000	\$0.168		
Class 2	168	\$8,189,000	\$0.161		
Class 3	53	\$2,650,000	\$3.26		
Class 4	897	\$22,425,000	\$4.10		
Class 5	120	\$3,000,000	\$4.08		
Monthly Cost	1645	\$79,534,000	\$12,928	\$0	
Annual Cost			\$155,134	\$0	
\$ Change from current				(\$155,134)	
% Change from Current				(100.0%)	

Basic AD&D

Rate Basis: \$1,000		Inforce Plan			Vendor Response
Class	Lives	Volume	Inforce Rate	Quoted Rate	
Class 1	407	\$43,270,000	\$0.020		
Class 2	168	\$8,189,000	\$0.020		
Class 3	53	\$2,650,000	\$0.60		
Class 4	897	\$22,425,000	\$1.00		
Class 5	120	\$3,000,000	\$0.74		
Monthly Cost	1645	\$79,534,000	\$2,047	\$0	
Annual Cost			\$24,561	\$0	
\$ Change from current				(\$24,561)	
% Change from Current				(100.0%)	

All Basic Life/AD&D Products

All Basic Life/AD&D Products		Vendor Response
Rate Information		
Rate Guarantee End Date		
Participation Requirements		
Enrollment deviation +/- 15%		
Multi-line Discount		
Rate Caveats		
Confirm Rates Include Requested Commission	0.00%	



Clark County
Basic Life/AD&D - Rates

Basic Life

Rate Basis:	\$1,000	Inforce Plan		Vendor Response
Class	Lives	Volume	Quoted Rate	
Class 1	407	\$43,270,000		
Class 2	168	\$11,193,000		
Class 3	53	\$2,650,000		
Class 4	897	\$22,425,000		
Class 5	120	\$3,000,000		
Monthly Cost	1645	\$82,538,000		\$0
Annual Cost				\$0
\$ Change from current				(\$160,938)
% Change from Current				(100.0%)

Basic AD&D

Rate Basis:	\$1,000	Inforce Plan		Vendor Response
Class	Lives	Volume	Quoted Rate	
Class 1	407	\$43,270,000		
Class 2	168	\$11,193,000		
Class 3	53	\$2,650,000		
Class 4	897	\$22,425,000		
Class 5	120	\$3,000,000		
Monthly Cost	1645	\$82,538,000		\$0
Annual Cost				\$0
\$ Change from current				(\$25,282)
% Change from Current				(100.0%)

All Basic Life/AD&D Products

	Vendor Response
Rate Information	
Rate Guarantee End Date	
Participation Requirements	
Enrollment deviation +/- 15%	
Multi-line Discount	
Rate Caveats	
Confirm Rates Include Requested Commission	



Clark County
Provisions for Current Voluntary Life/AD&D

General Information	Voluntary Life and AD&D		
Voluntary Employee Life	Plan Design	Vendor Response	Comments or Deviation
Employee Contribution	100%		
Class Definition	<p>Class 1: Elected Officials, Management 1&2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency Management, Information Technology Guild, SW WA Regional Health, Lower Columbia Fish Recovery Board Management</p> <p>Class 2: Non-represented (M3), CRESA Non-represented, RTC Non-resprented, Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Non-represented</p> <p>Class 3: CREASE 911 Dispatchers Guild</p> <p>Class 4: Custody Officer's Guild, Sheriff Office Support Guild, Juvenile Detention Officer's Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8</p> <p>Class 5: Deputy Sheriff's Guild</p>		
Minimum Hours Requirement	20 Hours per Week		

Eligibility Waiting Period	First of the Month following Date of Hire		
Earnings Definition	Salary		
Coverage Type	\$10K Increments		
Maximum Benefit	\$500,000		
Minimum Benefit	\$10,000		
Combined Maximum with Basic Life	\$650,000		
Guaranteed Issue	\$100,000		
Rounding Description	Not Applicable		
Age Reductions	Reduce by 35% at Age 70 (Original Amount) Reduce by 50% at Age 75 (Original Amount)		
Age Reductions Effective Date	Policy Anniversary Date following date age reduction attained		
Age Reductions Rounding	None		
Disability Provision	PW 60/65, 3 Month EP		
Suicide Exclusion	Yes		
Accelerated Death Maximum Benefit	75% up to \$500,000		
Accelerated Death Minimum Benefit	\$5,000		
Accelerated Death Life Expectancy	24 Months		
Conversion	Included		
Portability	Included		
Voluntary Employee AD&D		Vendor Response	Comments or Deviation
Employee Contribution	100%		

Class Definition	<p>Class 1: Elected Officials, Management 1&2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency Management, Information Technology Guild, SW WA Regional Health, Lower Columbia Fish Recovery Board Management</p> <p>Class 2: Non-represented (M3), CRESA Non-represented, RTC Non-resprented, Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Non-represented</p> <p>Class 3: CREASE 911 Dispatchers Guild</p> <p>Class 4: Custody Officer's Guild, Sheriff Office Support Guild, Juvenile Detention Officer's Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8</p> <p>Class 5: Deputy Sheriff's Guild</p>		
Minimum Hours Requirement	20 Hours per Week		
Eligibility Waiting Period	First of the Month following Date of Hire		
Earnings Definition	Salary		
Coverage Type	An amount equal to the amount of Voluntary Life Insurance for which the employee is insured under the group policy.		
Maximum Benefit	\$500,000		
Minimum Benefit	\$10,000		
Combined Maximum with Basic AD&D	\$650,000		
Rounding Description	Not Applicable		

Dependent AD&D	Spouse Only: The amount of your Dependents AD&D Insurance Benefit for your Spouse is equal to the amount of your Dependent Life Insurance Benefit for your Spouse		
Covered Losses:			
Life	100%		
Both Hands or Both Feet	100%		
Sight in Both Eyes	100%		
Speech and Hearing	100%		
One Hand and One Foot	100%		
One Hand and Sight of One Eye	100%		
One Foot and Sight of One Eye	100%		
Quadriplegia	100%		
Paraplegia	50%		
Triplegia	N/A		
Hemiplegia	50%		
Sight of One Eye	50%		
Speech or Hearing	50%		
One Hand or One Foot	50%		
Uniplegia	N/A		
Thumb and Index Finger of One Hand	25%		
Coverage Basis	24 Hour Coverage		
Common Carrier	Not Included		
Air Bag Benefit	No		
Seatbelt Benefit	Yes		
Child Care Benefit	Yes		
Child Education Benefit	Yes		
Spouse Education Benefit	Yes		
Coma Benefit	No		
Critical Burn	No		
Therapeutic Counseling Benefit	No		

Felonious Assault Benefit	No		
Repatriation Benefit	No		
Exposure Benefit	Included		
Conversion	Included		
Exclusions	<p>No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:</p> <ol style="list-style-type: none"> 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 but not including complications of pregnancy, existing at the time of the accident. 6. Heart attack or stroke. 7. Medical or surgical treatment for any of the above. 		
Voluntary Dependent Life - Spouse			
Employee Contribution	100%		

Employee Supp Life Requirement	You may apply for Dependents Life Insurance for your Spouse in multiples of \$10,000, from \$10,000 to \$500,000.		
Coverage Type	\$10K Increments		
Maximum Benefit	\$500,000		
Minimum Benefit	\$10,000		
Guaranteed Issue	\$20,000		
Rounding Description	Not Applicable		
Spouse Benefit Limitation	Cannot exceed 100% of employees Basic Life + Supp Life Benefit Coverage Amount		
Can a dependent be insured as either: -a dependent & an employee/ Retiree, or -a dependent of more than one employee or Retiree	No		
Are the spouse and child election options combined?	No		
Age Reductions	Reduce by 35% at Age 70 (Original Amount) Reduce by 50% at Age 75 (Original Amount)		
Age Reductions Effective Date	Policy Anniversary Date following date age reduction attained		
Age Reductions Rounding	None		
Age Based on Employees Age?	Yes		
Domestic Partner Coverage?	Yes		
Disability Provision	EE PW extends to Dependents		
Suicide Exclusion	Yes		
Accelerated Death Maximum Benefit	75% up to \$500,000		
Accelerated Death Minimum Benefit	\$5,000		

Accelerated Death Life Expectancy	24 Months		
Conversion	Included		
Portability	Included		
Voluntary Dependent Life - Child			
Employee Contribution	100%		
Eligibility	Live birth to Age 26		
Coverage Type	Option 1: \$5,000; Option 2: \$7,500; Option 3: \$10,000		
Maximum Benefit	\$10,000		
Minimum Benefit	\$5,000		
Guaranteed Issue	\$10,000		
Rounding Description	Not Applicable		
Age Reductions	None		
Disability Provision	EE PW extends to Dependents		
Accelerated Death Maximum Benefit	75% up to \$500,000		
Accelerated Death Minimum Benefit	\$5,000		
Accelerated Death Life Expectancy	24 Months		
Conversion	Included		
Portability	Included		

Continuation	Plan Design	Vendor Response	Comments or Deviation
FMLA	N/A		
Lay-Off	N/A		
Leave of Absence	N/A		
Military	N/A		
Sickness or Injury	N/A		
Disability Continuation (if STD/LTD is sold)	N/A		
Sabbatical Leave of Absence (Educational or Training)	N/A		

Below, please list any plan deviations not specifically called out	Vendor Response	Comments or Deviation
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Deviation #1			
Deviation #2			
Deviation #3			
Deviation #4			

Voluntary Life - Employee	Inforce Plan	Vendor Response	Comments or Deviation
Initial Open Enrollment	EOI Required		
Future Open Enrollments	EOI Required		
Newly Eligible/New Hire (within 31 days)	EOI required if exceeds GI		
Voluntary Dependent Life	Inforce Plan	Vendor Response	Comments or Deviation
Initial Open Enrollment	EOI Required		
Future Open Enrollments	EOI Required		
Qualified Status Change (Marriage) Currently allow \$20,000 with no EOI if enrolled within 30 days of marriage	Up to the GI		
Newly Eligible/New Hire	Up to the GI		
Mid-year elections (outside of Enrollment and qualified status changes)	EOI Required		
Voluntary Dependent Life	Inforce Plan	Response	Comments or Deviation
Child Life all GI			



Clark County
Voluntary Life/AD&D - Rates

Voluntary Employee Life

Rate Basis: \$1,000		Inforce Plan			Vendor Response
Age	Lives	Volume	Inforce Rate	Quoted Rate	
0-24	3	\$400,000	\$0.060		
25-29	15	\$1,680,000	\$0.060		
30-34	30	\$3,780,000	\$0.080		
35-39	60	\$9,780,000	\$0.120		
40-44	58	\$9,390,000	\$0.140		
45-49	76	\$10,700,000	\$0.240		
50-54	65	\$7,860,000	\$0.440		
55-59	70	\$8,320,000	\$0.720		
60-64	29	\$3,020,000	\$0.780		
65-69	18	\$1,470,000	\$1.440		
70-74	0	\$0	\$2.400		
75+	1	\$40,000	\$7.800		
Monthly Cost	425	\$56,440,000	\$19,717	\$0	
Annual Cost			\$236,599	\$0	
\$ Change from current				(\$236,599)	
% Change from Current				(100.0%)	

Voluntary Spouse Life

Rates based on (Please select ->)

Rate Basis: \$1,000		Employee's Age			Vendor Response
Age	Lives	Volume	Inforce Rate	Quoted Rate	
0-24	0	\$0	\$0.060		
25-29	2	\$30,000	\$0.060		
30-34	10	\$690,000	\$0.080		
35-39	27	\$1,830,000	\$0.120		
40-44	31	\$1,720,000	\$0.140		
45-49	37	\$2,950,000	\$0.240		
50-54	35	\$1,440,000	\$0.440		
55-59	35	\$2,020,000	\$0.720		
60-64	22	\$810,000	\$0.780		
65-69	10	\$220,000	\$1.440		
70-74	0	\$0	\$2.400		
75+	1	\$10,000	\$7.800		
Monthly Cost	210	\$11,720,000	\$4,340	\$0	
Annual Cost			\$52,080	\$0	
\$ Change from current				(\$52,080)	
% Change from Current				(100.0%)	

Voluntary Child Life

Rate Basis	Employee	Inforce Plan			Vendor Response
Class	Lives	Volume	Inforce Rate	Quoted Rate	
Option 1	7	\$35,000	\$0.500		
Option 2	4	\$30,000	\$0.760		
Option 3	278	\$2,780,000	\$1.000		
Monthly Cost	278	\$5,560,000	\$285	\$0	
Annual Cost			\$3,414	\$0	
\$ Change from current				(\$3,414)	
% Change from Current				(100.0%)	

Voluntary Employee AD&D

Rate Basis:	\$1,000	Inforce Plan			Vendor Response
Class	Lives	Volume	Inforce Rate	Quoted Rate	
All Employees	218	29,500,000	\$0.020		
Monthly Cost	218	\$29,500,000	\$590	#VALUE!	
Annual Cost			\$7,080	#VALUE!	
\$ Change from current				#VALUE!	
% Change from Current				#VALUE!	

Voluntary Spouse AD&D

Rate Basis:	\$1,000	Inforce Plan			Vendor Response
Class	Lives	Volume	Inforce Rate	Quoted Rate	
All Employees	120	\$7,800,000	\$0.020		
Monthly Cost	120	\$7,800,000	\$156	#VALUE!	
Annual Cost			\$1,872	#VALUE!	
\$ Change from current				#VALUE!	
% Change from Current				#VALUE!	

All Voluntary Life/AD&D Products

All Voluntary Life/AD&D Products		Vendor Response
Rate Information		
Rate Guarantee End Date		
Participation Requirements		
Enrollment deviation +/- 15%		
Multi-line Discount		
Rate Caveats		
Confirm Rates Include Requested Commission	0.00%	



Clark County
Provisions for Current Long Term Disability

General Information	LTD		
Long Term Disability	Plan Design	Vendor Response	Comments or Deviation
Class Description	Class 1: Elected Officials, Management 1 and 2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency-Management, Non-represented (M3), CRESA Nonrepresented, RTC Non-represented, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Revised 8/20/2021 - 2 - 606122-E Class 2: Information Technology Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8, Sheriff's Administrators Association Class 3: Partners in Careers, CRESA 911 Dispatchers Guild Class 4: Sheriff Office Support Guild Class 5: Corrections Deputy Guild Class 6: Juvenile Detention Officer's Guild		
Employer Contribution	Plan 1: 100% Employer Paid Plan 2: 100% Employee Paid		

General Information	LTD		
Inforce Plan Design	Plan Design	Vendor Response	Comments or Deviation
Eligibility Waiting Period	Class 1, 2, 3, 4 and 6: 60 days or the period of sick leave for which you are eligible under the Employer's sick leave plan, whichever is longer. Class 5: 90 days or the period of sick leave for which you are eligible under the Employer's sick leave plan, whichever is longer.		
Earnings Definition	Salary		
Elimination Period	90 Days		
Maximum Benefit Duration	61 or younger To age 65, or to SSNRA, or 3 years 6 months, whichever is longest. 62 To SSNRA, or 3 years 6 months, whichever is longer. 63 To SSNRA, or 3 years, whichever is longer. 64 To SSNRA, or 2 years 6 months, whichever is longer. 65 2 years 66 1 year 9 months 67 1 year 6 months 68 1 year 3 months 69 or older 1 year		
Benefit %	Plan 1: 60%; Plan 2: 66.67%		
Maximum Monthly Benefit	Plan 1: Classes 1, 2, 4: \$9,000 Classes 3, 5, 6: \$4,375 Plan 2: Classes 1, 2, 4: \$10,000 Classes 3, 5, 6: \$4,862		
Minimum Monthly Benefit	\$100		
Evidence of Insurability	None		
Pre-Ex Provision	3/12		
Definition of Disability	Own Occupation / Any Occupation		
Recurrent Disability Provisions	30 Days EP / 6 Months After EP		
Reinstatement of Coverage	90 Days		

General Information	LTD		
Termination/Continuation	Plan Design	Vendor Response	Comments or Deviation
Cease to be an active employee	Date of Termination		
Continuation FMLA	N/A		
Continuation Lay-off	N/A		
Continuation Approved Leave of Absence	N/A		
Continuation Military Leave of Absence	N/A		
Continuation for Sabbatical LOA (Educational or Training)	N/A		
Other Provisions	Plan Design	Vendor Response	Comments or Deviation
Work Incentive	Included		
Family Care Credit	Included		
Workplace Modification Benefit	Included		
Survivor Benefit	3 Months Lump Sum		
Survivor Benefit: Includes Domestic Partners?	No		
Survivor Benefit: Includes Dependent Children?	To Age 25		
Substance Abuse Limitation	None		
Mental Nervous Limitation	24 Months		
Self Reported Conditions Limitation	None		

General Information	LTD		
Exclusions	<p style="text-align: center;">A. War</p> <p>You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.</p> <p style="text-align: center;">B. Intentionally Self-Inflicted Injury</p> <p>You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.</p> <p style="text-align: center;">C. Preexisting Condition</p> <p style="text-align: center;">1. Definition</p> <p>Preexisting Condition means a mental or physical condition for which you have done any of the following at any time during the Preexisting Condition Period shown in the Coverage Features.</p> <p style="margin-left: 40px;">a. Consulted a Physician; b. Received medical treatment or services; or c. Taken prescribed drugs or medications.</p> <p style="text-align: center;">Revised 8/20/2021 - 13 - 606122-E</p> <p style="text-align: center;">2. Exclusion</p> <p>You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:</p> <p style="margin-left: 40px;">a. Have been continuously insured under the Group Policy for the entire Exclusion Period shown in the Coverage Features; and b. Have been Actively At Work for at least one full day after the end of the Exclusion Period.</p>		
Additional Information	Plan Design	Vendor Response	Comments or Deviation
Social Security Offsets	Family		
Individual Conversion Available	Not Included		
Individual Conversion Waiting Period	Not Included		

General Information	LTD		
Below, please list any plan deviations not specifically called out as a plan provision above:	Vendor Response	Comments or Deviation	



Clark County
Long Term Disability - Rates

Long Term Disability

Rate Basis: \$100

Class	Inforce Plan			Vendor Response
	Lives	Volume	Inforce Rate	Quoted Rate
Class 1	510	\$4,038,983	\$0.725	
Class 2	726	\$3,980,571	\$0.725	
Class 3	66	\$397,508	\$0.725	
Class 4	83	\$359,837	\$0.688	
Class 5	117	\$823,202	\$0.385	
Class 6	23	\$118,210	\$0.725	
Monthly Cost	1525	\$9,718,312	\$67,526	\$0
Annual Cost			\$810,309	\$0
\$ Change from current				(\$810,309)
% Change from Current				(100.0%)

Buy-Up Long Term Disability

Rate Basis: \$100

Class	Inforce Plan			Vendor Response
	Lives	Volume	Inforce Rate	Quoted Rate
Class 1	92	\$755,467	\$0.130	
Class 2	104	\$605,333	\$0.230	
Class 3	10	\$69,137	\$0.230	
Class 4	16	\$69,951	\$0.230	
Class 5	13	\$87,791	\$0.230	
Class 6	9	\$51,133	\$0.230	
Monthly Cost	244	\$1,638,813	\$3,014	\$0
Annual Cost			\$36,166	\$0
\$ Change from current				(\$810,309)
% Change from Current				(100.0%)

All Long Term Disability Products

All Long Term Disability Products		Vendor Response
Rate Information		
Rate Guarantee End Date		
Participation Requirements		
Enrollment deviation +/- 15%		
Multi-line Discount		
Rate Caveats		
Confirm Rates Include Requested Commission	0.00%	



**Clark County
Bid Questionnaire - US Sales Contact Questionnaire**

		Vendor Response
Carrier Information		
Carrier Legal Entity Name, as written on formal proposal document		
Primary Marketing Contact		
Name		
Job Title		
Office Address	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
Phone Number		
Fax Number		
Email Address		
Ongoing Account Manager		
Name		
Job Title		
Office Address	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
Phone Number		
Fax Number		
Email Address		
Number of Years in Current Position		
Number of Years Experience in Industry		
Average Size of Clients (e.g., 0-1000 ; 1000-4999 ; 5000-10,000 lives)		
Number of Current Clients Managed by this Account Manager		
Implementation Manager		
Name		
Job Title		
Office Address	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
Phone Number		
Fax Number		
Email Address		
Percent of Implementation Manager's Time Available for our Client's Implementation		

STANDARD INSURANCE COMPANY

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

CERTIFICATE GROUP LIFE INSURANCE

Policyholder:	Clark County
Policy Number:	606122-D
Effective Date:	January 1, 2003

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.



Chairman, President and CEO

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Class Definition:

Class 1: Elected Officials, Management 1&2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency-Management, Information Technology Guild, SW WA Regional Health, Lower Columbia Fish Recovery Board Management

Class 2: Non-represented (M3), CRESA Non-represented, RTC Non-represented, Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Non-Represented

Class 3: CRESA 911 Dispatchers Guild

Class 4: Custody Officer's Guild, Sheriff Office Support Guild, Juvenile Detention Officer's Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8

Class 5: Deputy Sheriff's Guild

Eligibility Waiting Period: You are eligible on the first day of the calendar month following the date you become a Member.

Evidence Of Insurability: Required:

- a. For late application for Contributory insurance.
- b. For reinstatements if required.
- c. For Members and Dependents eligible but not insured under the Prior Plan.
- d. For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$100,000.
- e. For any Dependents Life Insurance Benefit in excess of the Guarantee Issue Amount of \$20,000.
- f. For becoming insured for any amount greater than the amount for which you were insured under the Prior Plan, if your insurance under the Prior Plan was limited because you did not provide evidence of insurability or because your evidence of insurability was not approved.
- g. For any increase resulting from a plan or option change you elect.

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

For A Family Status Change

In the event of a Family Status Change certain Evidence Of Insurability requirements will be waived with respect to Plan 2 Life Insurance and Dependents 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, or if you previously submitted evidence of good health that was not approved by the insurer(s) of the Prior Plan or any preceding plans.

1. If you are eligible but not insured for Plan 2 Life Insurance, requirement(s) a, c and e above will be waived if you apply for Plan 2 Life Insurance within 31 days of a Family Status Change.
2. If you are insured for an amount less than the Guarantee Issue Amount, requirement(s) e above will be waived if you apply for an increase in your Plan 2 Life Insurance up to the Guarantee Issue Amount of \$100,000 within 31 days of a Family Status Change.
3. If you are eligible but not insured for Dependents Life Insurance, requirement(s) a, d and e above will be waived if you apply for Dependents Life Insurance within 31 days of a Family Status Change.
4. If you are insured for an amount less than the Guarantee Issue Amount, requirement(s) g above will be waived if you apply for an increase in your Dependents Life Insurance up to the Guarantee Issue Amount of \$20,000 for your Spouse, or \$10,000 for your Child, within 31 days of a Family Status Change.

Family Status Change means any of the following events:

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

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

PREMIUM CONTRIBUTIONS

Life Insurance:	Plan 1: Noncontributory
	Plan 2: Contributory
AD&D Insurance:	Plan 1: Noncontributory
	Plan 2: Contributory
Dependents Life Insurance:	Contributory

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

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

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

Plan 1 (basic):

Class 1: 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 \$150,000.

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 \$50,000.

Class 3: \$20,000

Class 4 and 5: \$25,000

Plan 2 (additional):

You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to \$500,000.

The Repatriation Benefit:

The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

Dependents Life Insurance Benefit:

For your Spouse:

You may apply for Dependents Life Insurance in multiples of \$10,000 from \$10,000 to \$500,000.

The amount of Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your combined Plan 1 and Plan 2 Life Insurance.

For your Child:

You may apply for Dependents Life Insurance for your Child from one of the following options:

Option 1: \$5,000

Option 2: \$7,500

Option 3: \$10,000

The amount of Dependents Life Insurance for your Child may not exceed 50% of the amount of your combined Plan 1 and Plan 2 Life Insurance.

SCHEDULE OF AD&D INSURANCE

For you:

- AD&D Insurance Benefit: The amount of your Plan 1 AD&D Insurance Benefit is equal to the amount of your Plan 1 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.
- The amount of your Plan 2 AD&D Insurance Benefit is equal to the amount of your Plan 2 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.
- Seat Belt Benefit: The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.
- Career Adjustment Benefit: The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of room and board, 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 room and board, 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.

SCHEDULE OF AD&D INSURANCE

For your Spouse:

- Dependents AD&D Insurance Benefit: You may apply for the AD&D Insurance Benefit for your Spouse. The amount of your Dependents AD&D Insurance Benefit for your Spouse is equal to the amount of your Dependent Life Insurance Benefit for your Spouse. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

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 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:

Plan 1 (basic) Life and AD&D Insurance:

Your insurance is not subject to reductions due to age unless your insurance is subject to termination under the **Waiver Of Premium** provision.

Plan 2 (additional) Life and AD&D Insurance:

Age of Member	Percentage
70 through 74	65%
75 or over	50%

Dependents Life Insurance For Your Spouse:

Age Of Member	Percentage
70 through 74	65%
75 or over	50%

OTHER BENEFITS

Waiver Of Premium: Yes

Accelerated Benefit: Yes

Insurance Eligible For
Portability Of Insurance:

Life Insurance: Yes. The maximum amount of Life Insurance you may continue is the lesser of: (1) the amount in effect on the date your employment terminates; or (2) \$300,000. The minimum amount of Life Insurance you may continue is \$20,000.

Dependents Life Insurance:

For your Spouse: The maximum amount of Dependents Life Insurance you may continue is the lesser of: (1) the amount in effect on the date your employment terminates; or (2) \$10,000. The minimum amount of Dependents Life Insurance you may continue is \$1,000.

For each Child: The maximum amount of Dependents Life Insurance you may continue is the lesser of: (1) the amount in effect on the date your employment terminates; or (2) \$5,000. The minimum amount of Dependents Life Insurance you may continue is \$1,000.

Portability Premium

Age-graded Rates Per Multiple Of \$1,000 Per Month

Age of Insured On
Last January 1

Rate

Under 30	\$.118
30 through 34	.125
35 through 39	.164
40 through 44	.266
45 through 49	.468
50 through 54	.721
55 through 59	1.233
60 through 64	1.471
65 through 69	2.827
70 through 74	5.089
75 through 79	7.624
80 through 89	14.088
90 or above	35.584

OTHER PROVISIONS

Limits on Right To Convert if
Group Policy terminates
or is amended:

Minimum Time Insured: 5 years

Maximum Conversion Amount: \$2,000

Leave Of Absence Period: 60 days

Strike Continuation: Yes. The Strike Continuation premium percentage is 100%
of the Premium Rate.

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

Earnings Period for Commissions
(see **Definitions**): The preceding 12 calendar months.

LIFE INSURANCE

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

C. Changes In Life Insurance

1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on:

(i) The first day of the calendar month coinciding with or next following the date you apply for an elective increase or the date of change in your classification, age or Annual Earnings.

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

2. Decreases

A decrease in your Life Insurance because of a change in your classification, age or Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the date of the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

E. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

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

1. Life Insurance subject to Evidence Of Insurability

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

2. Life Insurance not subject to Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

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

(i) The date you become eligible if you apply on or before that date.

(ii) The date you apply if you apply within 31 days after you become eligible.

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

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

F. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution, if your insurance is Contributory;
2. The date the Group Policy terminates;
3. The date your employment terminates; 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 a temporary layoff.
 - 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**.

G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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DEPENDENTS LIFE INSURANCE

A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Dependents Life Insurance

See the **Coverage Features** for the amount of your Dependents Life Insurance.

C. Changes In Dependents Life Insurance

1. Increases

You must apply in writing for any elective increase in your Dependents Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve that Dependent's Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on:

- (i) The first day of the calendar month coinciding with or next following the date you apply if you apply for an elective increase.
- (ii) The date your Life Insurance increases if your Dependents Life Insurance increases because of an increase in your Life Insurance.
- (iii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

D. 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.

E. Becoming Insured For Dependents Life Insurance

1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date your Life Insurance becomes effective; 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;
- iii. The date you apply if you apply within 31 days after you become eligible; and
- iv. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

Late Application: Evidence Of Insurability is required 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.

F. 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 or legal separation or termination of your Domestic Partner relationship;
6. For any Dependent, the last day of the calendar month in which the Dependent ceases to be a Dependent; and
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

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ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

If you or your Spouse have an accident, including accidental exposure to adverse 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. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
4. With respect to all other Losses, occurs within 365 days after the accident and 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 and your Spouse's AD&D Insurance will become effective on the date your Life Insurance and your Spouse's AD&D 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 but not including complications of 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.

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 and your Spouse are both 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 annually 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 and your Spouse 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 and your Spouse 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 and your Spouse's Life Insurance ends.
2. The date your Waiver Of Premium begins.
3. The date AD&D Insurance terminates under the Group Policy.

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ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

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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**.

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.

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STRIKE CONTINUATION

Insurance may be continued for up to 6 months while you are absent from Active Work because of a strike, lockout or other general work stoppage caused by a labor dispute. Rules 1 through 4 below will apply.

1. When your compensation is suspended or terminated because of a work stoppage, your Employer will immediately notify you in writing of your rights under this provision. Your Employer will mail the notice to you at your last address on record with the Employer.
2. You must pay the entire premium for your insurance, including the Employer's share, if any, to your Employer on or before each Premium Due Date.
3. The premiums for your insurance during the work stoppage will equal a percentage of the premium rate in effect on the date the work stoppage began (see **Coverage Features**). We may change premium rates during the work stoppage according to the terms of the Group Policy.
4. Insurance continued under this provision will end on the earliest of:
 - a. Any Premium Due Date if you fail to make the required premium contribution to your Employer on or before that date.
 - b. The date you have been absent from Active Work for 6 months.
 - c. On the date you begin full-time employment with another employer.
 - d. At our option, on any Premium Due Date if less than 75% of the Members eligible to continue insurance under this provision make the required premium payment to the Employer.

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WAIVER OF PREMIUM

A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us satisfactory Proof Of Loss.

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.
4. The amount of Supplemental Life Insurance on your Spouse will be the lesser of:
 - a. The amount in effect on the day before you become Totally Disabled; and
 - b. The amount in effect one year before the date you become Totally Disabled.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 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. With respect to your Supplemental Life Insurance, the date you reach age 70.

(ELIG 60_REDUCE) LI.WP.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 24 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.

Your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit and Supplemental Life Insurance Benefit, if any, under the Group Policy.

G. Resolution Of Disputes Over A Qualifying Medical Condition

Pursuant to "The Washington Regulation on Accelerated Life Insurance Benefits" (WAC 284-26-600 through WAC 284-23-730), you may have the right to mediation or binding arbitration of any dispute over whether you have incurred a Qualifying Medical Condition.

LI.AB.WA.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.

The time periods contained in the incontestability provision of the individual policy of life insurance will be credited with the last continuous period you were insured under the Group Policy.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

LI.RC.WA.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, 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, 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 (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, 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;

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, 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, 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, the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium.

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) LI.CL.OT.5

ASSIGNMENT

The rights and benefits under the Group Policy cannot be assigned.

LI.AS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 6 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.

2. AD&D Insurance benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living.
 - a. AD&D Insurance benefits payable because of the death of your Dependent.
 - b. Dependents Life Insurance benefits.
 - c. Supplemental Life Insurance benefits payable because of the death of your Spouse.
 - d. Accelerated Benefits.
4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.
5. Supplemental Life Insurance benefits payable because of the death of your Spouse which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of your Spouse.
 - b. The parents of your Spouse.
 - c. The brothers and sisters of your Spouse.
 - d. Your estate.

6. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid annually 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. Your Beneficiary designations for Life Insurance and your Supplemental Life Insurance may be different.

You must name or change Beneficiaries in writing.

Your designation:

1. Must be dated and signed by you;
2. Must be delivered to the Policyholder or Employer 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 to the Policyholder or Employer.

If we approve it, a designation, which meets the requirements of a Prior Plan, will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse. (See **Definitions**)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$10,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$10,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest;
- 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 \$10,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(FB_REPAT_WITH DEF SP_WITH SSA) LI.BB.OT.5

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

- 1. The right to resolve all matters when a review has been requested;
- 2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
- 3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. Amount of benefits payable;
 - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

LI.AL.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than 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.

LI.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.

LI.IN.OT.2

CLERICAL ERROR AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

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

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LI.CE.OT.2

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

LI.TA.OT.1

DEFINITIONS

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work prior to a temporary Furlough 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. Commissions averaged over the Earnings Period shown in the **Coverage Features** or over the period of your employment if less than the Earnings Period.
3. Shift differential pay.
4. 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. Overtime pay.
3. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
4. Any other extra compensation.

Child means:

1. Your unmarried child from live birth through age 25; or
2. Your unmarried child who meets either of the following requirements:
 - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child; or
- ii. Your stepchild and the child of your Spouse, if living in your home;

Your child is Disabled if your child is:

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

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

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

Evidence Of Insurability means an applicant must:

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

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

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

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

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your Spouse, or the brother, sister, parent or child of either you or your Spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

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

Sickness means your sickness, illness, or disease.

Spouse means:

1. A person to whom you are legally married; or

2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Employer; or an individual recognized as your domestic partner under applicable law.

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 or from whom you have terminated a Domestic Partner relationship.

Supplemental Life Insurance means supplemental life insurance, if any, under the Group Policy.

(REG_WITH COM_DOM ENHNCD) LI.DF.WA.1X

ALIC99X

STANDARD INSURANCE COMPANY

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

CERTIFICATE

GROUP LONG TERM DISABILITY INSURANCE

Policyholder:	Clark County
Policy Number:	606122-E
Effective Date:	January 1, 2008

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.

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.

"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.



Chairman, President and CEO

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COVERAGE FEATURES

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number: 606122-E
Policyholder: Clark County
Employer(s): Clark County
Clark Regional Communications Agency
Lower Columbia Fish Hatchery Board
Southwest Washington Air Pollution Control Authority
Southwest Washington Health District
Group Policy Effective Date: January 1, 2008
Policy Issued in: Washington

BECOMING INSURED

To become insured you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

Definition of Member: You are a Member if you are a citizen or resident of the United States or Canada and one of the following:

1. An active employee of the Employer who is regularly working at least 20 hours each week; or
2. An elected official of the Employer.

You are not a Member if you are:

1. A project employee, temporary or seasonal employee;
2. A leased employee;
3. An independent contractor; or
4. A full time member of the armed forces of any country.

An employee will not cease to be a Member solely due to a temporary Furlough/unpaid status lasting three months or less as long as there is a defined return to work date and premium payment continues.

Class Definition:

Class 1: Elected Officials, Management 1 and 2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency-Management, Non-represented (M3), CRESA Non-represented, RTC Non-represented, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board

Class 2:	Information Technology Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8, Sheriff's Administrators Association
Class 3:	Partners in Careers, CRESA 911 Dispatchers Guild
Class 4:	Sheriff Office Support Guild
Class 5:	Corrections Deputy Guild
Class 6:	Juvenile Detention Officer's Guild
Eligibility Waiting Period:	You are eligible on the first day of the calendar month following the date you become a Member.
Evidence Of Insurability:	Required: <ul style="list-style-type: none"> a. For late application for Contributory insurance. b. For reinstatements if required. c. For Members eligible but not insured under the Prior Plan. d. For becoming insured for any amount greater than the amount for which you were insured under the Prior Plan, if your insurance under the Prior Plan was limited because you did not provide evidence of insurability or because your evidence of insurability was not approved.

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

During Your Employer's Annual Enrollment Period

During your Employer's Annual Enrollment Period certain Evidence Of Insurability requirements will be waived with respect to Plan 2 LTD Insurance. However, we will not waive the Evidence Of Insurability requirements if you previously submitted Evidence Of Insurability that was not approved by us, or if you previously submitted evidence of good health that was not approved by the insurer(s) of the Prior Plan or any preceding plans.

If you became eligible for Plan 2 LTD Insurance after your Employer's last Annual Enrollment Period, requirement(s) a. and c. above will be waived if you apply for Plan 2 LTD Insurance during the Annual Enrollment Period.

Annual Enrollment Period means the period designated each year by your Employer when you may change insurance elections.

Evidence Of Insurability will not be required to become insured for Contributory insurance on September 1, 2013 if you apply during the open enrollment period beginning September 30, 2013 and ending October 9, 2013. However, Evidence Of Insurability will not be waived if you are not insured for Contributory coverage because you previously submitted evidence of good health that was not approved by us or by the insurer(s) of the Prior Plan or any preceding plans.

PREMIUM CONTRIBUTIONS

Class 1, 2 and 6:
Plan 1 insurance is: Noncontributory

Plan 2 insurance is: Contributory; you and your Employer share the cost of coverage. Employer contribution level determines the taxability of the benefit amount.

Class 3, 4 and 5: Noncontributory

SCHEDULE OF INSURANCE

LTD Benefit:

Class 1 and 2: Plan 1: 60% of the first \$15,000 of your Predisability Earnings, reduced by Deductible Income.

Plan 2: 66 2/3 of the first \$15,000 of your Predisability Earnings, reduced by Deductible Income.

Class 3 and 5: 60% of the first \$7,292 of your Predisability Earnings, reduced by Deductible Income.

Class 4: 60% of the first \$15,000 of your Predisability Earnings, reduced by Deductible Income.

Class 6: Plan 1: 60% of the first \$7,292 of your Predisability Earnings, reduced by Deductible Income.

Plan 2: 66 2/3 of the first \$6,563 of your Predisability Earnings, reduced by Deductible Income.

Maximum:

Class 1 and 2: Plan 1: \$9,000 before reduction by Deductible Income.

Plan 2: \$10,000 before reduction by Deductible Income.

Class 3, 5 and 6: \$4,375 before reduction by Deductible Income.

Class 4: \$9,000 before reduction by Deductible Income.

Minimum: \$100

With respect to Class 1, 2 and 6: You may be insured under Plan 1 or Plan 2, but not both. You will be insured under Plan 1 unless you are insured under Plan 2. If you cease paying for premium for Plan 2, you will automatically be insured under Plan 1.

Benefit Waiting Period:

Class 1, 2, 3, 4 and 6: 60 days or the period of sick leave for which you are eligible under the Employer's sick leave plan, whichever is longer.

Class 5: 180 days or the period of sick leave for which you are eligible under the Employer's sick leave plan, whichever is longer.

Maximum Benefit Period: Determined by your age when Disability begins, as follows:

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

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

DISABILITY PROVISIONS

Own Occupation Period:	The first 24 months for which LTD Benefits are paid.
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period.
Partial Disability:	Covered
Own Occupation Income Level:	80% of your Indexed Predisability Earnings.
Any Occupation Income Level:	60% of your Indexed Predisability Earnings.

See **Definition of Disability** for more information.

EXCLUSIONS AND LIMITATIONS

Exclusions:	
Preexisting Condition Exclusion:	Yes
Class 1, 2, and 6:	
Preexisting Condition Period for Plan 1:	The 90 day period just before your insurance under Plan 1 becomes effective.
Exclusion Period for Plan 1:	12 months while insured under Plan 1
Class 3, 4 and 5:	
Preexisting Condition Period for Plan 2:	The 90 day period just before your insurance under Plan 2 becomes effective.
Exclusion Period for Plan 2:	12 months while insured under Plan 2

Preexisting Condition Period: The 90 day period just before your insurance becomes effective.
Exclusion Period: 12 months

Insurance also includes War and Intentionally Self-Inflicted Injury exclusions. See **Exclusions** for an explanation of all exclusions.

Limitations:

Mental Disorder Limitation: Yes
Limitation Period: 24 months

Insurance also includes a Care Of A Physician limitation. See **Limitations** for an explanation of all limitations.

DEDUCTIBLE INCOME

Social Security Offset: Primary offset
Salary Continuation Offset: Sick pay or other salary continuation paid to you by your Employer, but not including vacation pay.

See **Deductible Income** for information on these and other Deductible Income.

OTHER PROVISIONS

Survivors Benefit Amount: A lump sum equal to 3 times your LTD Benefit without reduction by Deductible Income.
Estate Payment Allowed: No
Conversion of Insurance: No
COLA Benefit: No
Leave Of Absence Period: 30 days
Continuity of Coverage: Yes
Reasonable Accommodation Expense Benefit: The expenses incurred for the reasonable accommodation or \$25,000, whichever is less.
Predisability Earnings based on: Earnings in effect on your last full day of Active Work.

INSURING CLAUSE

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

DEFINITION OF DISABILITY

You are Disabled if you meet one of the following definitions during the period it applies:

- A. Own Occupation Definition of Disability;
- B. Any Occupation Definition of Disability; or
- C. Partial Disability Definition.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as your regular and ordinary employment with the Employer. Your Own Occupation is not limited to your job with your Employer.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation.

A. Own Occupation Definition Of Disability

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

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

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license, or because you suffer a loss of Predisability Earnings as a result of disclosure of any Physical Disease, Injury, Pregnancy or Mental Disorder.

B. Any Occupation Definition Of Disability

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

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of any gainful occupation for which you are reasonably fitted by education, training and experience.

C. Partial Disability Definition

1. During the Benefit Waiting Period and the Own Occupation Period, you are Partially Disabled when you work in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn the Own Occupation Income Level or more.
2. During the Any Occupation Period, you are Partially Disabled when you work in an occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn the Any Occupation Income Level, or more, in that occupation and in all other occupations for which you are reasonably fitted under the Any Occupation Definition of Disability.

You may work in another occupation while you meet the Own Occupation Definition of Disability. If you are Disabled from your Own Occupation, there is no limit on your Work Earnings in another occupation. Your Work Earnings may be Deductible Income. See **Return To Work Incentive** and **Deductible Income**.

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

RETURN TO WORK INCENTIVE

A. During The Benefit Waiting Period

You may serve your Benefit Waiting Period while working, if you meet either the Own Occupation Definition of Disability or the Partial Disability Definition.

B. After The Benefit Waiting Period

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

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

Work Earnings means your gross monthly earnings from work you perform while Disabled, including earnings from your Employer, any other employer, or self-employment. Your earnings will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one. Work Earnings will not include any renewal commissions, overwriting renewal commissions, or service fees received on business sold before you become Disabled.

REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you are Disabled and return to work in any occupation for any employer, not including self employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit as shown in the **Coverage Features**.

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

REHABILITATION PLAN PROVISION

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

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

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

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

TEMPORARY RECOVERY

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

A. Allowable Periods

1. During the Benefit Waiting Period: a total of 30 days of recovery.
2. During the Maximum Benefit Period: 180 days for each period of recovery.

B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Periods, 1 through 5 below will apply.

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

WHEN LTD BENEFITS END

Your LTD Benefits end automatically on the earliest of 1 through 4 below.

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date benefits become payable under any other group long term disability insurance policy under which you become insured during a period of Temporary Recovery.

PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work prior to a temporary Furlough unless a different date applies (see the **Coverage Features**). Any subsequent change in your earnings will not affect your Predisability Earnings.

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

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Shift differential pay.
3. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include:

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

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

If you are paid hourly, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 183 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 183 hours.

DEDUCTIBLE INCOME

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

1. Sick pay or other salary continuation as shown in the **Coverage Features**.
2. Your Work Earnings, as described in **Return To Work Incentive**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
 - a. A workers' compensation law;
 - b. The Jones Act;
 - c. Maritime Doctrine of Maintenance, Wages or Cure;
 - d. Longshoremen's and Harbor Worker's Act; or
 - e. Any similar act or law.
4. Any amount you, your Spouse, or your children under age 18 receive or are eligible to receive because of your disability or retirement under:
 - a. The Federal Social Security Act;
 - b. The Canada Pension Plan;
 - c. The Quebec Pension Plan;
 - d. The Railroad Retirement Act; or
 - e. Any similar plan, act, or law.

Benefits your Spouse or children receive or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence.

The **Coverage Features** states which one of the following options applies to your Social Security benefits:

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

- b. Primary offset: Primary benefits are Deductible Income, but dependents benefits are not.
- c. Partial dependents offset: Primary benefits are Deductible Income. Dependents benefits are Deductible Income as determined below:
 - (1) Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your dependents benefits to that amount.
 - (2) Multiply your Predisability Earnings by the dependents limit.
 - (3) If (1) is greater than (2), the difference will be Deductible Income.
- 5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
- 6. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.
- 7. Any amount you receive or are eligible to receive because of your disability under any other group insurance coverage.
- 8. Any disability or retirement benefits you receive or are eligible to receive under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members.

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

You are not required to apply for disability or early retirement benefits under your Employer's retirement plan if the receipt of such benefit would reduce the benefit you would be eligible to receive at normal retirement age. However, disability or early retirement benefits you do receive will be Deductible Income.
- 9. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

EXCEPTIONS TO DEDUCTIBLE INCOME

Deductible Income does not include:

- 1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
- 2. Reimbursement for hospital, medical, or surgical expense.
- 3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
- 4. Benefits from any individual disability insurance policy.
- 5. California Workers' Compensation benefits for permanent total or permanent partial disability.
- 6. Early retirement benefits under the Federal Social Security Act which are not actually received.
- 7. Group credit or mortgage disability insurance benefits.
- 8. Accelerated death benefits paid under a life insurance policy.
- 9. Benefits from a through h below.
 - a. Profit sharing plan.
 - b. Thrift or savings plan.

- c. Deferred compensation plan.
- d. Plan under IRC Section 401(k), 408(k), or 457.
- e. Individual Retirement Account (IRA).
- f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
- g. Stock ownership plan.
- h. Keogh (HR-10) plan.

RULES FOR DEDUCTIBLE INCOME

A. Monthly Equivalents

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

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

B. Your Duty To Pursue Deductible Income

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

C. Pending Deductible Income

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

D. Overpayment Of Claim

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

SURVIVORS BENEFIT

If you die while LTD Benefits are payable, we will pay a Survivors Benefit according to 1 through 4 below.

1. The amount of the Survivors Benefit is shown in the **Coverage Features**.
2. The Survivors Benefit will first be applied to reduce any overpayment of your claim.
3. The Survivors Benefit will be paid at our option to any one or more of the following:
 - a. Your surviving Spouse;
 - b. Your surviving unmarried children, including adopted children, under age 25;
 - b. Your Spouse's surviving unmarried children, including adopted children, under age 25; or
 - c. Any person providing the care and support of any of them.

4. If you are not survived by a spouse or any unmarried child under age 25, no Survivors Benefit will be paid unless payment to your estate is allowed as stated in the **Coverage Features**.

WAIVER OF PREMIUM

Your insurance will continue without payment of premiums while LTD Benefits are payable.

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

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

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

EFFECT OF NEW DISABILITY

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

1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. All provisions of the Group Policy, including the **Exclusions** and **Limitations** sections, will apply to the new cause of Disability.

EXCLUSIONS

A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

B. Intentionally Self-Inflicted Injury

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

C. Preexisting Condition

1. Definition

Preexisting Condition means a mental or physical condition for which you have done any of the following at any time during the Preexisting Condition Period shown in the **Coverage Features**.

- a. Consulted a Physician;
- b. Received medical treatment or services; or
- c. Taken prescribed drugs or medications.

2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

- a. Have been continuously insured under the Group Policy for the entire Exclusion Period shown in the **Coverage Features**; and

- b. Have been Actively At Work for at least one full day after the end of the Exclusion Period.

LIMITATIONS

A. Care Of A Physician

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

B. Mental Disorder

Payment of LTD Benefits is limited to the Mental Disorder Limitation Period shown in the **Coverage Features** for each period of continuous Disability caused or contributed to by a Mental Disorder. However, if you are confined in a Hospital at the end of the Mental Disorder Limitation Period, this limitation will not apply while you are continuously confined.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause, including any biological or biochemical disorder or imbalance of the brain. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, or anxiety and anxiety disorders.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed Physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

C. Rehabilitation Program

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

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

B. Time Limits On Filing Proof Of Loss

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

C. Proof Of Loss

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

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the

required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

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

F. Time Of Payment

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

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

G. Notice Of Decision On Claim

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

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

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

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

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

H. Review Procedure

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

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

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be

subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

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

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

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

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

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

I. Assignment

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

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. The amount of benefits payable; and
 - d. The sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The end of the period within which Proof Of Loss is required to be given.

INCONTESTABILITY PROVISIONS

A. Incontestability Of Member's Insurance

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

No misrepresentation by you will be used to reduce or deny your claim or contest the validity of your insurance unless:

1. Your insurance would not have been approved if we had known the truth; and
2. We have given you a copy of a written instrument signed by you which contains your misrepresentation.

After your insurance has been in effect for two years, we will not use a misrepresentation by you to reduce or deny your claim, unless it was a fraudulent misrepresentation.

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 or fraudulent misrepresentations.

CONTINUITY OF COVERAGE

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

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

Payment of your LTD Benefit will be under the terms of the Prior Plan or the Group Policy, whichever pays less.

WHEN YOUR INSURANCE BECOMES EFFECTIVE

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

A. Noncontributory Insurance

Subject to the **Active Work Provisions**, your Noncontributory insurance becomes effective on the date you become eligible.

B. Contributory Insurance

You must apply in writing for Contributory insurance and agree to pay premiums. Subject to the **Active Work Provisions**, your insurance becomes effective on:

1. The date you become eligible, if you apply on or before that date;
2. The date you apply, if you apply within 31 days after you become eligible; or
3. The date we approve your Evidence Of Insurability, if you apply more than 31 days after you become eligible (late application).

C. Insurance Subject To Evidence Of Insurability

Subject to the **Active Work Provisions**, insurance subject to Evidence Of Insurability becomes effective on the date we approve Evidence Of Insurability.

Evidence Of Insurability will not be required to become insured for Contributory insurance on May 1, 2013 if you apply during the open enrollment period beginning May 8, 2013 and ending May 21, 2013. However, Evidence Of Insurability will not be waived if you are not insured for Contributory coverage because you previously submitted evidence of good health that was not approved by us or by the insurer(s) of the Prior Plan or any preceding plans.

D. Takeover Provisions

1. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
2. You must submit satisfactory Evidence Of Insurability to become insured for insurance if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

ACTIVE WORK PROVISIONS

A. Active Work Requirement

If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing 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.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance. However, if you return to Active Work during a period of Disability or Temporary Recovery (see **Temporary Recovery**), you will not qualify for any change in insurance caused by a change in:

1. Your status as a member of a class;
2. The rate of earnings used to determine your Predisability Earnings; or
3. The terms of the Group Policy.

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution, if your insurance is Contributory.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date you cease to be a Member. However, if you cease to be a Member because you are not working the required minimum number of hours, your insurance will be continued during the following periods, unless it ends under 1 through 3 above.
 - a. While your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member.
 - b. During the Benefit Waiting Period and while LTD Benefits are payable.
 - c. 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.
 - d. During any other leave of absence approved by your Employer in advance and in writing and scheduled to last the Leave Of Absence Period shown in the **Coverage Features**.

REINSTATEMENT OF INSURANCE

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

1. If your 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 insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If your insurance ends because you are on a federal or state mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state mandated family or medical leave act or law.
4. The Preexisting Conditions Exclusion will be applied as if there had been no break in coverage in the following instances:
 - a. If you become insured again within 90 days.
 - b. If required by federal or state mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.

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. 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.

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. 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 in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups of Members.

DEFINITIONS

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

Contributory means you pay all or part of the premium for your insurance.

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

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

Providing Evidence Of Insurability means you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and

4. At your expense, provide any additional information about your insurability that we may reasonably require.

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

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

Injury means an injury to your body.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

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

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

Noncontributory means the Policyholder or Employer pays the entire premium for your insurance.

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

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

Physician means a licensed medical professional, other than yourself, acting within the scope of the license.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

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

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Employer; or an individual recognized as your domestic partner under applicable law.

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 or from whom you have terminated a Domestic Partner relationship.

LTDC97X



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? The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage. The coverage amount for your child(ren) cannot exceed 50 percent of your combined Basic and Additional Life coverage.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Child(ren):	\$5,000, \$7,500 or \$10,000
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 \$100,000
	For Your Spouse:	Up to \$20,000

AD&D Insurance

The benefit is paid if you or your spouse are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?

Note: You can't buy more coverage for your spouse than you buy for yourself.

For You:

If you elect AD&D insurance coverage, the benefit amount is the same as the Additional Life insurance benefit.

For Your Spouse:

If you elect AD&D insurance coverage, the benefit amount is the same as the Dependents Life insurance benefit.

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.

Ⓢ How Much Your Coverage Costs

Your Basic Life insurance is paid for by Clark County. 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:

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

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 \$0.50 for \$5,000, \$0.76 for \$7,500 or \$1.00 for \$10,000, no matter how many children you're covering.

Age (as of last January 1)	Your Rate* (Per \$1,000 of Total Coverage)	Your Spouse's Rate** (Per \$1,000 of Total Coverage)
<30	\$0.06	\$0.06
30-34	\$0.08	\$0.08
35-39	\$0.12	\$0.12
40-44	\$0.14	\$0.14
45-49	\$0.24	\$0.24
50-54	\$0.44	\$0.44
55-59	\$0.72	\$0.72
60-64	\$0.78	\$0.78
65-69	\$1.44	\$1.44
70-74	\$2.40	\$2.40
75+	\$7.80	\$7.80

*If you elect AD&D insurance with your Additional Life insurance, your monthly AD&D rate is \$0.02 per \$1,000 of AD&D benefit added to the above rates.

**If you elect AD&D insurance with your Dependents Life insurance for your spouse, your spouse's monthly AD&D rate is \$0.02 per \$1,000 of AD&D benefit added to the above rates.

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 employee of Clark County, including Job Share employees
- Regularly working at least 20 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 insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life insurance.

If you buy Additional Life insurance for yourself, you may also buy AD&D insurance.

If you buy AD&D insurance for yourself, you can also buy AD&D insurance for your spouse.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

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/606122> 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.

*Defined as first of the month that follows the date you become a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you 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 70, provided you give us satisfactory proof that you remain totally disabled.

Please contact your benefits administrator for more details.

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.

AD&D Benefits

If you elect AD&D insurance, the amount of the AD&D benefit is equal to the amount payable for your or your spouse's 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 and AD&D 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.

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-WA-606122 (10/22)
7164372-921857



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 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 Clark County.

Eligibility

Definition of a Member	You are a member if you are an active employee of Clark County and regularly working at least 20 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 - Elected Officials, Management 1&2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency-Management, Information Technology Guild, SW WA Regional Health, Lower Columbia Fish Recovery Board Management
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	1 times your annual earnings to a maximum of \$150,000.
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.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- 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 Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Clark County. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and Clark County 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.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-WA-606122-C1 (12/17)
5455903-143807



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 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 Clark County.

Eligibility

Definition of a Member

You are a member if you are an active employee of Clark County and regularly working at least 20 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 - Non-represented (M3), CRESA Non-represented, RTC Non-represented, Partners in Careers, Sheriff's Administrators Association, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board Non-Represented

Class 3 - CRESA 911 Dispatchers Guild

Eligibility Waiting Period

You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount

1 times your annual earnings to a maximum of \$50,000.

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.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- 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 Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Clark County. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and Clark County 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.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-WA-606122-C2,C3 (10/22)
7184373-921851



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 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 Clark County.

Eligibility

Definition of a Member	You are a member if you are an active employee of Clark County and regularly working at least 20 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 4 - Custody Officer's Guild, Sheriff Office Support Guild, Juvenile Detention Officer's Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8 Class 5 - Deputy Sheriff's Guild
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$25,000.
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.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- 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 Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Clark County. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and Clark County 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.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-WA-606122-C4,C5 (12/17)
5455903-143824



Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

? About This Coverage

You will be automatically enrolled in the base plan if you do not elect buy-up coverage and the policy becomes effective. See the Important Details section for more information, including requirements, exclusions and definitions.

	Base coverage provided by Clark County at no cost to you	Buy-up coverage you can purchase, paid for by you
What Your Benefit Provides	<p>60% of your eligible earnings, up to a maximum benefit of \$9,000 per month. Plan minimum per month: \$100.</p>	<p>An additional 6 2/3% for a total of 66 2/3% of your eligible earnings, up to a maximum benefit of \$10,000 per month. Plan minimum per month: \$100.</p>
Benefit Waiting Period	60 days	60 days
<p>How long you must be continuously disabled before you can begin receiving your monthly benefit.</p>		

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the table in the Important Details section for specifics.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the table in the Important Details section for specifics.

☰ Additional Features

Your coverage comes with some added features:

Help with Returning to Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

Survivors Benefit

If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.

💰 How Much Your Coverage Costs

Your base policy is paid for by Clark County and costs you nothing. If you choose to purchase buy-up coverage, you'll have access to competitive group rates that 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 your benefit amount.

Use this formula to calculate your premium payment for your buy-up coverage:

$$\underline{\hspace{2cm}} \times \text{Rate Percentage} \div 100 = \underline{\hspace{2cm}}$$

Enter your monthly earnings (cannot be more than \$15,000). Rate Percentage This amount is an estimate of how much you'd pay each month.

As you consider whether to apply for buy-up Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you with housing costs, utilities and other bills.

Your base plan replaces percentage of your income. Would that be enough to cover your expenses? If not, consider applying for more coverage.

For help figuring out your insurance needs, use our online calculator at www.standard.com/disability/needs.

Important Details

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

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Clark County
- Actively working at least 20 hours per week
- A member of Class 1: Elected Officials, Management 1 and 2, Court Appointed, RTC-Management, CRESA-Management, SW Clean Air Agency-Management, Non-represented (M3), CRESA Non-represented, RTC Non-represented, SW Clean Air Agency Non-represented, Law Library, Lower Columbia Fish Recovery Board
- A citizen or resident of the United States or Canada

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

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for buy-up coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

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

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity

the material duties of your own occupation, and

- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

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

Maximum Benefit Period

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

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

Exclusions

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

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously

insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

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

In addition, the length of time you can receive Long Term Disability payments will be limited if:

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

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends

- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

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

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 the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)

- The date Clark County ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. 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-LTD/S399, GP399-LTD/TRUST, GP899-LTD,
Contract 2000

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Portland OR 97204

www.standard.com

SI 12507-D-WA-606122-C1 (12/17)
5455903-143770



Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

? About This Coverage

You will be automatically enrolled in the base plan if you do not elect buy-up coverage and the policy becomes effective. See the Important Details section for more information, including requirements, exclusions and definitions.

Base coverage provided by Clark County at no cost to you

Buy-up coverage you can purchase, paid for by you

What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$9,000** per month. Plan minimum per month: **\$100**.

An additional **6 2/3%** for a total of **66 2/3%** of your eligible earnings, up to a maximum benefit of **\$10,000** per month. Plan minimum per month: **\$100**.

Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit.

60 days

60 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

Additional Features

Your coverage comes with some added features:

Help with Returning to Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

Survivors Benefit

If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.

How Much Your Coverage Costs

Your base policy is paid for by Clark County and costs you nothing. If you choose to purchase buy-up coverage, you'll have access to competitive group rates that 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 your benefit amount.

Use this formula to calculate your premium payment for your buy-up coverage:

_____	x	_____	÷ 100 =	_____
Enter your monthly earnings (cannot be more than \$15,000).		Rate Percentage		This amount is an estimate of how much you'd pay each month.

As you consider whether to apply for buy-up Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you with housing costs, utilities and other bills.

Your employer provides you with a basic level of disability insurance. Will that be enough for you? If not, you have the option to enroll in an enhanced level of disability insurance.

For help figuring out your insurance needs, use our online calculator at www.standard.com/disability/needs.

Important Details

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

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Clark County
- Actively working at least 20 hours per week
- A member of Class 2 - Information Technology Guild, Local 11, Local 17 Appraisers, Local 17 Engineers, Local 1432, Local 307, Local 335, Local 8, Sheriff's Administrators Association **OR** Class 4 - Sheriff Office Support Guild
- A citizen or resident of the United States or Canada

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

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for buy-up coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

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

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and

- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

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

Maximum Benefit Period

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

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

Exclusions

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

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full

day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

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

In addition, the length of time you can receive Long Term Disability payments will be limited if:

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

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured

through employment during a period of temporary recovery

- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

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

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 the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Clark County ends participation in the group

policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. 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-LTD/S399, GP399-LTD/TRUST, GP899-LTD,
Contract 2000**

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SI 12507-D-WA-606122-C2,C4 (11/21)

6946348-772977



Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

? About This Coverage

You will be automatically enrolled in the base plan if you do not elect buy-up coverage and the policy becomes effective. See the Important Details section for more information, including requirements, exclusions and definitions.

Base coverage provided by Clark County at no cost to you

Buy-up coverage you can purchase, paid for by you and Clark County

What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$4,375** per month. Plan minimum per month: **\$100**.

An additional **6 2/3%** for a total of **66 2/3%** of your eligible earnings, up to a maximum benefit of **\$4,862** per month. Plan minimum per month: **\$100**.

Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit.

Class 3 & 6 - 60 days

Class 5 - 90 days

Class 3 & 6 - 60 days

Class 5 - 90 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

☰ Additional Features

Your coverage comes with some added features:

Help with Returning to Work

This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.

If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.

Survivors Benefit

If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.

Ⓢ How Much Your Coverage Costs

Your base policy is paid for by Clark County and costs you nothing. If you choose to purchase buy-up coverage, you'll have access to competitive group rates that 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 your benefit amount.

Use this formula to calculate your premium payment for your buy-up coverage:

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \frac{0.23}{100} = \underline{\hspace{2cm}}$$

Enter your monthly earnings (cannot be more than \$7,292). Rate Percentage This amount is an estimate of how much you'd pay each month.

As you consider whether to apply for buy-up Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you with housing costs, utilities and other bills.

Your employer provides you with a basic level of disability insurance. Will that be enough for you? If not, you have the option to enroll in an enhanced level of disability insurance.

For help figuring out your insurance needs, use our online calculator at www.standard.com/disability/needs.

Important Details

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

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Clark County
- Actively working at least 20 hours per week
- A member of Class 3 - Partners in Careers, CRESA 911 Dispatchers Guild **OR** Class 5 - Corrections Deputy Guild **OR** Class 6 - Juvenile Detention Officer's Guild
- A citizen or resident of the United States or Canada

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

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for buy-up coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

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

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own

occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

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

Maximum Benefit Period

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

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

Exclusions

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

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

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

In addition, the length of time you can receive Long Term Disability payments will be limited if:

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

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary

recovery

- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

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

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 the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Clark County ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. 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-LTD/S399, GP399-LTD/TRUST, GP899-LTD,
Contract 2000**

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12507-D-WA-606122-C3,C5,C6 (11/21)

6946348-772978



Life Experience Report - Cash Basis	Clark County
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Groups: 606122

Segment: Basic Life

As Of: 4/30/2023

	1/1/2019 to 12/31/2019	1/1/2020 to 12/31/2020	1/1/2021 to 12/31/2021	1/1/2022 to 12/31/2022	1/1/2023 to 4/30/2023	TOTAL
Earned Premium	152,714	154,304	154,524	153,700	52,805	668,047
Paid Claims	-	225,000	268,000	136,000	33,000	662,000
Reserve Change	85,800	(49,050)	(72,500)	(141,798)	16,250	(161,298)
IBNR Change	338	517	24	(130)	1,114	1,861
Conversion Charges	-	-	-	-	-	-
Incurred Claims	86,138	176,467	195,524	(5,928)	50,364	502,563
 Loss Ratio	 56%	 114%	 127%	 -4%	 95%	 75%
Life Years	1,979	1,990	2,012	1,965	653	8,598
Death - Claim Count	-	4	4	3	1	12
Death - Incidence	-	2.01	1.99	1.53	1.53	1.40
Waiver - Reserve (EOP)	841,425	707,375	719,875	578,078	594,328	
Waiver - Open Claims (EOP)	33	32	32	24	25	
Waiver - Avg Reserve	25,498	22,105	22,496	24,087	23,773	23,569

Case Summary

Life Case Summary	Clark County
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Groups: 606122

Segment: Basic Life

As Of: 4/30/2023

	1/1/2019 to 4/30/2023	
Earned Premium	668,047	
Constant Premium	668,047	Earned Premium using current rate level for all past years
Incurred Claims	502,563	
Loss Ratio	75.2%	(Incurred Claims / Earned Premium)
Constant Loss Ratio	75.2%	(Incurred Claims / Constant Premium)
Experience Rate	0.950	
Calc Rate	1.142	
Credibility	45%	
Blended Rate	1.055	

Blended = ExpRate * Credibility + CalcRate * (1-Credibility)



LTD Experience Report - Incurred Basis	Clark County
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Groups: 606122

As Of: 4/30/2023

	1/1/2019 to 12/31/2019	1/1/2020 to 12/31/2020	1/1/2021 to 12/31/2021	1/1/2022 to 12/31/2022	1/1/2023 to 4/30/2023	TOTAL
Earned Premium	784,054	813,689	821,780	827,920	284,965	3,532,408
Paid Claims	521,160	152,447	303,056	18,163	-	994,826
FICA	11,914	2,412	3,792	1,004	-	19,122
Reserves	165,717	77,864	317,528	74,004	-	635,113
IBNR	-	-	-	159,734	143,943	303,676
Interest Credit	(20,049)	(6,014)	(13,075)	(1,097)	-	(40,235)
Incurred Claims	678,742	226,709	611,301	251,808	143,943	1,912,502
Loss Ratio	87%	28%	74%	30%	51%	54%
Life Years	2,203	1,615	1,582	1,547	513	7,459
Pending Claim Cnt	-	-	-	1	-	1
Approved Claim Cnt	11	5	8	2	-	26
Active Claim Cnt	1	1	5	-	-	7
Closed Claim Cnt	10	4	3	2	-	19
Incidence	4.99	3.10	5.06	1.94	0.00	3.62

LTD Case Summary	Clark County
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Groups: 606122

As Of: 4/30/2023

	1/1/2019 to 4/30/2023	
Earned Premium	3,532,408	
Constant Premium	3,532,408	Earned Premium using current rate level for all past years
Incurred Claims	1,912,502	
Loss Ratio	54.1%	(Incurred Claims / Earned Premium)
Constant Loss Ratio	54.1%	(Incurred Claims / Constant Premium)
Experience Rate	0.811	
Calc Rate	0.900	
Credibility	60%	
Blended Rate	0.847	

Blended = ExpRate * Credibility + CalcRate * (1-Credibility)

Life Experience Report - Cash Basis	Clark County
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Groups: 606122

Segment: Additional Life

As Of: 4/30/2023

	1/1/2019 to 12/31/2019	1/1/2020 to 12/31/2020	1/1/2021 to 12/31/2021	1/1/2022 to 12/31/2022	1/1/2023 to 4/30/2023	TOTAL
Earned Premium	227,089	233,232	227,199	220,097	72,117	979,734
Paid Claims	-	100,000	350,000	-	-	450,000
Reserve Change	-	-	19,500	(68,250)	-	(48,750)
IBNR Change	(4,740)	1,930	(2,853)	(952)	875	(5,742)
Conversion Charges	-	-	-	-	-	-
Incurred Claims	(4,740)	101,930	366,647	(69,202)	875	395,508
 Loss Ratio	 -2%	 44%	 161%	 -31%	 1%	 40%
Life Years	458	476	460	443	145	1,982
Death - Claim Count	-	1	2	-	-	3
Death - Incidence	-	2.10	4.35	-	-	1.51
Waiver - Reserve (EOP)	598,000	598,000	617,500	549,250	549,250	
Waiver - Open Claims (EOP)	11	11	12	10	10	
Waiver - Avg Reserve	54,364	54,364	51,458	54,925	54,925	53,926

Case Summary	
Life Case Summary	Clark County

Groups: 606122

Segment: Additional Life

As Of: 4/30/2023

	1/1/2019 to 4/30/2023	
Earned Premium	979,734	
Constant Premium	979,734	Earned Premium using current rate level for all past years
Incurred Claims	395,508	
Loss Ratio	40.4%	(Incurred Claims / Earned Premium)
Constant Loss Ratio	40.4%	(Incurred Claims / Constant Premium)
Experience Rate	0.510	
Calc Rate	1.000	
Credibility	20%	
Blended Rate	0.903	

Blended = ExpRate * Credibility + CalcRate * (1-Credibility)

ATTACHMENT I

CLAIM OFFSET INFORMATION AS OF 05/31/2023
STANDARD INSURANCE COMPANY

17:15 Wednesday, June 28, 2023 1

CO	POLICY	CLAIM	PROD	CLM TYPE	GENDER	CLM STS	INCURRAL DATE	CLOSE DATE	GROSS BENEFIT	OFFSET ID	OFFSET STATUS	OFFSET AMOUNT	OFFSET EFF DATE	OFFSET LIM DATE
SI	606122	EW7343	LT	LT	M	A	10/21/2016		3,208.46	SD	A	1,350.00	04/01/2017	05/20/2066
		GH2457	LT	LT	M	A	01/10/2019		5,108.95	SD	A	1,515.00	01/01/2020	12/23/2060
		GQ8385	LT	LT	M	A	02/01/2020		3,986.12	P1	E	99.58	07/15/2021	11/19/2061
					M	A	02/01/2020		3,986.12	SD	A	2,478.00	12/01/2020	11/19/2061
		HU0969	LT	LT	F	A	05/13/2021		2,866.88	SC	E	661.50	11/01/2021	02/28/2025
					F	A	05/13/2021		2,866.88	SD	E	1,323.00	11/01/2021	06/17/2082
		HW0490	LT	LT	M	A	11/11/2021		3,531.78	P1	E	201.46	11/11/2022	04/25/2067
					M	A	11/11/2021		3,531.78	SD	A	2,292.00	01/01/2022	04/25/2067
		HX4064	LT	LT	F	A	12/14/2021		4,458.22	R0	S	3,185.00	06/01/2023	12/16/2029
		HZ4660	LT	LT	M	A	12/16/2021		2,653.95	SD	E	1,226.00	06/01/2022	10/23/2068
		JL1028	LT	LT	F	A	10/06/2021		2,487.05	P1	E	752.47	10/06/2022	06/28/2068
					F	A	10/06/2021		2,487.05	SD	E	1,258.00	04/01/2022	06/28/2068
					F	A	10/06/2021		2,487.05	WT	E	2,216.00	10/06/2021	06/28/2068
		VH3291	LT	LT	F	A	04/01/2009		2,085.34	SD	A	1,064.00	07/01/2011	01/02/2078
		VK3340	LT	LT	F	A	08/24/2010		2,339.82	P1	E	0.00	01/16/2030	01/16/2063
					F	A	08/24/2010		2,339.82	SD	A	1,193.00	01/01/2012	01/16/2063
		VU1241	LT	LT	F	A	12/02/2013		4,248.07	PS	A	2,053.84	11/01/2022	10/25/2057
					F	A	12/02/2013		4,248.07	SD	A	2,028.00	01/01/2015	10/25/2057
		VV3159	LT	LT	M	A	08/14/2014		2,819.96	P1	E	409.39	11/02/2030	11/02/2065
					M	A	08/14/2014		2,819.96	SD	A	2,074.00	06/01/2015	11/02/2065
		VX4986	LT	LT	F	A	05/30/2015		1,646.32	SD	A	1,098.00	07/01/2016	08/25/2077
		VX7578	LT	LT	F	A	07/23/2015		3,421.50	P1	E	336.99	07/08/2029	07/08/2064
					F	A	07/23/2015		3,421.50	SD	A	2,012.00	07/01/2016	07/08/2064
		088224	LT	LT	F	A	01/26/2005		1,906.81	SD	A	1,180.00	07/01/2005	02/02/2069
		243400	LT	LT	F	A	10/01/1994		1,596.60	SD	A	706.00	10/01/1999	10/24/2058

ATTACHMENT J

STANDARD INSURANCE COMPANY

AS OF DATE 05/31/2023

PAGE 1

GCE0300-4* GROUP CLAIM EXPERIENCE

RUN DATE 06/28/2023

POLICY 606122 CLARK COUNTY

FROM 01/2021 THRU 05/2023

CLAIM NUMBER	CLAIMANT NAME	S X COV PD	O C	*-----DATES-----*				CAUSE CODE	P N	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD
		M TERM AL		04/1966	02/2021	02/2021	03/2021			100,000.00	100,000.00			
		M TERM AL		08/1974	07/2021	10/2021	11/2021			250,000.00	250,000.00			
PRODUCT - AL											350,000.00	350,000.00		
		M TERM BL		08/1949	12/2020	01/2021	01/2021			85,000.00	85,000.00			
		M TERM BL		04/1966	02/2021	02/2021	03/2021			108,000.00	108,000.00			
		F TERM BL		01/1978	06/2021	07/2021	07/2021			50,000.00	50,000.00			
		M TERM BL		08/1974	07/2021	10/2021	11/2021			25,000.00	25,000.00			
		M TERM BL		03/1972	02/2022	03/2022	04/2022			91,000.00	91,000.00			
		M TERM BL		03/1957	05/2022	06/2022	06/2022			20,000.00	20,000.00			
		M TERM BL		08/1950	11/2022	12/2022	12/2022			25,000.00	25,000.00			
		F TERM BL		07/1978	03/2023	03/2023	03/2023			33,000.00	33,000.00			
PRODUCT - BL											437,000.00	437,000.00		
COVERAGE - TERM											787,000.00	787,000.00		
		M TPD2		08/1941	04/1996	12/1999			25,000.00			16,250.00	16,250.00	
		F TPD2		07/1955	01/1999	11/2000			10,000.00			6,500.00	6,500.00	
PRODUCT -													22,750.00	22,750.00
		F TPD2 AL	2	02/1969	01/2005	02/2006			100,000.00			65,000.00	65,000.00	
		F TPD2 AL	2	11/1952	12/2005	12/2007							32,500.00	
		F TPD2 AL	2	08/1952	12/2007	08/2008			32,500.00			21,125.00	32,500.00	
		F TPD2 AL	2	03/1951	04/2008	03/2009	05/2022						32,500.00	
		M TPD2 AL	1	07/1953	03/2009	05/2009			100,000.00			65,000.00	65,000.00	
		F TPD2 AL	8	01/1963	08/2010	11/2010			100,000.00			65,000.00	65,000.00	
		M TPD2 AL	8	01/1955	08/2012	01/2013			100,000.00			65,000.00	65,000.00	
		M TPD2 AL	3	03/1956	04/2015	02/2018			50,000.00			32,500.00	32,500.00	
		M TPD2 AL	1	05/1966	10/2016	05/2017			100,000.00			65,000.00	65,000.00	
		F TPD2 AL	1	11/1954	12/2005	05/2018							13,000.00	
		M TPD2 AL	2	12/1958	01/2018	12/2018			200,000.00			130,000.00	130,000.00	

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GCE0300-4* GROUP CLAIM EXPERIENCE

RUN DATE 06/28/2023

POLICY 606122 CLARK COUNTY

FROM 01/2021 THRU 05/2023

CLAIM NUMBER	CLAIMANT NAME	S X COV PD	O C	*-----DATES-----*	CAUSE CODE	P N	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD
		F TPD2 AL	2	09/1956 06/2014 06/2021			30,000.00			19,500.00	
		F TPD2 AL	2	11/1952 12/2005 12/2022			32,500.00			21,125.00	
				PRODUCT - AL						549,250.00	598,000.00
		F TPD2 BL	2	06/1950 07/2001 03/2002			6,500.00			4,225.00	4,225.00
		F TPD2 BL	1	10/1951 12/2001 08/2002 05/2023							32,500.00
		F TPD2 BL	2	12/1945 04/2001 09/2003 08/2022							3,250.00
		F TPD2 BL	2	02/1969 01/2005 02/2006			20,000.00			13,000.00	13,000.00
		M TPD2 BL		11/1945 12/2004 10/2006			13,000.00			8,450.00	8,450.00
		F TPD2 BL	2	11/1952 12/2005 12/2007							25,350.00
		F TPD2 BL	3	09/1952 02/2008 04/2008 06/2022							13,000.00
		F TPD2 BL	2	08/1952 12/2007 08/2008			13,000.00			8,450.00	13,000.00
		F TPD2 BL	2	03/1951 04/2008 03/2009 05/2022							13,000.00
		M TPD2 BL	1	07/1953 03/2009 05/2009			40,000.00			26,000.00	26,000.00
		F TPD2 BL	0	02/1955 04/2009 08/2009			20,000.00			13,000.00	13,000.00
		M TPD2 BL	1	06/1954 05/2009 08/2009			97,000.00			63,050.00	63,050.00
		M TPD2 BL	3	01/1978 04/2009 10/2009			20,000.00			13,000.00	13,000.00
		F TPD2 BL	2	05/1954 12/2009 04/2010			20,000.00			13,000.00	13,000.00
		F TPD2 BL	8	01/1963 08/2010 11/2010			20,000.00			13,000.00	13,000.00
		M TPD2 BL	1	05/1955 11/2010 01/2011			101,000.00			65,650.00	65,650.00
		M TPD2 BL	3	06/1954 04/2011 08/2012 06/2022							13,000.00
		M TPD2 BL	2	03/1957 01/2010 04/2012 05/2022							13,000.00
		M TPD2 BL	8	01/1955 08/2012 01/2013			44,000.00			28,600.00	28,600.00
		M TPD2 BL	2	04/1954 08/2013 06/2014			25,000.00			16,250.00	16,250.00
		F TPD2 BL	7	10/1957 12/2013 06/2014			85,000.00			55,250.00	55,250.00
		M TPD2 BL	3	11/1965 08/2014 10/2014			25,000.00			16,250.00	16,250.00
		F TPD2 BL	2	09/1956 06/2014 01/2021							3,750.00
		M TPD2 BL	3	03/1956 04/2015 02/2018			50,000.00			32,500.00	32,500.00
		M TPD2 BL	1	09/1955 02/2015 07/2016			70,000.00			45,500.00	45,500.00
		F TPD2 BL	2	07/1964 07/2015 10/2016			62,000.00			40,300.00	40,300.00
		F TPD2 BL	2	08/1977 05/2015 07/2016			25,000.00			16,250.00	16,250.00
		M TPD2 BL	1	05/1966 10/2016 05/2017			25,000.00			16,250.00	16,250.00
		F TPD2 BL	1	11/1954 12/2005 05/2018							32,500.00
		F TPD2 BL	1	08/1964 08/2017 07/2018 07/2022							13,000.00
		M TPD2 BL	2	12/1958 01/2018 12/2018			25,000.00			16,250.00	16,250.00
		M TPD2 BL	0	11/1961 02/2020 12/2020 03/2022							16,250.00
		F TPD2 BL	2	09/1956 06/2014 01/2021			25,000.00			16,250.00	

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STANDARD INSURANCE COMPANY

AS OF DATE 05/31/2023

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GCE0300-4* GROUP CLAIM EXPERIENCE

RUN DATE 06/28/2023

POLICY 606122 CLARK COUNTY

FROM 01/2021 THRU 05/2023

CLAIM NUMBER	CLAIMANT NAME	S X COV PD	O *-----DATES-----*	CAUSE P	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD
		F TPD2 BL	2 11/1952 12/2005 12/2022		25,350.00			16,477.50	
		F TPD2 BL	2 06/1968 10/2021 03/2023		25,000.00			16,250.00	
			PRODUCT - BL					573,202.50	707,375.00
			SUBTOTAL PENDING - TPD2						
			SUBTOTAL OTHER - TPD2					1,145,202.50	1,328,125.00
			COVERAGE - TPD2					1,145,202.50	1,328,125.00
		F DEP DL	12/1973 05/2023					20,000.00	
			PRODUCT - DL					20,000.00	
			COVERAGE - DEP					20,000.00	
		M AD&D AA	08/1974 07/2021 10/2021 11/2021			250,000.00	250,000.00		
		M AD&D AA	08/1974 07/2021 10/2021 11/2021			25,000.00	25,000.00		
			PRODUCT - AA					275,000.00	275,000.00
		M AD&D BA	08/1974 07/2021 10/2021 11/2021			25,000.00	25,000.00		
			PRODUCT - BA					25,000.00	25,000.00
			COVERAGE - AD&D					300,000.00	300,000.00
		E M LTD LT	0 05/1966 10/2016 01/2017	NS	3,208.46	53,895.34	136,742.81	157,430.15	188,187.66
		C F LTD LT	2 06/1955 01/2018 04/2018 09/2021	NS		883.33	15,349.45		589.00
		G M LTD LT	2 03/1955 09/2018 12/2018 11/2021	NS		1,100.00	62,225.53		588.00
		J M LTD LT	6 08/1982 04/2019 07/2019 07/2021	NA		25,184.34	81,769.67		226,998.16

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GCE0300-4* GROUP CLAIM EXPERIENCE

RUN DATE 06/28/2023

POLICY 606122 CLARK COUNTY

FROM 01/2021 THRU 05/2023

CLAIM NUMBER	CLAIMANT NAME	S X COV	PD	O C	*-----DATES-----*				CAUSE CODE	P N	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD
		J M LTD	LT	0	12/1960	01/2019	09/2019		NS		5,108.95	104,224.55	170,495.83	165,717.03	180,212.02
		S M LTD	LT	2	03/1962	07/2019	09/2019	09/2021	NS		6,495.02	20,890.61	78,631.23		7,219.00
		S M LTD	LT	0	09/1956	08/2019	11/2019	04/2023	NS			20,518.66	105,320.90		96,556.42
		A M LTD	LT	2	07/1965	11/2019	05/2020	05/2022	OS			15,223.92	15,923.92		1,450.00
		J M LTD	LT	6	08/1955	11/2019	05/2020	07/2022	NS			9,175.03	29,284.14		1,083.00
		M M LTD	LT	2	11/1961	02/2020	09/2020		OS		3,986.12	41,257.48	73,685.72	77,864.09	15,798.48
		S F LTD	LT	0	04/1956	06/2020	08/2020	07/2022	NS			1,878.44	4,578.74		22,351.15
		J F LTD	LT	3	01/1980	02/2020	10/2020	12/2020	NS		2,962.40	628.69	628.69		
		L F LTD	LT	2	12/1957	09/2020	01/2021	03/2021	NS		2,336.54	7,094.69	7,094.69		40,889.45
T M LTD	LT			1	02/1965	01/2021	07/2021	03/2023	NS			88,554.57	88,554.57		
K M LTD	LT		6	11/1967	03/2021	10/2021	11/2021		NS		3,849.79	24,125.48	24,125.48		
N M LTD	LT	8	11/1983	10/2020	10/2021	09/2022			NA		3,266.59	67,967.26	67,967.26		
		R F LTD	LT	9	06/1982	05/2021	01/2022		NS		2,866.88	59,373.39	59,373.39	5,117.80	
		R M LTD	LT	9	04/1967	11/2021	02/2022		NS		3,531.78	19,836.48	19,836.48	92,067.83	
		B M LTD	LT	3	03/1972	09/2021	03/2022	02/2022	NS		5,042.25	12,562.57	12,562.57		
		D F LTD	LT	3	12/1962	12/2021	03/2022		NS		4,458.22	21,150.80	21,150.80	84,398.29	
		E M LTD	LT	2	10/1968	12/2021	03/2022		NS		2,653.95	37,303.63	37,303.63	137,140.32	
		A M LTD	LT	3	03/1965	09/2022	11/2022	02/2023	NS		3,333.67	5,954.90	5,954.90		
		L F LTD	LT	1	07/1978	08/2022	02/2023	03/2023	NS		1,613.05	7,369.34	7,369.34		
		D F LTD	LT	1	06/1968	10/2021	02/2023		OS		2,487.05	33,080.83	33,080.83	10,535.00	
		K M LTD	LT	2	09/1970	06/2022			NS	P	4,228.81			74,004.18	
		K F LTD	LT	2	02/1955	04/2009	08/2009	04/2021	OA			2,691.16	125,797.48		4,277.85
		D F LTD	LT	8	01/1978	04/2009	09/2009		NS		2,085.34	29,618.86	198,252.48	144,192.78	151,638.35
		T F LTD	LT	6	01/1963	08/2010	11/2010		NS		2,339.82	33,257.78	174,859.86	72,811.60	97,594.38
		G M LTD	LT	3	05/1955	11/2010	01/2011	07/2021	NS			23,486.79	438,437.43		10,495.04
		R M LTD	LT	1	03/1957	01/2010	02/2011	05/2022	OA		1,976.83	13,619.04	132,966.86		22,443.62
		R M LTD	LT	6	01/1955	08/2012	12/2012	03/2021	NS			2,378.89	69,622.38		589.00
		J F LTD	LT	1	07/1968	04/2012	08/2013	01/2022	NS		1,788.26	-17,545.22	161,415.89		88,219.35
		C F LTD	LT	6	10/1957	12/2013	05/2014		NS		4,248.07	50,005.15	240,508.17	982.42	80,416.67
		J M LTD	LT	9	11/1965	08/2014	09/2014		NS		2,819.96	21,632.84	88,264.37	56,989.78	66,217.62
		C F LTD	LT	1	09/1956	06/2014	10/2014	01/2023	NS			9,210.20	80,615.22		7,241.20
		R M LTD	LT	0	09/1955	02/2015	08/2015	11/2021	NS			14,900.72	133,185.55		7,259.90
		A F LTD	LT	1	08/1977	05/2015	09/2015		NA		1,646.32	15,901.28	63,779.44	86,322.02	89,332.29
T F LTD	LT		1	07/1964	07/2015	10/2015			NS		3,421.50	40,875.50	145,158.41	110,109.33	130,874.22
		R M LTD	LT	8	03/1956	04/2015	12/2015	07/2022	OA			10,651.12	115,371.69		20,222.70
		F LTD	LT	1	02/1969	01/2005	07/2005		NS		1,906.81	21,077.49	165,574.48	66,648.48	79,011.52
		D F LTD	LT	0	10/1958	10/1994	03/1995		NS		1,596.60	25,827.40	326,848.62	5,245.63	24,420.25
					SUBTOTAL	PENDING	-	LT						74,004.18	
					SUBTOTAL	OTHER	-	LT			976,823.33	3,819,668.90	1,273,572.55	1,662,176.30	
						PRODUCT	-	LT			976,823.33	3,819,668.90	1,347,576.73	1,662,176.30	

THE INFORMATION IN THESE REPORTS IS CONFIDENTIAL AND PROPRIETARY. THESE REPORTS ARE TO BE ACCESSIBLE ONLY TO POLICYHOLDER PERSONNEL OR AN AUTHORIZED REPRESENTATIVE OF THE POLICYHOLDER WHO HAVE A LEGITIMATE BUSINESS REASON TO EXAMINE THE INFORMATION. THESE REPORTS MAY NOT BE REDISCLOSED WITHOUT THE WRITTEN AUTHORIZATION OF STANDARD INSURANCE COMPANY.

STANDARD INSURANCE COMPANY

AS OF DATE 05/31/2023

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GCE0300-4* GROUP CLAIM EXPERIENCE

RUN DATE 06/28/2023

POLICY 606122 CLARK COUNTY

FROM 01/2021 THRU 05/2023

CLAIM NUMBER	CLAIMANT NAME	S X COV	PD	O C	*-----DATES-----*				CAUSE CODE	P N	BENEFIT	AMOUNT PAID THIS PERIOD	TOTAL PAID THIS CLAIM	RESERVE END OF PERIOD	RESERVE BEG OF PERIOD
		S M LTD	L2	2	03/1962	07/2019	05/2021	07/2019	NS		1,100.21	1,100.21			
		S M LTD	L2	2	03/1962	07/2019	08/2021	07/2019	NS		571.43	571.43			
		S M LTD	L2	2	03/1962	07/2019	11/2021	07/2019	NS		500.00	500.00			
		S M LTD	L2	2	03/1962	07/2019	05/2022	07/2019	NS		2,661.29	2,661.29			
					SUBTOTAL	PENDING - L2									
					SUBTOTAL	OTHER - L2					4,832.93	4,832.93			
						PRODUCT - L2					4,832.93	4,832.93			
		S M LTD	L6	2	03/1962	07/2019	04/2021	07/2019	NS		570.00	570.00			
		E M LTD	L6	2	10/1968	12/2021	12/2022	12/2021	NS		1,558.20	1,558.20			
					SUBTOTAL	PENDING - L6									
					SUBTOTAL	OTHER - L6					2,128.20	2,128.20			
						PRODUCT - L6					2,128.20	2,128.20			
		B M LTD	SB	3	03/1972	09/2021	03/2022	02/2022	NS		15,126.75	15,126.75			
		L F LTD	SB	1	07/1978	08/2022	03/2023	03/2023	NS		4,839.15	4,839.15			
					SUBTOTAL	PENDING - SB									
					SUBTOTAL	OTHER - SB					19,965.90	19,965.90			
						PRODUCT - SB					19,965.90	19,965.90			
					SUBTOTAL	PENDING - LTD							74,004.18		
					SUBTOTAL	OTHER - LTD					1,003,750.36	3,846,595.93	1,273,572.55	1,662,176.30	
						COVERAGE - LTD					1,003,750.36	3,846,595.93	1,347,576.73	1,662,176.30	
						POLICY - 606122					2,090,750.36	4,933,595.93	2,512,779.23	2,990,301.30	

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Clark County

Contract number - 606122

Coverage Effective Date: 12/31/4000

Long Term Disability

Experience: Paid Basis

From	1/1/2019	1/1/2020	1/1/2021	1/1/2022	1/1/2023	Totals
Through	12/31/2019	12/31/2020	12/31/2021	12/31/2022	5/31/2023	

Lives *	1,840	1,875	1,822	1,776	1,781	9,094
Volume *	10,583,404	11,042,277	11,056,448	11,030,311	11,517,847	55,230,287
Earned Premium	784,054	813,689	821,780	827,920	359,749	3,607,192
Paid Claims	551,831	524,850	418,863	423,341	161,546	2,080,431
FICA	6,111	7,521	2,852	2,906	1,023	20,413
Change in Reported Reserves	-151,566	-111,099	-214,595	-74,645	-25,359	-577,264
Change in IBNR Reserves	-663	10,521	2,084	2,265	11,904	26,111
Incurred Claims	405,713	431,792	209,204	353,867	149,113	1,549,689
Loss Ratio	52%	53%	25%	43%	41%	43%

* Data pulled from end of period



Claim Experience Report Key

Line by Line Information

Item	Explanation
Claim Number	System-assigned number
Claimant Name	Last Name of claimant. If Dependent Life claims, last name of covered member.
Gender	M = Male, F = Female
Coverage	Type of Coverage: SD = State Mandated Disability LTD = Long Term Disability STD = Short Term Disability TERM = Life Insurance TPD2 = Life Waiver of Premium DEP = Dependent Life AD&D = Accidental Death and Dismemberment
Product	BA / AA = Basic / Additional Accidental Death & Dismemberment BL / AL = Basic / Additional Life ALB = Assisted Living Benefit ASL = Additional Spouse Dependent Life DL = Dependent Life L1 = Employer Reasonable Accommodation L2 = Employer (Non P.O.) Reasonable Accommodation = L4 = Employer Rehab Benefit L5 = Vendor Rehab Benefits - Training & Ed L6 = Vendor Expense Benefit L7 = Member Rehab Benefits - Training & Ed L8 = Member Expense Benefit OP = Optional LTD PB = Pension Contribution Benefit RT = Special Retirement Benefit - Extended LTD SB / SO = Survivor Benefit – Basic / Optional LT = Long Term Disability ST = Short Term Disability XCL / XSL / XDL = Child / Spouse / Spouse and Child Dependents Life
Birth Date	The month and year in which the claimant was born.
Incurred Date	The month and year in which death or disability occurred.
Approved Date	The month and year the claim was approved by Standard.
Term Date	The month and year the claim was closed.
Pending	Claim is pending.
Benefit	Shown only for STD and LTD – The benefit prior to any reduction for income from other sources (i.e., the gross benefit).
Paid This Period	The amount paid during the time period covered by the claims run. Negative amounts reflect adjustment and/or overpayment recoveries.
Paid This Claim	The total amount paid since the incurred date of the claim.
Reserve End of Period	This is the reserve held by Standard at the end of the time period covered by the claims run (set aside to pay future liabilities).
Reserve Beginning of Period	This is the reserve held by Standard at the beginning of the time period covered by the claims run (set aside to pay future liabilities).

SAMPLE CONTRACT ONLY, ADJUST AS NEEDED

Clark County, Washington

Contract Name

(For example Contract for Analysis of Rural Land Bank Potential with Jones Consulting)

Solicitation No. _____

*(the Purchase Order in Workday, or the name and number of your bid/small works quote/rfp
(i.e. Rural Land Bank RFP 674))*

THIS CONTRACT, entered this _____ day of _____ YEAR, by and between CLARK COUNTY, after this called "County," a political subdivision of the State of Washington, and (**Insert Vendor Name), after this called "Contractor."

WITNESSETH

WHEREAS, the Contractor has been chosen through a competitive process by the County (RFP # XXX/or appropriate procurement method)) and has the expertise to provide services for Clark County and to perform those services more particularly set out in the proposal attached hereto and incorporated herein by this reference as Exhibit A.

WHEREAS, Clark County does not have available staff to provide such services for the benefit of the services of Clark County, NOW, THEREFORE,

THE COUNTY AND THE CONTRACTOR MUTUALLY AGREE AS FOLLOWS:

1. Services. The Contractor shall perform services as set forth in Exhibit A.
2. Time. The contract shall be effective beginning (insert beginning date) and ending (insert ending date). These dates must be the same you put inside your RFP. Are there extensions available? They must be listed here also, and they must be the same a you listed in your RFP.
3. Compensation. County shall pay the Contractor for performing said services upon receipt of a written invoice according to the schedule set forth in Exhibit B, which is attached hereto and incorporated herein by this reference. The parties mutually agree that in no event

may the amount billing exceed (the dollar amount in Exhibit "B") without prior approval of the County.

4. Termination. The County may terminate this Contract immediately upon any breach by Contractor in the duties of Contractor as set forth in Contract. The waiver by the County of one or more breaches shall not be construed as a waiver of any subsequent breach or breaches. Either party may terminate this Contract without cause upon ninety (90) days prior written notice. Further, County may terminate this Contract upon immediate notice to Contractor in the event that the funding for the project ceases or is reduced in amount. The Contractor will be reimbursed for services expended up to the date of termination. Within fourteen (14) days of any termination the Contractor will provide all work products and working documents developed within the effective term of the contract.

5. Independent Contractor. The Contractor shall always be an independent Contractor and not an employee of the County and shall not be entitled to compensation or benefits of any kind except as specifically provided herein.

6. Indemnification / Hold Harmless. The Consultant shall defend, indemnify and hold the County, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the negligent acts, errors or omissions of the Consultant in performance of this Contract, except for injuries and damages caused by the sole negligence of the County. Should a court of competent jurisdiction determine that this Contract is subject to RCW 4.24.115, then, in the event of liability for damages arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Consultant and the County, its officers, officials, employees, and volunteers, the Consultant's liability, including the duty and cost to defend, hereunder shall be only to the extent of the Consultant's negligence. It is further specifically and expressly understood that the indemnification provided herein constitutes the

Consultant's waiver of immunity under Industrial Insurance, Title 51 RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties. The provisions of this section shall survive the expiration or termination of this Contract.

7. Wage and Hour Compliance. Contractor shall comply with all applicable provisions of the Fair Labor Standards Act and any other legislation affecting its employees and the rules and regulations issued thereunder insofar as applicable to its employees and shall always save County free, clear and harmless from all actions, claims, demands and expenses arising out of said act and the rules and regulations that are or may be promulgated in connection therewith.

8. Social Security and Other Taxes. The Contractor assumes full responsibility for the payment of all payroll taxes, use, sales, income or other form of taxes, fees, licenses, excises, or payments required by any city, federal or state legislation that is now or may during the term of this Contract be enacted as to all persons employed by the Contractor in performance of the work pursuant to this Contract and shall assume exclusive liability therefore, and meet all requirements thereunder pursuant to any rules and regulations that are now and may be promulgated in connection therewith.

9. Contract Documents: Contract documents consist of this Contract, Exhibit A, a scope of work which consists of a proposal based on (bid, quote, RFP & #, (i.e. RFP #675), and Exhibit B, budget documents. (add in additional Exhibits if needed). If there is a conflict between the provisions of these documents, the provisions of this Contract shall control.

10. Equal Employment Opportunity: The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, gender, gender identity, sexual orientation, age, disability, marital status or national origin.

11. Changes: County may, from time to time, require changes in the scope of the services to be performed hereunder. Such changes including any increase or decrease in the amount of the Contractor's compensation which are mutually agreed upon by and between

County and the Contractor, shall be in writing, signed by both parties and incorporated in the written amendments to the Contract.

12. Public Records Act: Notwithstanding the provisions of this Contract to the contrary, to the extent any record, including any electronic, audio, paper or other media, is required to be kept or indexed as a public record in accordance with the Washington Public Records Act, RCW Chapter 42.56, as may hereafter be amended, Contractor agrees to maintain all records constituting public records and to produce or assist Clark County in producing such records, within the time frames and parameters set forth in state law. Contractor further agrees that upon receipt of any written public record request, Contractor shall, within two business days, notify Clark County by providing a copy of the request to the Clark County Public Records Officer/**Department of ?**.

13. Governing Law. This Contract shall be governed by the laws of the State of Washington. Venue for any litigation shall be in accordance with RCW 36.01.050.

14. Confidentiality. With respect to all information relating to County that is confidential and clearly so designated, the Contractor agrees to keep such information confidential.

15. Conflict of Interest. The Contractor covenants that it has had no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services hereunder. The Contractor further covenants that no person having such interest shall be employed by it or shall perform services as an independent contractor with it, in the performance of this contract.

16. Liability Insurance. The contractor specifically confirms and warrants that it has errors and omissions liability insurance with minimum limits of **\$500,000** per occurrence and in the aggregate for each one-year period. Failure to provide proof of insurance within three (3) business days upon demand by the County is agreed by both parties to be a material breach of his Contract and may result in termination of this Contract pursuant to Paragraph four (4)

above.

17. Consent and Understanding. This Contact contains a complete and integrated understanding of the Agreement between the parties and supersedes any understandings, contract, or negotiations, whether oral or written, not set forth herein or in written amendments hereto duly executed by both parties.

18. Severability. If any provision of this contact is held invalid, the remainder would then continue to conform to the terms and requirements of applicable law.

IN WITNESS THEREOF, County and the Contractor have executed this Contract on the date first above written.

Signatory blocks, use the signatories that apply based on the size of the contract and funding sources and your department.

County Manager signature block

CLARK COUNTY

(COMPANY – INC, LLC, CORP, ETC)

, County Manager

By

Printed Name

Approved As To Form Only:
ANTHONY F. GOLIK
Prosecuting Attorney

Title

By _____
Deputy Civil Prosecutor

County Council signature block IF NEEDED

COUNTY COUNCIL
CLARK COUNTY, WASHINGTON

Attest:

Clerk to the Council

Approved as to Form Only:
Anthony F. Golik
Prosecuting Attorney

By _____
Deputy Civil Prosecutor

By: _____
, Chair

By: _____
, Councilor

By: _____
, Councilor

By: _____
, Councilor

By: _____
, Councilor