

HILLSBOROUGH COUNTY
AVIATION AUTHORITY



REQUEST FOR PROPOSALS
("RFP")

LONG TERM DISABILITY INSURANCE BENEFITS

MARCH 16, 2009

REISSUANCE OF THE RFP ISSUED ON
JANUARY 12, 2009

HILLSBOROUGH COUNTY AVIATION AUTHORITY
PROPERTIES AND CONTRACTS ADMINISTRATION
DIANE PRYOR-VERCELLI, SR. DIRECTOR

P. O. BOX 22287
TAMPA, FLORIDA 33622
TELEPHONE: (813) 870-8700
FAX NUMBER: (813) 875-6670

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1.0 Description

The Hillsborough County Aviation Authority ("Authority"), a public body corporate, is requesting proposals from qualified companies ("Company") desiring to provide long term disability insurance ("LTD") to the Authority's employees ("RFP").* The successful Company will be expected to provide benefit plans that substantially match the Authority's current plans as outlined in Attachment 1, Current LTD Insurance Plan, which is attached hereto and made a part hereof. All variations from the Authority's current plan must be identified in the proposal.

The Authority currently has approximately 615 employees and has provided LTD insurance through Reliance Standard Life Insurance Company since 2005. The Authority's current LTD plan design includes two plans. In Plan 1, Core Plan, the Authority pays the premium for any employee who earns under \$30,000 annually. In Plan 2, Buy-up Plan, for any employee earning over \$30,000 annually, the Authority pays the Plan 1 premium and the employee has the option to pay a buy-up amount to receive up to 66.66% of their monthly earnings. The Authority does not have short term disability, but employees do accumulate time and utilize the time for continuation of salary if needed. All employees have a 60 day elimination period for LTD.

Current plan rates and volumes are as follows:

Plan 1 - .81% of payroll x \$1,472,572
Plan 2 - .117% of payroll x \$1,068,782

From August 1, 2004 until July 31, 2007 the rates were .62/.09. Effective August 1, 2007, the rates were .81/.117, which are the current rates.

Classes 1 and 2 are defined on Attachment 1, Current LTD Insurance Plan, page 1.0, and the disability definition associated with each class is defined on page 2.2.

Information regarding the Authority's employees identified by class and employees' use of the LTD plan is attached hereto as Attachment 2, Current Census Request, and Attachment 3, Claims Experience Report, and are made a part hereof.

Rates for LTD insurance coverage are to be proposed without commissions. The proposed plan design and rates must be valid during the plan year, August 1, 2009 through July 31, 2010. The renewal rates for August 1, 2009 have not been provided to the Authority. All variations from the Authority's current plan design must be identified in the proposal.

*Proposed rates should not include commissions, finder's fees, etc. All rates must be quoted net of commissions. The Authority will not recognize any representations from any agent or broker without a written documentation from a principal of the underlying insurer authorizing agent/broker to represent the insurer and to submit a proposal on its behalf. The Authority reserves the right to rename any agents of record at any time. If commissions cannot be deleted from the proposal rates, indicate the amount and to whom commissions are payable.

2.0 Minimum Qualifications

The following minimum requirements have been established as a basis for determining the eligibility of the Company. A proposal will be considered non-responsive and will not be evaluated unless sufficient documentation is provided to determine whether the Company meets the following requirements:

- 2.01 The Company must be actively in business for at least the past three consecutive years (from January 1, 2006 to present) providing similar benefit services as described in this RFP;
- 2.02 The Company must have provided similar benefit services to at least two organizations similar in size in terms of number of employees to the Authority;
- 2.03 The Company must maintain an office in one of the following counties: Hillsborough, Pinellas, Pasco, Polk, Manatee or Sarasota; and
- 2.04 The Company must be licensed to conduct insurance business in the state of Florida.

3.0 Technical Evaluation

3.01 Objective

It is the Authority's intention to solicit proposals from potentially qualified Companies; to evaluate proposals; to negotiate terms; and to award a contract to the Company whose proposal is determined to serve in the best interest of the Authority.

3.02 Evaluation and Recommendation

A technical evaluation committee ("Committee") will consist of Authority representatives including a senior level executive and staff members and an outside resource, as needed. The Authority reserves the right to request additional information and clarification of any information submitted, including any omission from the original proposal. All proposals will be treated equally with regard to this item.

The following evaluation criteria have been established to determine which Company will best contribute to the overall goals of the Authority. Each evaluation criteria is further detailed in Attachment 4, Rating Criteria, which is attached hereto and made a part hereof.

- | | |
|------------------------|-------------|
| • Experience | Weight - 20 |
| • Proposed Plan Design | Weight - 20 |
| • Customer Service | Weight - 15 |
| • Financial Stability | Weight - 10 |
| • Cost | Weight - 20 |
| • Interviews | Weight - 15 |

The technical evaluation will be made on the basis of comparative fulfillment of the criteria where 0 is non-responsive and 10 is the highest score. Total scoring is a mathematical extension of the criteria score times weight.

The Authority will schedule interviews as part of its evaluation process. The person identified in Section 9.0, Outline Format for Proposal, TAB 1, Company Information, as the primary contact on this project, will play the lead role in the interview. Information from the interview, including content and style, will be part of the evaluation process.

3.03 Selection

The selection and approval of the selected Company will be made by the Authority in accordance with its competitive selection process. The Committee will evaluate proposals on the basis of the guidelines set forth in this RFP and present its findings to the Authority's Executive Director. The Executive Director will present the findings and a recommendation to the Authority's Board at the May 7, 2009 Board meeting. The Board will then make a final selection and award for contract negotiation. As part of the negotiation process, the Authority reserves the right to negotiate benefit levels with the successful Company.

Results of the Committee's evaluation will be sent to the Companies at least seven days prior to the May 7, 2009 Board meeting.

The Authority reserves the right to modify this schedule during the RFP process with at least five days written notice by email to the Companies.

4.0 Solicitation Schedule

The following schedule has been established for this selection process:

Scheduled Item	Scheduled Date
RFP posted on Authority website (www.TampaAirport.com)	Monday, March 16, 2009
Pre-proposal conference	Tuesday, March 24 at 10:00 a.m.; Authority's Boardroom
Question/clarification deadline	Monday, March 30, 2009
Final addenda, if any, posted to Authority's website: (www.TampaAirport.com)	Wednesday, April 1, 2009
Response deadline	Monday, April 13, 2009, no later than 2:00 p.m. EDT
Technical evaluation	Tuesday, April 14, 2009
Interviews	Wednesday, April 15, 2009
Selection and award by Authority Board	Thursday, May 7, 2009

5.0 Scope of Services

The Company will be required to provide the following services to support the proposed LTD plan design:

- 5.01 Provide dedicated personnel to assist the Authority with the following:
 - A. Enrollment, implementation, and claims handling for appropriate lines of LTD coverage;
 - B. Ongoing account support throughout the contract period; and
 - C. Claims support and assistance with LTD claims questions.
- 5.02 Provide the appropriate LTD booklets and materials in sufficient quantity to be distributed to Authority staff.
- 5.03 Provide updated information concerning existing LTD regulations and new LTD regulations, as applicable.

6.0 Term of Coverages

LTD coverage shall be proposed for the term of August 1, 2009—July 31, 2010. Annual renewal for up to four additional one-year periods, will be dependent upon the acceptability of cost, coverage, service, provider stability and market conditions, as determined by the Authority.

7.0 General Terms and Conditions

7.01 Binding Offer

A Company's proposal, including price quotations, will remain valid until August 1, 2009 and will be considered a binding offer to perform the required services, assuming all terms are satisfactorily negotiated. The submission of a proposal shall be taken as prima facie evidence that the Company has familiarized itself with the contents of the RFP.

7.02 Public Entity Crimes

In accordance with Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

7.03 Compliance

Companies shall comply with all Authority, local, state and federal directives, orders, policies and laws as applicable to this proposal and subsequent agreement.

7.04 Non-Exclusivity of Agreement

The selected Company understands and agrees that any resulting contractual relationship is non-exclusive and the Authority reserves the right to contract with more than one Company or seek similar or identical services elsewhere if deemed in the best interest of the Authority.

7.05 Collusion

More than one proposal from the same Company under the same or different names will not be considered. Reasonable grounds for believing that a Company is submitting on more than one proposal will cause the rejection of all proposals in which Company is involved. Those proposals will be rejected if there is reason for believing that collusion exists among Companies, and no participant in such collusion will be considered in any future proposals for the provision of services for the next six months following the date of the proposal submission.

7.06 Hold Harmless

The successful Company shall hold the Authority harmless from and against all suits, claims, demands, damages, actions and/or causes of action of any kind or nature in any way arising out of any claims and litigation related to the services, benefits and coverages provided, including any actions that may arise from allegations regarding determination of appropriateness or inappropriateness of medical care or any acts, errors or omissions related to the coverage or service provided.

7.07 Public Disclosure

All proposals and other materials or documents submitted by Company in response to this RFP will become the property of the Authority. The Authority is subject to the open records requirements of Florida Statute 119, and as such, all materials submitted by Company to Authority are subject to disclosure. Company specifically waives any claims against Authority related to the disclosure of any materials if made under a public records request.

7.08 Protest Policy

Failure to follow the bid protest policy set out in the Authority's policies constitutes a waiver of Company's protest and resulting claims. A copy of the bid protest policy is available on the Authority's website (www.tampaairport.com).

7.09 Woman and Minority-Owned Business Enterprise (D/W/MBE) Policy and Program

It is the policy of the Authority that small business concerns certified as Disadvantaged Business Enterprises under the Florida Unified Certification Program (DBEs) and woman and minority-owned business enterprises certified with Hillsborough County, City of

Tampa, or State of Florida Office of Supplier Diversity (W/MBEs) will have full and fair opportunities to compete for and participate in the performance of non-federally funded contracts or in the purchase of goods and services procured by the Authority.

In advancing this opportunity for D/W/MBEs, neither the Authority nor those companies doing business with the Authority will discriminate on the basis of race, color, national origin, religion or sex in the award and performance of any Authority contract. The Authority will take all necessary and reasonable steps to ensure nondiscrimination in the award and administration of Authority contracts. Under its W/MBE policy and program, the Authority will recognize and encourage D/W/MBEs to participate as prime contractors or as subcontractors in its construction contracts, architectural and engineering contracts, professional services contracts, and goods and services purchases and contracts.

No specific expectancy for participation by D/W/MBEs has been established in this RFP. However, Companies are strongly encouraged to propose participation by D/W/MBEs to perform commercially useful functions of the work required in this RFP. Proposed D/W/MBE firms must be currently certified as either a W/MBE firm with Hillsborough County, City of Tampa, or State of Florida Office of Supplier Diversity and listed in the directories of the respective agency, or currently certified under the Florida Unified Certification Program as a DBE firm. A directory of certified DBEs is posted on the Authority's website at www.TampaAirport.com. Additional assistance may be obtained by calling the DBE Program Manager at (813) 870-8738.

If applicable, at the end of each month, Company must submit a Report of D/W/MBE Activity to the Authority indicating the exact amount paid to each D/W/MBE firm during that period not later than the 15th of the following month.

EACH CONTRACT THE AUTHORITY EXECUTES WITH COMPANY (AND EACH SUBCONTRACT COMPANY EXECUTES WITH A SUBCONTRACTOR) MUST INCLUDE THE FOLLOWING CLAUSE:

Company and subcontractor will not discriminate on the basis of race, color, national origin, or sex in the performance of this Contract. Company or subcontractor will carry out applicable requirements of the Authority's D/W/MBE policies and programs in the award and administration of Authority contracts. Failure by Company or subcontractor to carry out these requirements is a material breach of this Contract, which may result in the termination of this Contract or such other remedy as the recipient deems appropriate.

7.10 Agent Appointment

The Authority's current agent is Arthur J. Gallagher & Company ("Gallagher"), 2600 McCormick Drive, Suite 300, Clearwater, FL 33759. Gallagher will be providing consultant services to the Authority in relation to this RFP. The Authority reserves the right to change its agent of record through the initial term and any subsequent renewal periods.

8.0 Response Requirements and Proposal

Companies are advised to carefully follow the instructions listed below in order to be considered fully responsive to this RFP. Proposals sent by facsimile (FAX) or e-mail will NOT be accepted. Any proposal received after **2:00 p.m.(EDT) on April 13, 2009** will be deemed unresponsive and will be returned to the Company unopened.

Company shall carefully review and address all of the evaluation factors outlined in this RFP as well as respond to *all* questions contained in Section 9.0, Outline Format for Proposal. In order to be considered, Company must be able to demonstrate that it meets the minimum qualifications established in the RFP. Failure to provide documentation necessary to demonstrate that the Company meets the minimum qualifications will cause the Company's proposal to be rejected as non-responsive.

8.01 Number of Proposals

1 Original (clearly marked "ORIGINAL") and
12 Copies (clearly marked "COPY").

8.02 Delivery of Proposals

The Authority's office is open Monday through Friday, 8:30 a.m. to 5:00 p.m., EDT, excluding major holidays.

The delivery of the proposal to the Authority prior to the deadline is solely and strictly the responsibility of the Company. ***The proposal delivery deadline is April 13, 2009, at 2:00 p.m. (EDT).*** Proposals must be delivered to the physical location listed below. This location is not serviced by the U.S. Postal Service via regular mail. The Authority will in no way be responsible for delays caused by delivery services or for delays caused by any other occurrence. If you have any questions concerning the delivery of your proposal, please call Debbie Northington at (813) 870-7805.

All proposals shall be sealed and labeled as follows:

SEALED PROPOSAL: GROUP LONG TERM DISABILITY INSURANCE BENEFITS

Proposals must be delivered as follows:

Hand Delivery: Attn: Debbie Northington
 Properties & Contracts Administration
 Hillsborough County Aviation Authority Office
 Tampa International Airport
 Landside Terminal, 3rd Floor, Blue Side
 Tampa, Florida 33607

(Proposals will be given a time/date receipt by Authority staff.)

8.03 Execution of Proposal

The proposal will be executed by Company, or an official of Company's firm authorized to do so as stated in this RFP under Section 9.0, Outline Format for Proposal, TAB 14, Acknowledgement of Proposal Required.

8.04 Preparation of Proposals

All questions must be completed in full, as a condition of the RFP.

Proposals shall be:

- typed
- double-spaced
- each page numbered at the bottom
- one side of the paper only
- stapled or otherwise bound
- assembled in organized sections
- contain a table of contents
- each section TABBED with the title and section number for each TAB that corresponds with the TAB titles and section numbers in Section 9 of this RFP.

8.05 RFP Process

The RFP shall in no manner be construed as a commitment on the part of the Authority to award a contract. The Authority reserves the right to reject any or all proposals; to waive minor irregularities in the RFP process or in the responses thereto; to re-advertise this RFP; to postpone or cancel this process; negotiate, select and procure parts of services; to change or modify the RFP schedule at any time; and to negotiate an agreement with another qualified Company if an agreement can not be negotiated with the selected Company or if the selected Company's performance does not meet the requirements in this RFP and/or agreement.

8.06 Cost of Preparation

All costs associated with preparing and delivering a proposal and required interviews/demonstrations to this RFP shall be borne entirely by the Company. The Authority will not compensate the Company for any expenses incurred by the Company as a result of this RFP process.

8.07 RFP Compliance

It is the responsibility of each Company to examine carefully this RFP and to judge for itself all of the circumstances and conditions which may affect its proposal. Any data furnished by the Authority is for informational purposes only and is not warranted. Company's use of any such information shall be at Company's own risk. Failure on the part of any Company to examine, inspect, and to be completely knowledgeable of the

terms and conditions of the RFP and agreement, operational conditions, or any other relevant documents or information shall not relieve the selected Company from fully complying with this RFP. Proposals submitted early by Companies may be withdrawn or modified prior to the proposal deadline. Such requests must be in writing. Modifications received after the proposal deadline will not be considered.

8.08 Requests for Interpretation or Clarification

No oral interpretation or clarification of the RFP, including all attachments to the RFP, will be made to any Company. If discrepancies or omissions are found by any prospective Company, or there is doubt as to the true meaning of any part of the RFP, a written request for a clarification or interpretation must be submitted by email as follows: DNorthington@TampaAirport.com. It is the responsibility of the Company to verify the Authority received the request. ***To be given consideration, such requests must be received by Monday, March 30, 2009.***

8.09 Addenda

All such interpretations and any supplemental instructions will be in the form of a written addendum and will be posted on the Authority's website no later than Wednesday, April 1, 2009. The Company will be responsible for including any such addendum in its submitted proposal. Failure of any Company to receive any such addendum shall not relieve said Company from any obligation contained therein.

8.10 Warranty

The Company warrants that the proposal submitted is not made in the interest of or on behalf of any undisclosed party; that the Company has not, directly or indirectly, induced any other Company to submit a false proposal; or that Company has not paid or agreed to pay to any party, either directly or indirectly, any money or other valuable consideration for assistance or aid rendered or to be rendered in attempting to procure the contract for the privileges granted herein.

8.11 Opening

There will be no "formal" proposal opening for this RFP. Proposals will be opened and evaluated, after the published ***proposal deadline of 2:00 p.m., EDT, on April 13, 2009***, at the Hillsborough County Aviation Authority Office, Tampa International Airport, Landside Terminal, 3rd Floor, Blue Side, Tampa, Florida 33622. See Section 3.0 Technical Evaluation, for further information.

8.12 Supplemental Information

The Authority reserves the right to request any supplementary information it deems necessary to evaluate Company's experience or qualifications and/or clarify or substantiate any area contained in the Company's response. All Companies will be treated equally in regard to this item. ***This could include: additional interview(s) and/or***

additional presentations by the Company.

9.0 Outline Format for Proposal

Each section of the proposal must be **TABBED and LABELED with the section title** in accordance with the following outline. Sequentially number all pages within each **TAB**. All information requested below must be provided in full, as a condition for consideration in this RFP process.

Company shall submit the following information:

TAB 1—Company’s Information

1. Company’s Legal Name
2. Phone Number
3. Principal Office Address
4. State of Incorporation: (if applicable)
5. Ownership: individual, partnership, corporation or other
6. Date of incorporation or formation
7. Any name changes
8. Any change of ownership
9. Names of principals, their professional backgrounds and length of time with the Company
10. Does Company provide services to anyone related to or employed by Authority, including Authority’s Board members? ☐ Yes ☐ No If yes, explain.
11. Company’s primary contact for the RFP process:
 - A) Name
 - B) Title
 - C) Phone number
 - D) Fax number
 - E) E-Mail address
 - F) Office address

TAB 2—Minimum Qualification Documentation

The Company must demonstrate that it meets the minimum qualifications for this RFP. Failure to provide the information may result in rejection of the proposal. The following information must be provided to determine if the Company meets the minimum qualifications for this RFP as set forth in Section 2.0:

1. Provide information documenting the Company has been actively in business for at least the past three consecutive years (from at least January 1, 2006 to present) providing similar services as described in this RFP. Include for each client at a minimum the following:

- A) Name of client the Company provided the service to
 - B) Address of client
 - C) Contact person with client
 - D) Phone number of contact person
 - E) List dates similar services were provided to the client: beginning and ending dates
 - F) Type of program
 - G) Group size
2. Provide information documenting the Company has provided similar benefit services to at least two organizations similar in size in terms of number of employees to the Authority. Include for each client at a minimum the following:
- A) Name of client the Company provided the service to
 - B) Address of client
 - C) Contact person with client
 - D) Phone number of contact person
 - E) List dates similar services were provided to the client: beginning and ending dates
 - F) Type of program
 - G) Group size
3. Provide the address of the Company's office in Hillsborough, Pinellas, Pasco, Polk, Manatee or Sarasota Counties.
4. Attach a copy of Company's license to do insurance business in the state of Florida.

TAB 3—Experience

- 1. Provide the net percentage increase, over the prior year, of the Company's total LTD in-force premium.
- 2. Provide the total number of LTD claim dollars paid and number of LTD drafts issued in all of the Company's claims offices for 2006, 2007 and 2008.
- 3. Indicate Company's Social Security approval rate for all open LTD claims for the following lengths of disability for 2006, 2007 and 2008.
- 4. Of all applications for individual coverage where evidence of insurability was required, provide the percentage of applications approved for coverage in 2006,

2007 and 2008.

TAB 4—Staff Experience

1. List all staff members that are proposed to provide service to the Authority.
2. Provide a resume for each staff member listed that includes, at a minimum, work history, type of experience in the insurance industry and qualifications.

TAB 5—Proposed Plan Design

1. Attach a proposed LTD plan design of benefits.
2. Does the proposed plan design match the Authority's current plan design with the required changes as outlined in Attachment 1? If no, explain each variation.
3. Are the plan design enhancements as requested in Attachment 1 available? If not, explain.
4. Attach a sample policy/contract which discusses the requirements for definition of disability, coverage of mental nervous and any other illness, and pre-existing condition limitations applying to new hires.
5. Attach a sample contract, forms and riders that will allow for equitable analysis of coverage and cost of the proposed plan design.

TAB 6—Customer Service

1. Explain Company's claim evaluation/payment process and include the process for:
 - A) Notification of the Authority regarding a potential LTD claim
 - B) Approval for claim
 - C) Appeals process
2. Describe Company's earnings test for the first 24 months of disability and for the period after the initial 24 months of disability.
3. Explain Company's self-reported diagnosis policy.
4. Provide Company's definition of disability.
5. Describe what advantages Company offers relative to the following:
 - A) Early intervention of a potential claim
 - B) Ongoing case monitoring/management
 - C) Proactive management of rehabilitation
 - D) Personal relations and service with claimants
 - E) Assisting claimants with return to work
 - F) Physical and practical changes (at work or home) required for disabled employees (i.e. wheel chair ramps, etc.)

6. Describe how early in the elimination period of 60 days is preferred for notification of claims and how is the case management process started.
7. Describe Company's process for resolving dispute claims.
8. Indicate proposed claim office's turnaround time on completed LTD claim forms for that claim office during 2006 and 2007. Explain the measurement methodology.
9. Are claimant legal fees for Social Security appeals excluded from Company's Social Security offset calculations upon award? Describe the process.
10. Are claimant benefit payments reduced during the Social Security appeals process?
11. Will Company's system issue W-2 forms and provide processing of withholding information if required? If yes, is this included in Company's pricing? If not included, what is the charge?
12. Attach a flow chart for the current claim management process.
13. List location of customer service department for employee inquiries. Provide address, phone and hours of operation.
14. Provide a sample of claim reports that the Authority can expect to receive, and indicate frequency of distribution.
15. Describe the proposed method for handling client service.
16. Who will be the Authority's Benefit Manager's primary contact for issues/questions? Provide name, address and phone number of contact.
17. Who has the ultimate responsibility for account management functions?

TAB 7—Financial Stability

1. Provide the following ratings for Company's firm:
 - A) AM Best
 - B) Moody's
 - C) Standard & Poors
2. Attach Company's most current annual report.

TAB 8 —Proposed Cost

Rates are to be proposed without commission. If commissions cannot be deleted from the proposal rates, indicate the amount and to whom commissions are payable.

1. Proposed Plan Design Rates:
Provide the following rates for the plan design requested in Attachment 1 of this RFP:

Core Plan	Rate: _____% of \$1,472,572 payroll
Buy-Up	Rate: _____% of \$1,068,782 payroll

2. Will a multiple year rate guarantee be available if requested? If yes, how many years?

TAB 9—D/W/MBE Participation Documentation (if any)

No specific expectancy for participation by D/W/MBEs has been established in this RFP. However, Company is strongly encouraged to propose participation by D/W/MBEs to perform commercially useful functions of the work required in this RFP. Provide the following information on any proposed D/W/MBE participation:

- A. Name of D/W/MBE.
- B. Copy of the W/MBE or DBE letter of certification.
- C. A completed Attachment 3, Letter of Intent, for each D/W/MBE firm proposed to be used during the term of the contract.

TAB 10—Supplemental Information

The Company may submit any supplemental information it deems important to the evaluation of the proposal, including any unique or specialized services not specifically addressed or considered in the RFP. Any supplemental information or attachments provided by the Company must also indicate, on each page, the item in this RFP to which it pertains.

TAB 11—Exceptions or Variations

The proposed LTD plan will be evaluated based on how closely it meets or exceeds the Authority's current LTD plan design and the availability of the plan design enhancements. Provide a detailed list and explanation of each exception and/or variation by the Company to this RFP or to the Authority's current LTD plan as outlined in Attachment 1.

NOTE: If the Company proposes changes to material terms that are unacceptable to the Authority, the requested changes may result in an inability to finalize an agreement.

TAB 12—Agent or Broker Documentation

If proposer is an agent or broker, provide written documentation from a principal of the underlying insurer authorizing agent/broker to represent the insurer and to submit this proposal. The principal must have authority to bind the insurer during the proposal and contracting process.

TAB 13—Addenda

The Company is responsible for including any addendum to this RFP in its submitted proposal. Submit all addenda with the signature of a Company officer duly authorized

and designated by resolution of the Company to execute this proposal on behalf of and as the official act of the Company.

TAB 14—Acknowledgement of Proposal Required

The submittal of this Proposal is a duly authorized, official act of the firm and the undersigned officer of the firm is duly authorized and designated by Resolution of the firm to execute this Proposal on behalf of and as the official act of the firm, this _____ day of _____, 2009. The undersigned acknowledges and agrees that the information provided in this document and any supplemental information represents a true obligation on behalf of the firm to provide the services and costs as proposed.

ATTESTED BY:

(Signature)

(Print Name)

BY _____
(Signature)

(Print Name)

(Title)

GROUP LONG TERM DISABILITY INSURANCE PROGRAM

Hillsborough County Aviation Authority

CERTIFICATE OF INSURANCE

We certify that the Person whose name appears on the enrollment card attached to this Certificate is insured for the benefits which apply to his/her class, under Group Policy No. LTD 113656 issued to Hillsborough County Aviation Authority, the Policyholder.

This Certificate is not a contract of insurance. It contains only the major terms of insurance coverage and payment of benefits under the Policy. It replaces all certificates that may have been issued to you earlier.


Secretary


President

GROUP LONG TERM DISABILITY INSURANCE CERTIFICATE

**If you have any questions about your insurance, or
need assistance, please call (800) 221-2693.**

This Group Long Term Disability Certificate replaces any previous Group Long Term Disability Certificates and is dated March 17, 2006.

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SCHEDULE OF BENEFITS

EFFECTIVE DATE: December 1, 2005

ELIGIBLE CLASSES: Each active, Full-time employee, except any person employed on a temporary or seasonal basis, according to the following classifications:

CLASS 1: Non-Bargaining Employee (Non-Union)

CLASS 2: Employee represented by the PBA or Teamsters Union

WAITING PERIOD: 6 months of continuous employment.

YOUR EFFECTIVE DATE: The first of the Policy month coinciding with or next following completion of the Waiting Period.

INDIVIDUAL REINSTATEMENT: 90 days

LONG TERM DISABILITY BENEFIT

ELIMINATION PERIOD: 60 consecutive days of Total Disability.

MONTHLY BENEFIT: The Monthly Benefit is an amount equal to 66 2/3% of Covered Monthly Earnings.

To figure this benefit amount payable:

- (1) multiply your Covered Monthly Earnings by the benefit percentage(s) shown above;
- (2) take the lesser of the amount:
 - (a) of step (1) above; or
 - (b) the Maximum Monthly Benefit shown below; and
- (3) subtract Other Income Benefits, as shown below, from step (2), above.

We will pay at least the Minimum Monthly Benefit as follows.

OTHER INCOME BENEFITS: Other Income Benefits are:

- (1) disability income benefits you receive because of your Total Disability under any group insurance plan(s);
- (2) disability income benefits you are eligible to receive because of your Total Disability under any governmental retirement system, except benefits payable under a federal government employee pension benefit;
- (3) all benefits (except medical or death benefits) including any settlement made in place of such benefits (whether or not liability is admitted) you are eligible to receive because of your Total disability under:

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- (a) Workers' Compensation Laws;
 - (b) occupational disease law;
 - (c) any other laws of like intent as (a) or (b) above; and
 - (d) any compulsory benefit law;
- (4) with respect to Class 1, any of the following that you are entitled to receive:
- (a) wages, salary or other compensation, excluding the amount allowable under the Rehabilitative Provision; and
 - (b) commissions or monies from the Policyholder, including vested renewal commissions, but, excluding commissions or monies that you earned prior to Total Disability which are paid after Total Disability has begun;
- (5) with respect to Class 2, any of the following that you are entitled to receive from the Policyholder:
- (a) wages, salary or other compensation excluding the amount allowable under the Rehabilitative Provision; and
 - (b) commissions or monies, including vested renewal commissions, but, excluding commissions or monies that you earned prior to Total Disability which are paid after Total Disability has begun;
- (6) that part of disability benefits paid for by the Policyholder which you are eligible to receive because of your Total disability under a group retirement plan; and
- (7) that part of Retirement Benefits paid for by the Policyholder which you are eligible to receive under a group retirement plan; and
- (8) disability or Retirement Benefits under the United States Social Security Act, the Canadian pension plans, or any other government plan for which:
- (a) you are eligible to receive because of your Total Disability or eligibility for Retirement Benefits; and
 - (b) your dependents are eligible to receive due to (a) above.

Disability and early Retirement Benefits will be offset only if such benefits are elected by you or do not reduce the amount of your accrued normal Retirement Benefits then funded.

Retirement Benefits under number 8 above will not apply to disabilities which begin after age 70 if you are already receiving Social Security Retirement Benefits while continuing to work beyond age 70.

MINIMUM MONTHLY BENEFIT: In no event will the Monthly Benefit payable to you be less than \$100.

MAXIMUM MONTHLY BENEFIT:

CORE: \$1,667 (this is equal to a maximum Covered Monthly Earnings of \$2,500).

BUY-UP: \$6,667 (this is equal to a maximum Covered Monthly Earnings of \$10,000).

MAXIMUM DURATION OF BENEFITS: Benefits will not accrue beyond the longer of: the Duration of Benefits; or Normal Retirement Age; specified below:

<u>Age at Disablement</u>	<u>Duration of Benefits (in years)</u>
61 or less	To Age 65
62	3 ½
63	3
64	2 ½
65	2
66	1 ¾
67	1 ½
68	1 ¼
69 or more	1

OR

Normal Retirement Age as defined by the 1983 Amendments to the United States Social Security Act and determined by your year of birth, as follows:

<u>Year of Birth</u>	<u>Normal Retirement Age</u>
1937 or before	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943 thru 1954	66 years
1955	66 years and 2 months
1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
1960 and after	67 years

CHANGES IN MONTHLY BENEFIT: Increases in the Monthly Benefit are effective on the date of the change, provided you are Actively at

Work on the effective date of the change. If you are not Actively at Work on that date, the effective date of the increase in the benefit amount will be deferred until the date you return to Active Work. Decreases in the Monthly Benefit are effective on the date the change occurs. However, changes in the Monthly Benefit because of a change in Earnings are effective as explained in the definition of Covered Monthly Earnings.

If an increase in, or initial application for, the Monthly Benefit is due to a life event change (such as marriage, birth or specific changes in employment status), proof of health will not be required provided you apply within 31 days of such life event.

CONTRIBUTIONS:

CORE: You are not required to contribute toward the cost of this insurance.

BUY-UP: You are required to contribute toward the cost of this insurance.

Your contributions are being made on a post-tax basis, at your option. This means that (under the law as of the date the policy was issued) your Monthly Benefit will be treated as non-taxable for the purposes of filing your Federal Income Tax Return. It is recommended that you contact your personal tax advisor. A change in the contributions basis may affect the premiums and the tax treatment for these benefits.

DEFINITIONS

"You", "your" and "yours" means a person who meets the Eligibility Requirements of the Policy and is enrolled for this insurance.

"We", "us" and "our" means Reliance Standard Life Insurance Company.

"Actively at Work" and "Active Work" mean actually performing on a Full-time basis the material duties pertaining to your job in the place where and the manner in which the job is normally performed. This includes approved time off such as vacation, jury duty and funeral leave, but does not include time off as a result of an Injury or Sickness.

"Claimant" means you made a claim for benefits under the Policy for a loss covered by the Policy as a result of your Injury or Sickness.

"Covered Monthly Earnings" means your basic monthly salary received from the Policyholder on the day just before the date of Total Disability, prior to any deductions to a 401(k) or Section 125 plan. Covered Monthly Earnings do not include overtime pay, bonuses, incentive pay or any other special compensation not received as Covered Monthly Earnings. However, "Covered Monthly Earnings" will include commissions and shift differential pay received from the Policyholder averaged over the lesser of:

- (1) the number of months worked; or
- (2) the 12 months;

just prior to the date Total Disability began.

If you are an hourly paid employee, the number of hours worked during a regular work week, not to exceed 40 hours per week, times 4.333, will be used to determine Covered Monthly Earnings. If you are paid on an annual basis, then the Covered Monthly Earnings will be determined by dividing the basic annual salary by 12.

"Elimination Period" means a period of consecutive days of Total Disability, as shown on the Schedule of Benefits page, for which no benefit is payable. It begins on the first day of Total Disability.

Interruption Period: If, during the Elimination Period, you return to Active Work for less than 30 days, then the same or related Total Disability will be treated as continuous. Days that you are Actively at Work during this interruption period will not count towards the Elimination Period. This interruption of the Elimination Period will not apply to you if you become eligible under any other group long term disability insurance plan.

"Full-time" means working for the Policyholder for a minimum of 30 hours during your regular work week.

"Hospital" or "Institution" means a facility licensed to provide care and treatment for the condition causing your Total Disability.

"Injury" means bodily injury resulting directly from an accident, independent of all other causes. The Injury must cause Total Disability which begins while your insurance coverage is in effect.

"Physician" means a duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to treat the type of Injury or Sickness for which a claim is made. The Physician may not be you or a member of your immediate family.

"Pre-existing Condition" means any Sickness or Injury for which you received medical treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines, during the three (3) months immediately prior to your effective date of insurance.

"Regular Occupation" means the occupation you are routinely performing when Total Disability begins. We will look at your occupation as it is normally performed in the national economy, and not the unique duties performed for a specific employer or in a specific locale.

"Retirement Benefits" mean money which you are entitled to receive upon early or normal retirement or disability retirement under:

- (1) any plan of a state, county or municipal retirement system, if such pension benefits include any credit for employment with the Policyholder;
- (2) Retirement Benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act; or
- (3) an employer's retirement plan where payments are made in a lump sum or periodically and do not represent contributions made by you.

Retirement Benefits do not include:

- (1) a federal government employee pension benefit;
- (2) a thrift plan;
- (3) a deferred compensation plan;
- (4) an individual retirement account (IRA);
- (5) a tax sheltered annuity (TSA);
- (6) a stock ownership plan; or
- (7) a profit sharing plan.

"Sickness" means illness or disease causing Total Disability which begins while your insurance coverage is in effect. Sickness includes pregnancy, childbirth, miscarriage or abortion, or any complications therefrom.

CLASS 1: "Totally Disabled" and "Total Disability" mean, that as a result of an Injury or Sickness, during the Elimination Period and thereafter you cannot perform the substantial and material duties of your Regular Occupation;

- (1) "Partially Disabled" and "Partial Disability" mean that as a result of an Injury or Sickness you are capable of performing the substantial and material duties of your Regular Occupation on a part-time basis or some of the substantial and material duties on a full-time basis. If you are Partially Disabled you will be considered Totally Disabled, except during the Elimination Period; and
- (2) "Residual Disability" means being Partially Disabled during the Elimination Period. Residual Disability will be considered Total Disability.

CLASS 2: "Totally Disabled" and "Total Disability" mean, that as a result of an Injury or Sickness:

- (1) during the Elimination Period and for the first 36 months for which a Monthly Benefit is payable, you cannot perform the substantial and material duties of your Regular Occupation;
 - (a) "Partially Disabled" and "Partial Disability" mean that as a result of an Injury or Sickness you are capable of performing the substantial and material duties of your Regular Occupation on a part-time basis or some of the substantial and material duties on a full-time basis. If you are Partially Disabled you will be considered Totally Disabled, except during the Elimination Period;
 - (b) "Residual Disability" means being Partially Disabled during the Elimination Period. Residual Disability will be considered Total Disability; and
- (2) after a Monthly Benefit has been paid for 36 months, you cannot perform the material duties of any occupation. Any occupation is one that your education, training or experience will reasonably allow. We consider you Totally Disabled if due to an Injury or Sickness you are capable of only performing the material duties on a part-time basis or part of the material duties on a Full-time basis.

TRANSFER OF INSURANCE COVERAGE

If you were covered under any group long term disability insurance plan maintained by the Policyholder prior to the Policy's Effective Date, you will be insured under the Policy, provided that you are Actively At Work and meet all of the requirements for being an Eligible Person under the Policy on its Effective Date.

If you were covered under the prior group long term disability plan maintained by the Policyholder prior to the Policy's Effective Date, but were not Actively at Work due to Injury or Sickness on the Effective Date of the Policy and would otherwise qualify as an Eligible Person, coverage will be allowed under the following conditions:

- (1) You must have been insured with the prior carrier on the date of the transfer; and
- (2) Premiums must be paid; and
- (3) Total Disability must begin on or after the Policy's Effective Date.

If you are receiving long term disability benefits, are eligible to receive such benefits, or have a period of recurrent disability under the prior group long term disability insurance plan, you will not be covered under the Policy. If premiums have been paid on your behalf under the Policy, those premiums will be refunded.

Pre-existing Conditions Limitation Credit

If you are an Eligible Person on the Effective Date of the Policy, any time used to satisfy the Pre-existing Conditions Limitation of the prior group long term disability insurance plan will be credited towards the satisfaction of the Pre-existing Conditions Limitation of the Policy.

Waiting Period Credit

If you are an Eligible Person on the Effective Date of the Policy, any time used to satisfy any Waiting Period of the prior group long term disability insurance plan will be credited towards the satisfaction of the Waiting Period of the Policy.

Late Applicant Provision

If you were eligible for coverage under a prior group long term disability insurance plan of the Policyholder for more than thirty-one (31) days but

did not elect to be covered under that prior plan, then you must submit a written application within thirty-one (31) days of the Effective Date of the Policy, along with proof of health acceptable to us. If we approve your application, your insurance will be effective on the date of our approval, provided you are Actively at Work on that date.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: After the Policy has been in force for two (2) years from its Effective Date, no statement made by you on a written application for insurance shall be used to reduce or deny a claim after your insurance coverage, with respect to which claim has been made, has been in effect for two (2) years.

CLERICAL ERROR: Clerical errors in connection with the Policy or delays in keeping records for the Policy, whether by the Policyholder, the Plan Administrator, or us:

- (1) will not terminate insurance that would otherwise have been effective; and
- (2) will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct a clerical error.

NOT IN LIEU OF WORKERS' COMPENSATION: The Policy is not a Workers' Compensation Policy. It does not provide Workers' Compensation benefits.

WAIVER OF PREMIUM: No premium is due us while you are receiving Monthly Benefits from us. Once Monthly Benefits cease due to the end of your Total Disability, premium payments must begin again if insurance is to continue.

CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice must be given to us within thirty-one (31) days after a Total Disability covered by this Policy occurs, or as soon as reasonably possible. The notice should be sent to us at our Administrative Office or to our authorized agent. The notice should include your name, the Policyholder's name and the Policy Number.

CLAIM FORMS: When we receive the notice of claim, we will send you the claim forms to file with us. We will send them within fifteen (15) days after we receive notice. If we do not, then the proof of Total Disability will be met by giving us a written statement of the type and extent of the Total Disability. The statement must be sent within ninety (90) days after the loss began.

WRITTEN PROOF OF TOTAL DISABILITY: For any Total Disability covered by the Policy, written proof must be sent to us within ninety (90) days after the Total Disability occurs. If written proof is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof was given as soon as was reasonably possible. In any event, proof must be given within one (1) year after the Total Disability occurs, unless you are legally incapable of doing so.

TIME OF PAYMENT OF CLAIMS: After receiving written proof of loss, we will pay monthly all benefits then due because of your Total Disability. Benefits for any other loss covered by the Policy will be paid as soon as we receive written proof.

We will either pay the claim or notify you in writing that the claim has been denied within forty-five (45) days after receipt of written proof of Total Disability. If additional information is required in order to review the claim, we will pay or deny such claim within sixty (60) days after receipt of the additional information. In any case, we will either pay or deny any claim not later than one hundred twenty (120) days after receiving written proof of Total Disability. Any overdue payments will include interest at a rate of ten (10%) percent per annum.

PAYMENT OF CLAIMS: When we receive written proof of Total Disability covered by the Policy, we will pay any benefits due. Benefits that provide for periodic payment will be paid for each period as we become liable.

We will pay benefits to you, if living, or else to your estate.

If you died and we have not paid all benefits due, we may pay up to \$3,000 to any relative by blood or marriage, or to the executor or administrator of your estate. The payment will only be made to persons entitled to it. An expense incurred as a result of your last illness, death

or burial will entitle a person to this payment. The payments will cease when a valid claim is made for the benefit. We will not be liable for any payment we have made in good faith.

Reliance Standard Life Insurance Company shall serve as the claims review fiduciary with respect to the insurance certificate and the Plan. The claims review fiduciary has the discretionary authority to interpret the Plan and the insurance certificate and to determine eligibility for benefits. Decisions by the claims review fiduciary shall be complete, final and binding on all parties.

ARBITRATION OF CLAIMS: Any claim or dispute arising from or relating to our determination regarding your Total Disability may be settled by arbitration when agreed to by you and us in accordance with the Rules for Health and Accident Claims of the American Arbitration Association or by any other method agreeable to you and us. In the case of a claim under an Employee Retirement Income Security Act (hereinafter referred to as ERISA) Plan, your ERISA claim appeal remedies, if applicable, must be exhausted before the claim may be submitted to arbitration. Judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction over such awards.

Unless otherwise agreed to by you and us, any such award will be binding on you and us for a period of twelve (12) months after it is rendered assuming that the award is not based on fraudulent information and you continue to be Totally Disabled. At the end of such twelve (12) month period, the issue of Total Disability may again be submitted to arbitration in accordance with this provision.

Any costs of said arbitration proceedings levied by the American Arbitration Association or the organization or person(s) conducting the proceedings will be paid by us.

PHYSICAL EXAMINATION AND AUTOPSY: We will, at our expense, have the right to have you interviewed and/or examined:

- (1) physically;
- (2) psychologically; and/or
- (3) psychiatrically;

to determine the existence of any Total Disability which is the basis for a claim. This right may be used as often as it is reasonably required while a claim is pending.

We can have an autopsy made unless prohibited by law.

LEGAL ACTIONS: No legal action may be brought against us to recover on this Policy within sixty (60) days after written proof of loss has been given as required by the Policy. No action may be brought after the

expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY REQUIREMENTS: You are eligible for insurance under the Policy if you:

- (1) are a member of an Eligible Class, as shown on the Schedule of Benefits page; and
- (2) have completed the Waiting Period, as shown on the Schedule of Benefits page.

WAITING PERIOD: If you are continuously employed on a Full-time basis with the Policyholder for the period specified on the Schedule of Benefits page, then you have satisfied the Waiting Period.

EFFECTIVE DATE OF YOUR INSURANCE: If the Policyholder pays the entire Premium due for you, your insurance will go into effect on Your Effective Date, as shown on the Schedule of Benefits page.

If you pay a part of the Premium, you must apply in writing for the insurance to go into effect. You will become insured on the latest of:

- (1) Your Effective Date, as shown on the Schedule of Benefits page, if you apply on or before that date;
- (2) on the date you apply, if you apply within thirty-one (31) days from the date you first met the Eligibility Requirements; or
- (3) on the date we approve any required proof of health acceptable to us. We require this proof if you apply:
 - (a) after thirty-one (31) days from the date you first met the Eligibility Requirements; or
 - (b) after you terminated this insurance but remained in an Eligible Class, as shown on the Schedule of Benefits page.

The insurance for you will not go into effect on a date you are not Actively at Work because of a Sickness or Injury. The insurance will go into effect after you are Actively at Work for one (1) full day in an Eligible Class, as shown on the Schedule of Benefits page.

TERMINATION OF YOUR INSURANCE: Your insurance will terminate on the first of the following to occur:

- (1) the date the Policy terminates;
- (2) the last day of the Policy month in which you cease to meet the Eligibility Requirements;
- (3) the end of the period for which Premium has been paid for you; or
- (4) the date you enter military service (not including Reserve or National Guard).

YOUR REINSTATEMENT: Your insurance may be reinstated if it was terminated while you were:

- (1) on a leave of absence approved by the Policyholder; or
- (2) on temporary lay-off; or
- (3) rehired.

You must return to active work within the period of time shown on the Schedule of Benefits. You must also be a member of a class eligible for this insurance.

You will not be required to fulfill the eligibility requirements of the Policy again. The insurance will go into effect on the day you return to active work.

If you request insurance after terminating insurance at your own request or for failure to pay premium when due, proof of good health must be approved by us before you may be reinstated.

EXTENSION OF BENEFITS: Termination of the Policy will not affect any claim which was covered prior to termination, subject to the terms and conditions of the Policy.

BENEFIT PROVISIONS

INSURING CLAUSE: We will pay a Monthly Benefit if you:

- (1) are Totally Disabled as the result of a Sickness or Injury covered by the Policy;
- (2) are under the regular care of a Physician;
- (3) have completed the Elimination Period; and
- (4) submit satisfactory proof of Total Disability to us.

Please refer to the Schedule of Benefits for the MONTHLY BENEFIT and OTHER INCOME BENEFITS.

Benefits you are entitled to receive under OTHER INCOME BENEFITS will be estimated if the benefits:

- (1) have not been applied for; or
- (2) have been applied for and a decision is pending; or
- (3) have been denied and the denial may be appealed.

The Monthly Benefit will be reduced by the estimated amount. If benefits have been estimated, the Monthly Benefit will be adjusted when we receive proof:

- (1) of the amount awarded; or
- (2) that benefits have been denied and the denial cannot be further appealed.

If we have underpaid the Monthly Benefit for any reason, we will make a lump sum payment. If we have overpaid the Monthly Benefit for any reason, the overpayment must be repaid to us. At our option, we may reduce the Monthly Benefit or ask for a lump sum refund. If we reduce the Monthly Benefit, the Minimum Monthly Benefit, if any, as shown on the Schedule of Benefits page, would not apply.

For each day of a period of Total Disability less than a full month, the amount payable will be 1/30th of the Monthly Benefit.

COST OF LIVING FREEZE: After the initial deduction for any Other Income Benefits, the Monthly Benefit will not be further reduced due to any cost of living increases payable under these Other Income Benefits.

LUMP SUM PAYMENTS: If Other Income Benefits are paid in a lump sum, the sum will be prorated over the period of time to which the Other Income benefits apply. If no period of time is given, the sum will be prorated over sixty (60) months.

TERMINATION OF MONTHLY BENEFIT: The Monthly Benefit will stop on the earliest of:

- (1) the date you cease to be Totally Disabled;
- (2) the date you die;
- (3) the Maximum Duration of Benefits, as shown on the Schedule of Benefits page, has ended; or
- (4) the date you fail to furnish the required proof of Total Disability.

RECURRENT DISABILITY: If, after a period of Total Disability for which benefits are payable, you return to Active Work for at least six (6) consecutive months, any recurrent Total Disability for the same or related cause will be part of a new period of Total Disability. A new Elimination Period must be completed before any further Monthly Benefits are payable.

If you return to Active Work for less than six (6) months, a recurrent Total Disability for the same or related cause will be part of the same Total Disability. A new Elimination Period is not required. Our liability for the entire period will be subject to the terms of the Policy for the original period of Total Disability.

If you become eligible for insurance coverage under any other group long term disability insurance plan, then this recurrent disability section will not apply to you.

EXCLUSIONS

We will not pay a Monthly Benefit for any Total Disability caused by:

- (1) an act of war, declared or undeclared; or
- (2) an intentionally self-inflicted Injury; or
- (3) the Insured committing a felony; or
- (4) an Injury or Sickness that occurs while the Insured is confined in any penal or correctional institution.

LIMITATIONS

MENTAL OR NERVOUS DISORDERS: Monthly Benefits for Total Disability caused by or contributed to by mental or nervous disorders will not be payable beyond an aggregate lifetime maximum duration of twenty-four (24) months unless you are in a Hospital or Institution at the end of the twenty-four (24) month period. The Monthly Benefit will be payable while so confined, but not beyond the Maximum Duration of Benefits.

If you were confined in a Hospital or Institution and:

- (1) Total Disability continues beyond discharge;
- (2) the confinement was during a period of Total Disability; and
- (3) the period of confinement was for at least fourteen (14) consecutive days;

then upon discharge, Monthly Benefits will be payable for the greater of:

- (1) the unused portion of the twenty-four (24) month period; or
- (2) ninety (90) days;

but in no event beyond the Maximum Duration of Benefits, as shown on the Schedule of Benefits page.

Mental or Nervous Disorders are defined to include disorders which are diagnosed to include a condition such as:

- (1) bipolar disorder (manic depressive syndrome);
- (2) schizophrenia;
- (3) delusional (paranoid) disorders;
- (4) psychotic disorders;
- (5) depressive disorders;
- (6) anxiety disorders;
- (7) somatoform disorders (psychosomatic illness);
- (8) eating disorders; or
- (9) mental illness.

SUBSTANCE ABUSE: Monthly Benefits for Total Disability due to alcoholism or drug addiction will be payable while you are a participant in a Substance Abuse Rehabilitation Program. The Monthly Benefit will not be payable beyond twenty-four (24) months.

If, during a period of Total Disability due to Substance Abuse for which a Monthly Benefit is payable, you are able to perform Rehabilitative Employment, the Monthly Benefit, less 50% of any of the money received from this Rehabilitative Employment will be paid until: (1) you are performing all the material duties of your Regular Occupation on a full-time basis; or (2) the end of twenty-four (24) consecutive months from the date that the Elimination Period is satisfied, whichever is earlier. All terms and conditions of the Rehabilitation Benefit will apply to Rehabilitative Employment due to Substance Abuse.

"Substance Abuse" means the pattern of pathological use of a Substance which is characterized by:

- (1) impairments in social and/or occupational functioning;
- (2) debilitating physical condition;
- (3) inability to abstain from or reduce consumption of the Substance;
- or
- (4) the need for daily Substance use for adequate functioning.

"Substance" means alcohol and those drugs included on the Department of Health, Retardation and Hospitals' Substance Abuse list of addictive drugs, except tobacco and caffeine are excluded.

A Substance Abuse Rehabilitation Program means a program supervised by a Physician or a licensed rehabilitation specialist approved by us.

Applicable to Class 1 & 2:

PRE-EXISTING CONDITIONS: Benefits will not be paid for a Total Disability:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless you have been Actively at Work for one (1) full day following the end of twelve (12) consecutive months from the date you became insured.

With respect to persons electing to change their level of coverage during an approved enrollment period, any benefit increase (due to this change) will not be paid for a Total Disability:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless you have been Actively at Work for one (1) full day following the end of twelve (12) consecutive months measured from the date of such election. The three (3) month period referenced in the definition of Pre-existing Condition shall be the three (3) months just before the date of such election (with respect to any increase in benefits) in lieu of the three (3) months prior to your effective date of insurance.

Applicable to Class 1 & 2:

PRE-EXISTING CONDITIONS: Benefits will not be paid for a Total Disability:

- (1) caused by;
- (2) contributed to by; or
- (3) resulting from;

a Pre-existing Condition unless you have been Actively at Work for one (1) full day following the end of twelve (12) consecutive months from the date you became insured.

SPECIFIC INDEMNITY BENEFIT

If you suffer any one of the Losses listed below from an accident resulting in an Injury, we will pay a guaranteed minimum number of Monthly Benefit payments, as shown below. However:

- (1) the Loss must occur within one hundred and eighty (180) days;
and
- (2) you must live past the Elimination Period.

<u>For Loss of:</u>	<u>Number of Monthly Benefit Payments:</u>
Both Hands.....	46 Months
Both Feet	46 Months
Entire Sight in Both Eyes	46 Months
Hearing in Both Ears	46 Months
Speech	46 Months
One Hand and One Foot	46 Months
One Hand and Entire Sight in One Eye	46 Months
One Foot and Entire Sight in One Eye	46 Months
One Arm	35 Months
One Leg	35 Months
One Hand	23 Months
One Foot	23 Months
Entire Sight in One Eye	15 Months
Hearing in One Ear	15 Months

"Loss(es)" with respect to:

- (1) hand or foot, means the complete severance through or above the wrist or ankle joint;
- (2) arm or leg, means the complete severance through or above the elbow or knee joint; or
- (3) sight, speech or hearing, means total and irrecoverable Loss thereof.

If more than one (1) Loss results from any one accident, payment will be made for the Loss for which the greatest number of Monthly Benefit payments is provided.

The amount payable is the Monthly Benefit, as shown on the Schedule of Benefits page, with no reduction from Other Income Benefits. The number of Monthly Benefit payments will not cease if you return to Active Work. If death occurs after we begin paying Monthly Benefits, but before the Specific Indemnity Benefit has been paid according to the above schedule, the balance remaining at time of death will be paid to your

estate, unless a beneficiary is on record with us under the Policy.

Benefits may be payable longer than shown above as long as you are still Totally Disabled, subject to the Maximum Duration of Benefits, as shown on the Schedule of Benefits page.

SURVIVOR BENEFIT - LUMP SUM

We will pay a benefit to your Survivor when we receive proof that you died while:

- (1) you were receiving Monthly Benefits from us; and
- (2) you were Totally Disabled for at least one hundred and eighty (180) consecutive days.

The benefit will be an amount equal to 3 times your last Monthly Benefit. The last Monthly Benefit is the benefit you were eligible to receive right before your death. It is not reduced by wages earned while in Rehabilitative Employment.

“Survivor” means your spouse. If the spouse dies before you or if you were legally separated, then your natural, legally adopted or step-children, who are under age twenty-five (25) will be the Survivor(s). If there are no eligible Survivors, payment will be made to your estate, unless a beneficiary is on record with us under the Policy.

A benefit payable to a minor may be paid to the minor’s legally appointed guardian. If there is no guardian, at our option, we may pay the benefit to an adult that has, in our opinion, assumed the custody and main support of the minor. We will not be liable for any payment we have made in good faith.

WORK INCENTIVE AND CHILD CARE BENEFITS

WORK INCENTIVE BENEFIT

During the first twelve (12) months of Total Disability for which a Monthly Benefit is payable, we will not offset earnings from Rehabilitative Employment until the sum of:

- (1) the Monthly Benefit prior to offsets with Other Income Benefits;
and
 - (2) earnings from Rehabilitative Employment;
- exceed 100% of your Covered Monthly Earnings. If the sum above exceeds 100% of Covered Monthly Earnings, our Benefit Amount will be reduced by such excess amount until the sum of (1) and (2) above equals 100%.

CHILD CARE BENEFIT

We will allow a Child Care Benefit if:

- (1) you are receiving benefits under the Work Incentive Benefit;
- (2) your Child(ren) is (are) under 14 years of age;
- (3) the child care is provided by a non-relative; and
- (4) the charges for child care are documented by a receipt from the caregiver, including social security number or taxpayer identification number.

During the twelve (12) month period in which you are eligible for the Work Incentive Benefit, an amount equal to actual expenses incurred for child care, up to a maximum of \$250 per month, will be added to your Covered Monthly Earnings when calculating the Benefit Amount under the Work Incentive Benefit.

Child(ren) means: your unmarried child(ren), including any foster child, adopted child or step child who resides in your home and is financially dependent on you for support and maintenance.

FAMILY AND MEDICAL LEAVE OF ABSENCE BENEFIT

We will allow your coverage to continue, for up to twelve (12) weeks in a twelve (12) month period, if you are eligible for, and the Policyholder has approved, a Family and Medical Leave of Absence under the terms of the Family and Medical Leave Act of 1993, as amended, for any of the following reasons:

- (1) To provide care after the birth of a son or daughter; or
- (2) To provide care for a son or daughter upon legal adoption; or
- (3) To provide care after the placement of a foster child in your home; or
- (4) To provide care to a spouse, son, daughter, or parent due to serious illness; or
- (5) To take care of your own serious health condition as explained below.

If you, due to your own serious health condition, meet the definition of Total Disability as well as all other requirements in the Policy, you will be considered Totally Disabled and eligible to receive a Monthly Benefit. All premiums will be waived as long as you are receiving such Monthly Benefit. If you, due to your own serious health condition, are working on a reduced leave schedule or an intermittent leave schedule, as described by the Family and Medical Leave Act of 1993, as amended, but are not considered Totally Disabled under the Policy, premium payments will be continued under this benefit.

You will not qualify for the Family and Medical Leave of Absence Benefit unless we have received proof from the Policyholder in a form satisfactory to us, that you have been granted a leave under the terms of the Family and Medical Leave Act of 1993, as amended. Such proof: (1) must outline the terms of your leave; and (2) give the date the leave began; and (3) the date it is expected to end; and (4) must be received by us within thirty-one (31) days after a claim for benefits has been filed with us.

If the Policyholder grants you a Family and Medical Leave of Absence, the following applies to you:

- (1) While you are on an approved Family and Medical Leave of Absence, the required premium must be paid according to the terms specified in the Policy to keep the insurance in force.
- (2) While you are on an approved Family and Medical Leave of Absence, you will be considered Actively at Work in all instances unless such leave is due to your own illness, injury, or disability. Changes such as revisions to coverage because of age, class,

or salary changes will apply during the leave except that increases in amount of insurance, whether automatic or subject to election, are not effective if you are not Actively at Work until such time as you return to Active Work for one full day.

- (3) If you become Totally Disabled while on a Family and Medical Leave of Absence, any Monthly Benefit which becomes payable will be based on your Covered Monthly Earnings received from the Policyholder immediately prior to the date of Total Disability.
- (4) Coverage will terminate if you do not return to work as scheduled according to the terms of the Policyholder agreement with you. In no case will coverage be extended under this benefit beyond twelve (12) weeks in a twelve (12) month period. Insurance will not be terminated if you become Totally Disabled during the period of the leave and are eligible for benefits according to the terms of the Policy.

All other terms and conditions of the Policy will remain in force while you are on an approved Family and Medical Leave of Absence.

MILITARY SERVICES LEAVE OF ABSENCE COVERAGE

We will allow your coverage to continue, for up to twelve (12) weeks in a twelve (12) month period, if you enter the military service of the United States. While you are on a Military Services Leave of Absence, the required premium must be paid according to the terms specified in the Policy to keep the insurance in force. Changes such as revisions to coverage because of age, class or salary changes will apply during the leave except that increases in amount of insurance, whether automatic or subject to election, are not effective until you have returned to work from Military Services Leave of Absence for one full day. All other terms and conditions of the Policy will remain in force during the continuation period. Your continued coverage will cease on the earliest of the following dates:

- (1) the date the Policy terminates; or
- (2) the date ending the last period for which any required premium was paid; or
- (3) twelve (12) weeks from the date your continued coverage began.

The Policy, however, does not cover any loss which occurs while on active duty in the military service if such loss is caused by or arises out of such military service, including but not limited to war or act of war (whether declared or undeclared) and is also subject to any other exclusions listed in the Exclusions provision.

REHABILITATION BENEFIT

"Rehabilitative Employment" means work in any gainful occupation for which your training, education or experience will reasonably allow. The work must be supervised by a Physician or a licensed or certified rehabilitation specialist approved by us. Rehabilitative Employment includes work performed while Partially Disabled, but does not include performing all the material duties of your Regular Occupation on a full-time basis.

If you are receiving a Monthly Benefit because you are considered Totally Disabled under the terms of the Policy and are able to perform Rehabilitative Employment, we will continue to pay the Monthly Benefit less an amount equal to 50% of earnings received through such Rehabilitative Employment.

If you are able to perform Rehabilitative Employment when Totally Disabled due to Substance Abuse, we will continue to pay the Monthly Benefit less an amount equal to 50% of earnings received through such Rehabilitative Employment. This Monthly Benefit is payable for a maximum of twenty-four (24) consecutive months from the date the Elimination Period is satisfied.

You will be considered able to perform Rehabilitative Employment if a Physician or licensed or certified rehabilitation specialist approved by us determines that you can perform such employment.

Claim Procedures and ERISA Statement of Rights

**CLAIM PROCEDURES FOR CLAIMS FILED WITH
RELiance STANDARD LIFE INSURANCE COMPANY
ON OR AFTER JANUARY 1, 2002**

CLAIMS FOR BENEFITS

Claims may be submitted by mailing the completed form along with any requested information to:

Reliance Standard Life Insurance Company
Claims Department
P.O. Box 8330
Philadelphia, PA 19101-8330

Claim forms are available from your benefits representative or may be requested by writing to the above address or by calling 1-800-644-1103.

TIMING OF NOTIFICATION OF BENEFIT DETERMINATION

Non-Disability Benefit Claims

If a non-disability claim is wholly or partially denied, the claimant shall be notified of the adverse benefit determination within a reasonable period of time, but not later than 90 days after our receipt of the claim, unless it is determined that special circumstances require an extension of time for processing the claim. If it is determined that an extension of time for processing is required, written notice of the extension shall be furnished to the claimant prior to the termination of the initial 90-day period. In no event shall such extension exceed a period of 90 days from the end of such initial period. The extension notice shall indicate that the special circumstances requiring an extension of time and the date by which the benefit determination is expected to be rendered.

Calculating time periods. The period of time within which a benefit determination is required to be made shall begin at the time a claim is filed, without regard to whether all the information necessary to make a benefit determination accompanies the filing.

Disability Benefit Claims

In the case of a claim for disability benefits, the claimant shall be notified of the adverse benefit determination within a reasonable period of time, but not later than 45 days after our receipt of the claim. This period may be extended for up to 30 days, provided that it is determined that such an extension is necessary due to matters beyond our control and that notification is provided to the claimant, prior to the expiration of the initial 45-day period, of the circumstances requiring the extension of time and the date by which a decision is expected to be rendered. If, prior to the end of the first 30-day extension period, it is determined that, due to matters beyond our control, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days, provided that the claimant is notified, prior to the expiration of the first 30-day extension period, of the circumstances requiring the extension and the date by which a decision is expected to be rendered. In the case of any such extension, the notice of extension shall specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues, and the claimant shall be afforded at least 45 days within which to provide the specified information.

Calculating time periods. The period of time within which a benefit determination is required to be made shall begin at the time a claim is filed, without regard to whether all the information necessary to make a benefit determination accompanies the filing. In the event that a period of time is extended due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

MANNER AND CONTENT OF NOTIFICATION OF BENEFIT DETERMINATION

Non-Disability Benefit Claims

A Claimant shall be provided with written notification of any adverse benefit determination. The notification shall set forth, in a manner calculated to be understood by the claimant, the following:

1. The specific reason or reasons for the adverse determination;
2. Reference to the specific plan/policy provisions on which the determination is based;
3. A description of any additional material or information necessary for

- the claimant to perfect the claim and an explanation of why such material or information is necessary; and
4. A description of the review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 as amended ("ERISA") (where applicable), following an adverse benefit determination on review.

Disability Benefit Claims

A claimant shall be provided with written notification of any adverse benefit determination. The notification shall be set forth, in a manner calculated to be understood by the claimant, the following:

1. The specific reason or reasons for the adverse determination;
2. Reference to the specific plan/policy provisions on which the determination is based;
3. A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary;
4. A description of the review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 as amended ("ERISA") (where applicable), following an adverse benefit determination on review; and
5. If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to the claimant upon request.

APPEALS OF ADVERSE BENEFIT DETERMINATIONS

Appeals of adverse benefit determinations may be submitted in accordance with the following procedures to:

Reliance Standard Life Insurance Company
Quality Review Unit
P.O. Box 8330
Philadelphia, PA 19101-8330

Non-Disability Benefit Claims

1. Claimants (or their authorized representatives) must appeal within 60 days following their receipt of a notification of an adverse benefit determination, and only one appeal is allowed;
2. Claimants shall be provided with the opportunity to submit written comments, documents, records, and/or other information relating to the claim for benefits in conjunction with their timely appeal;
3. Claimants shall be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits
4. The review on (timely) appeal shall take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination;
5. No deference to the initial adverse benefit determination shall be afforded upon appeal;
6. The appeal shall be conducted by an individual who is neither the individual who made the (underlying) adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual; and
7. Any medical or vocational expert(s) whose advice was obtained in connection with a claimant's adverse benefit determination shall be identified, without regard to whether the advice was relied upon in making the benefit determination.

Disability Benefit Claims

1. Claimants (or their authorized representatives) must appeal within 180 days following their receipt of a notification of an adverse benefit determination, and only one appeal is allowed;
2. Claimants shall be provided with the opportunity to submit written comments, documents, records, and/or other information relating to the claim for benefits in conjunction with their timely appeal;
3. Claimants shall be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and

- other information relevant to the claimant's claim for benefits
4. The review on (timely) appeal shall take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination;
 5. No deference to the initial adverse benefit determination shall be afforded upon appeal;
 6. The appeal shall be conducted by an individual who is neither the individual who made the (underlying) adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual;
 7. Any medical or vocational expert(s) whose advice was obtained in connection with a claimant's adverse benefit determination shall be identified, without regard to whether the advice was relied upon in making the benefit determination; and
 8. In deciding the appeal of any adverse benefit determination that is based in whole or in part on a medical judgment, the individual conducting the appeal shall consult with a health care professional:
 - (a) who has appropriate training and experience in the field of medicine involved in the medical judgment; and
 - (b) who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal; nor the subordinate of any such individual.

TIMING OF NOTIFICATION OF BENEFIT DETERMINATION ON REVIEW

Non-Disability Benefit Claims

The claimant (or their authorized representative) shall be notified of the benefit determination on review within a reasonable period of time, but not later than 60 days after receipt of the claimant's timely request for review, unless it is determined that special circumstances require an extension of time for processing the appeal. If it is determined that an extension of time for processing is required, written notice of the extension shall be furnished to the claimant prior to the termination of the initial 60-day period. In no event shall such extension exceed a period of 60 days from the end of the initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which the determination on review is expected to be rendered.

Calculating time periods. The period of time within which a benefit determination on review is required to be made shall begin at the time an appeal is timely filed, without regard to whether all the information

necessary to make a benefit determination on review accompanies the filing. In the event that a period of time is extended as above due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination on review shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

Disability Benefit Claims

The claimant (or their authorized representative) shall be notified of the benefit determination on review within a reasonable period of time, but not later than 45 days after receipt of the claimant's timely request for review, unless it is determined that special circumstances require an extension of time for processing the appeal. If it is determined that an extension of time for processing is required, written notice of the extension shall be furnished to the claimant prior to the termination of the initial 45-day period. In no event shall such extension exceed a period of 45 days from the end of the initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which the determination on review is expected to be rendered.

Calculating time periods. The period of time within which a benefit determination on review is required to be made shall begin at the time an appeal is timely filed, without regard to whether all the information necessary to make a benefit determination on review accompanies the filing. In the event that a period of time is extended as above due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination on review shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

MANNER AND CONTENT OF NOTIFICATION OF BENEFIT DETERMINATION ON REVIEW

Non-Disability Benefit Claims

A claimant shall be provided with written notification of the benefit determination on review. In the case of an adverse benefit determination on review, the notification shall set forth, in a manner calculated to be understood by the claimant, the following:

1. The specific reason or reasons for the adverse determination;
2. Reference to the specific plan/policy provisions on which the determination is based;

3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits; and
4. A statement of the claimant's right to bring an action under section 502(a) of ERISA (where applicable).

Disability Benefit Claims

A claimant must be provided with written notification of the determination on review. In the case of adverse benefit determination on review, the notification shall set forth, in a manner calculated to be understood by the claimant, the following:

1. The specific reason or reasons for the adverse determination;
2. Reference to the specific plan/policy provisions on which the determination is based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits;
4. A statement of the claimant's right to bring an action under section 502(a) of ERISA (where applicable);
5. If an internal rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination, either the specific rule, guideline, protocol, or other similar criterion; or a statement that such a rule, guideline, protocol, or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol, or other criterion will be provided free of charge to the claimant upon request; and
6. The following statement: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency" (where applicable).

DEFINITIONS

The term “adverse benefit determination” means any of the following: a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for, a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a participant’s or beneficiary’s eligibility to participate in a plan.

The term “us” or “our” refers to Reliance Standard Life Insurance Company.

The term “relevant” means:

A document, record, or other information shall be considered relevant to a claimant’s claim if such document, record or other information:

- Was relied upon in making the benefit determination;
- Was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- Demonstrates compliance with administrative processes and safeguards designed to ensure and to verify that benefit claim determinations are made in accordance with governing plan documents and that, where appropriate, the plan provisions have been applied consistently with respect to similarly situated claimants; or
- In the case of a plan providing disability benefits, constitutes a statement of policy or guidance with respect to the plan concerning the denied benefit of the claimant’s diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

The term "Reliance Standard Life Insurance Company" means Reliance Standard Life Insurance Company and/or its authorized claim administrators.

ERISA STATEMENT OF RIGHTS

As a participant in the Group Insurance Plan, you may be entitled to certain rights and protections in the event that the Employee Retirement Income Security Act of 1974 (ERISA) applies. ERISA provides that all Plan Participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefits plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interests of you and other Plan Participants and Beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Reliance Standard Life Insurance Company shall serve as the claims review fiduciary with respect to the insurance policy and the Plan. The claims review fiduciary has the discretionary authority to interpret the Plan and the insurance policy and to determine eligibility for benefits. Decisions by the claims review fiduciary shall be complete, final and binding on all parties.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of the Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal Court. If it should happen that Plan Fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest Office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

RELIANCE STANDARD

Life Insurance Company

a **DELPHI** company

Home Office: Chicago, Illinois
Administrative Office: Philadelphia, Pennsylvania

LTD 113656
Ed. 12/2005

Attachment 2

LTD Census Request

To receive this information, email your request to DNorthington@TampaAirport.com

Attachment 3

Claims Experience Report

Note: The five open claimants are eligible for Social Security and Florida Retirement System benefits. The amounts for the five open claimants are net of all offsets.

Received	Benefit	Paid Amount
04/24/2006	\$1,409.75	\$18,710.10
05/26/2006	\$1,667.00	\$16,850.00
10/27/2006	\$2,385.00	\$25,372.43
11/28/2006	\$1,444.41	\$11,496.14
03/07/2007	\$1,652.40	\$3,794.79
03/19/2007	\$2,831.03	\$30,729.82
04/18/2007	\$2,215.14	\$17,086.41
06/23/2008	\$2,493.62	\$12,468.10
08/12/2008	\$1,833.82	\$1,833.82
08/26/2008	\$5,004.58	\$10,523.15
Total	n/a	\$148,864.76

RELIANCE STANDARD

Life Insurance Company

Claim History Report

For the Period: Since Inception

Policy Number: LTD-113656

Claim Number	Received	Benefit	Paid Amount
2008-06-23-0149-LTD-01	06/23/2008	\$2,493.62	\$12,468.10
2007-03-07-0040-LTD-01	03/07/2007	\$1,652.40	\$3,794.79
2007-03-19-0050-LTD-01	03/19/2007	\$2,831.03	\$30,729.82
2006-11-28-0012-LTD-01	11/28/2006	\$1,444.41	\$11,496.14
2006-04-24-0039-LTD-01	04/24/2006	\$1,409.74	\$18,710.10
2008-08-12-0159-LTD-01	08/12/2008	\$1,833.82	\$1,833.82
2007-04-18-0006-LTD-01	04/18/2007	\$2,215.14	\$17,086.41
2008-08-26-0033-LTD-01	08/26/2008	\$5,004.58	\$10,523.15
2006-10-27-0017-LTD-01	10/27/2006	\$2,385.00	\$25,372.43
2006-05-26-0024-LTD-01	05/26/2006	\$1,667.00	\$16,850.00
Total for policy LTD-113656 :			\$148,864.76

LTD Paid Amount Figure : \$148,864.76

Attachment 3

Claims Experience Report

March 10, 2009

RELIANCE STANDARD

Life Insurance Company

a DELTA company

Claim Summary Report

Company Name : Hillsborough County Aviation Authority

Policy No : LTD-113656

Claim Status : ACTIVE

Name of Insured	Claim No	Loss Date	Received Date	First Payment	Last Payment	Closed Date	Status Description
	2008-06-23-0149-LTD-01	05/11/2008	6/23/2008	8/26/2008	12/1/2008		NORMAL CLAIM/BENEFIT
	2006-11-28-0012-LTD-01	07/17/2006	11/28/2006	5/29/2007	12/5/2008		NORMAL CLAIM/BENEFIT
	2008-08-26-0033-LTD-01	04/12/2008	8/26/2008	9/29/2008	12/1/2008		NORMAL CLAIM/BENEFIT
	2006-10-27-0017-LTD-01	07/24/2006	10/27/2006	12/26/2006	11/12/2008		NORMAL CLAIM/BENEFIT
	2006-05-26-0024-LTD-01	03/17/2006	5/26/2006	11/3/2006	12/8/2008		NORMAL CLAIM/BENEFIT

ACTIVE CLAIM COUNT: 5

Claim Status : CLOSED

Name of Insured	Claim No	Loss Date	Received Date	First Payment	Last Payment	Closed Date	Status Description
	2007-03-07-0040-LTD-01	12/14/2006	3/7/2007	4/24/2007	4/24/2007	4/24/2007	CLOSED;RETURN TO WORK
	2006-04-24-0039-LTD-01	12/29/2005	4/24/2006	5/26/2006	6/25/2008	6/25/2008	CLOSED;CLAIMANT NOT DISABLED ANY
	2008-08-12-0159-LTD-01	06/25/2008	8/12/2008	9/23/2008	9/24/2008	9/24/2008	CLOSED;RETURN TO WORK
	2007-04-18-0006-LTD-01	02/03/2007	4/18/2007	6/13/2007	3/24/2008	3/25/2008	CLOSED; CLAIMANT DECEASED

CLOSED CLAIM COUNT: 4

Claim Status : WITH QUALITY REVIEW

Name of Insured	Claim No	Loss Date	Received Date	First Payment	Last Payment	Closed Date	Status Description
	2007-03-19-0050-LTD-01	12/16/2006	3/19/2007	6/13/2007	12/4/2008		WITH QUALITY REVIEW

WITH QUALITY REVIEW CLAIM COUNT: 1

Total claim count for policy LTD-113656: 10

Total claim count: 10

The data provided is for informational purposes. Disclosure of this confidential data beyond persons designated herein is prohibited under applicable Insurance Information and Privacy laws.

Attachment 3
Claims Experience Report
March 10, 2009

Coverage: Long Term Disability**Client Name: Hillsborough County Aviation****Policy Number: LTD - 113656****Summary Exhibit**

Policy Effective Date	12/01/2005
Policy Termination Date	N/A
Start of Period	12/01/2005
End of Period	12/01/2008
Number of Months	36
Premium	\$402,595.81
Paid Claims (Open)	\$107,439.64
Paid Claims (Closed)	\$41,425.12
Total Paid Claims	\$148,864.76
IBNR	\$41,647.51
Reserves	\$225,928.00
Total Incurred	\$416,440.27
Incurred Loss Ratio	103.4%
Valuation Date	01/29/2007

<u>Current Rates</u>			
Policy	Sub Policy	Coverage	Current Rate
LTD-113656	01	Long Term Disability	\$.81 (per \$100 of Covered Payroll)
LTD-113656	02	Long Term Disability	\$.117 (per \$100 of Covered Payroll)

Please note that the information provided within this report is a snapshot as of 12/11/2008. This information can change frequently and does not necessarily indicate that rate action is required or recommended.

Coverage: Long Term Disability

Client Name: Hillsborough County Aviation

Policy Number: LTD - 113656

Premium Exhibit

Time Period	Sub Policy	Bill Group	Payment Date	Due Date	Premium
12/1/2005 - 12/1/2008	01	1	01/18/2006	12/01/2005	\$8,561.59
	01	1	10/08/2008	12/01/2005	(\$1,272.32)
	01	1	03/17/2006	01/01/2006	\$7,970.27
	01	1	03/17/2006	02/01/2006	\$8,021.01
	01	1	03/17/2006	03/01/2006	\$8,004.42
	01	1	04/18/2006	04/01/2006	\$7,919.03
	01	1	05/16/2006	05/01/2006	\$8,107.49
	01	1	06/14/2006	06/01/2006	\$8,226.48
	01	1	07/14/2006	07/01/2006	\$8,196.27
	01	1	08/01/2006	08/01/2006	\$8,206.59
	01	1	09/01/2006	09/01/2006	\$8,315.79
	01	1	10/08/2008	09/01/2006	(\$61.00)
	01	1	10/12/2006	10/01/2006	\$8,238.36
	01	1	11/13/2006	11/01/2006	\$8,335.32
	01	1	10/08/2008	11/01/2006	(\$60.70)
	01	1	12/12/2006	12/01/2006	\$8,376.95
	01	1	01/04/2007	01/01/2007	\$8,525.13
	01	1	02/08/2007	02/01/2007	\$8,570.09
	01	1	03/07/2007	03/01/2007	\$8,579.07
	01	1	04/20/2007	04/01/2007	\$8,537.71
	01	1	05/14/2007	05/01/2007	\$8,611.35
	01	1	06/07/2007	06/01/2007	\$8,648.12
	01	1	08/09/2007	07/01/2007	\$8,639.61
	01	1	08/14/2007	08/01/2007	\$11,386.17
	01	1	09/18/2007	09/01/2007	\$11,505.55
	01	1	10/16/2007	10/01/2007	\$11,627.31
	01	1	11/08/2007	11/01/2007	\$11,837.74
	01	1	12/13/2007	12/01/2007	\$11,839.83
	01	1	01/10/2008	01/01/2008	\$11,826.15
	01	1	02/08/2008	02/01/2008	\$11,942.87
	01	1	03/11/2008	03/01/2008	\$11,960.77
	01	1	04/16/2008	04/01/2008	\$12,081.16
	01	1	05/14/2008	05/01/2008	\$12,080.68
	01	1	06/12/2008	06/01/2008	\$12,064.55
	01	1	07/02/2008	07/01/2008	\$12,046.28
	01	1	08/06/2008	08/01/2008	\$12,053.76
	01	1	09/05/2008	09/01/2008	\$12,040.93
	01	1	10/08/2008	10/01/2008	\$12,006.15
	01	1	11/10/2008	11/01/2008	\$11,986.84
	01	1	12/09/2008	12/01/2008	\$11,927.83

Total Premium for Bill Group : \$367,411.20

Total Premium for Sub Policy : \$367,411.20

Client Name: Hillsborough County Aviation**Policy Number: LTD - 113656****Premium Exhibit**

Time Period	Sub Policy	Bill Group	Payment Date	Due Date	Premium
12/1/2005 - 12/1/2008	02	1	01/18/2006	12/01/2005	\$710.73
	02	1	03/17/2006	01/01/2006	\$720.53
	02	1	03/17/2006	02/01/2006	\$728.32
	02	1	03/17/2006	03/01/2006	\$727.10
	02	1	04/18/2006	04/01/2006	\$729.42
	02	1	05/16/2006	05/01/2006	\$729.64
	02	1	06/14/2006	06/01/2006	\$737.75
	02	1	07/14/2006	07/01/2006	\$738.97
	02	1	08/01/2006	08/01/2006	\$735.25
	02	1	09/01/2006	09/01/2006	\$732.52
	02	1	10/12/2006	10/01/2006	\$732.41
	02	1	11/13/2006	11/01/2006	\$786.46
	02	1	12/12/2006	12/01/2006	\$794.83
	02	1	01/04/2007	01/01/2007	\$801.45
	02	1	02/08/2007	02/01/2007	\$808.29
	02	1	03/07/2007	03/01/2007	\$810.06
	02	1	04/20/2007	04/01/2007	\$804.01
	02	1	05/14/2007	05/01/2007	\$811.23
	02	1	06/07/2007	06/01/2007	\$813.26
	02	1	08/09/2007	07/01/2007	\$814.72
	02	1	08/14/2007	08/01/2007	\$1,067.27
	02	1	09/18/2007	09/01/2007	\$1,075.59
	02	1	10/16/2007	10/01/2007	\$1,085.92
	02	1	11/08/2007	11/01/2007	\$1,156.35
	02	1	12/13/2007	12/01/2007	\$1,170.05
	02	1	01/10/2008	01/01/2008	\$1,166.84
	02	1	02/08/2008	02/01/2008	\$1,170.80
	02	1	03/11/2008	03/01/2008	\$1,175.93
	02	1	04/16/2008	04/01/2008	\$1,180.12
	02	1	05/14/2008	05/01/2008	\$1,187.60
	02	1	07/02/2008	06/01/2008	\$1,189.78
	02	1	07/02/2008	07/01/2008	\$1,203.22
	02	1	08/06/2008	08/01/2008	\$1,210.37
	02	1	09/05/2008	09/01/2008	\$1,211.73
	02	1	10/08/2008	10/01/2008	\$1,206.85
	02	1	11/10/2008	11/01/2008	\$1,208.77
	02	1	12/09/2008	12/01/2008	\$1,250.47

Total Premium for Bill Group : \$35,184.61**Total Premium for Sub Policy : \$35,184.61**Attachment 3, Claims Experience Report
March 10, 2009

Coverage: Long Term Disability

Client Name: Hillsborough County Aviation

Policy Number: LTD - 113656

Premium Exhibit

Time Period	Sub Policy	Bill Group	Payment Date	Due Date	Premium
Total Premium :					\$402,595.81

Claims Exhibit

Claim Number	Gender	Date of Birth	Date of Loss	Gross Benefit	Total Paid	Reserve
2006-05-26-0024-LTD-01	M	04/03/1960	03/17/2006	\$1,667.00	\$16,850.00	\$51,447.00
2006-10-27-0017-LTD-01	M	07/22/1957	07/24/2006	\$2,385.00	\$25,372.43	\$47,188.00
2006-11-28-0012-LTD-01	M	10/07/1950	07/17/2006	\$1,444.41	\$11,496.14	\$18,923.00
2007-03-19-0050-LTD-01	F	10/30/1949	12/16/2006	\$2,831.03	\$30,729.82	\$0.00
2008-06-23-0149-LTD-01	F	06/18/1955	05/11/2008	\$2,493.62	\$12,468.10	\$73,549.00
2008-08-26-0033-LTD-01	M	04/27/1951	04/12/2008	\$5,004.58	\$10,523.15	\$34,821.00
Total Claims:					\$107,439.64	\$225,928.00

Paid Premium and Claims are posted as of 12/11/2008.

Attachment 3, Claims Experience Report
March 10, 2009

Attachment 4 Rating Criteria

In accordance with responses requested in the Long Term Disability Insurance Benefits Request for Proposal (“RFP”), the following information is provided in an effort to clearly outline the evaluation criteria that have been established in determining which company will best contribute to the overall goals of the Authority. Each evaluation area is weighted and may have a possible score ranging from 0-10.

Experience (Evaluation Weighting of 20)

The focus will be on the overall experience of the Proposer and the Proposer’s staff members in providing similar services and benefits, as described in the RFP

Proposed Plan Design (Evaluation Weighting of 20)

The proposed LTD plan design will be evaluated based on how closely it meets or exceeds the Authority’s current LTD plan design and the availability of the plan design enhancements.

Customer Service (Evaluation Weighting of 15)

Primary focus will be on the verifiable reputation of the Company for conducting business. It will include items such as claims processing procedure and quality of informational literature describing products and processes.

Financial Stability (Evaluation Weighting of 10)

A. M. Best, Moody, Standard & Poors and/or other similar ratings will be considered, as well as the general reputation for company stability within the industry.

Cost (Evaluation Weighting of 20)

The total cost of the proposed LTD plan will be considered. While cost is of specific importance, lower cost achieved by a reduction in benefits is not an objective of the Authority. Higher ratings will be given for lower cost and clearly outlined methods of curbing costs in the future.

Interviews (Evaluation Weighting of 15)

Primary focus will be on the knowledge demonstrated by the interviewee of the proposed plan. Higher ratings will be given for clear unqualified answers and specific explanations of the impact of any proposed deviations from the current plan and any proposed alternative benefit.

**SECTION 00417 – DISADVANTAGED/WOMAN AND MINORITY BUSINESS ENTERPRISE
ASSURANCE AND PARTICIPATION**

Letter of Intent

LONG TERM DISABILITY INSURANCE BENEFITS TAMPA INTERNATIONAL AIRPORT
--

Name of Prime Company's firm: _____
Address: _____
City: _____
Telephone: _____ FAX _____ E-mail _____

Prime Company's Contract Amount \$ _____

Percentage of Contract Amount performed by Prime Company _____%

Name of D/W/MBE firm: _____
Address: _____
City: _____
Telephone: _____ FAX _____ E-mail _____

Identity of D/W/MBE (e.g. Hispanic, American Indian, Black, Female, etc.) _____

Check the appropriate box if the D/W/MBE is a material supplier:

☐ Materials and supplies obtained from a D/W/MBE (counts as 100% towards goal or expectancy)

Description of work to be performed by D/W/MBE firm: _____

Amount of Subcontract \$ _____

Subcontract Percent of Prime Company's Contract Amount _____%

Commitment

The Prime Company is committed to utilizing the above-named D/W/MBE firm for the work described above.

By: _____
(Signature) (Title) (Name of Prime Company Firm) (Date)

Affirmation

The above-named D/W/MBE firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By: _____
(Signature) (Title) (Name of D/W/MBE Firm) (Date)

If the Prime Company does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation will be null and void.

EACH CONTRACT THE OWNER EXECUTES WITH THE PRIME COMPANY (AND EACH SUBCONTRACT THE PRIME COMPANY EXECUTES WITH AD/W/MBE firm) MUST INCLUDE THE FOLLOWING CLAUSE:

Prime Company's D/W/MBE Assurance: The Prime Company will not discriminate on the basis of race, color, national origin, or sex in the performance of this Contract. Failure by the Prime Company to carry out these requirements is a material breach of this Contract, which may result in the termination of this Contract or such other remedy as the recipient deems appropriate.

(Name of Company)

By: _____
(Signature*)

Title: _____

Date: _____

* Must be same signature on Bid Form.

END OF SECTION