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Improving Water Quality

REQUEST FOR PROPOSAL

LONG-TERM DISABILITY INSURANCE PROGRAM

CONTRACT NO. P-2487

INTRODUCTION

The Milwaukee Metropolitan Sewerage District (DISTRICT) invites qualified proposers to submit written proposals for the operation and administration of its Long-Term Disability Insurance Program for its employees and the represented employees of Veolia Water Milwaukee, LLC (Veolia). The current contract with LaFayette Life Insurance will expire on July 31, 2008. Please submit a proposal for a one, two, three, four or five-year contract beginning August 1, 2008.

BACKGROUND

The DISTRICT provides Long-Term Disability Insurance to approximately 215 employees. In addition, the represented employees who were previously employed by the DISTRICT and transitioned employment to Veolia, approximately 110 employees, are enrolled in the DISTRICT's Long-Term Disability Insurance Program. The benefits for both DISTRICT and Veolia represented employees are the same. Veolia is under a ten-year contract with the DISTRICT. Additional information regarding the current DISTRICT and Veolia population is included in the Appendices.

The DISTRICT is currently insured with Lafayette Life Insurance Company (through Schools Insurance Fund). The DISTRICT's coverage began on August 1, 1984 for its non-represented employees, and coverage began on January 1, 1996 for its represented employees.

On March 1, 1998, the DISTRICT contracted out the operation and maintenance of its treatment facilities. As a result of that contracting, former DISTRICT employees were transitioned to the contractor and their benefits currently continue to be administered by the DISTRICT. On March 1, 2008, the DISTRICT contracted with Veolia for the operation of its treatment facilities. As a result of the contract with Veolia, the benefits of the former DISTRICT transitioned employees continue to be administered by the DISTRICT. There is no guarantee that the employees under the Veolia contract will continue under the DISTRICT's Benefit Program. However, at this time the represented employees are included for coverage under this Request for Proposal. The Veolia employee group may decide at any time to discontinue to be covered under the DISTRICT's program. If that occurs, only DISTRICT employees would continue under this contract. This Request for Proposal would not include employees at Veolia who were not transitioned from DISTRICT employment. Additional information regarding the DISTRICT's and Veolia employee population is included in the Appendices.

ADMINISTRATION AND PLAN IMPLEMENTATION

The administration of the DISTRICT's Long-Term Disability Insurance Program will be provided by the firm selected. Employee booklets, brochures, and/or certificates explaining the benefits will be provided by the administrator.

Long-Term Disability Insurance is currently funded by monthly premium payments. Your proposal should contain the funding mechanism you deem to be the most attractive and appropriate to the DISTRICT along with the rationale for your recommendation.

SUBMITTAL REQUIREMENTS

Firms wishing to be considered in the selection process must submit five (5) copies of their proposal **no later than 10:00 a.m., local Milwaukee time, Monday, April 28, 2008**, to:

**Ms. Kathleen Oestreich, CPPB
Senior Contract Administrator
Milwaukee Metropolitan Sewerage District
260 W. Seeboth Street
Milwaukee, WI 53204-1446**

The proposal package shall be plainly marked with your firm's name in the lower left corner of the cover as follows:

**MMSD Proposal No. P-2487
Long-Term Disability Insurance Program
Submittal Date: April 28, 2008, 10:00 a.m.
Submitted by: _____**

Proposals received after the designated time will not be considered in the selection process and will be retained unopened until after award. The DISTRICT reserves the right to accept or reject any or all proposals and to waive informalities or irregularities in the selection process.

If it becomes necessary to revise any part of the Request for Proposal or otherwise provide additional information, an addendum will be issued by the DISTRICT and furnished to all firms that have received copies of the original Request for Proposal.

Proposals shall be signed and shall include the firm name, address, telephone number and the name of the person authorized to submit/sign the proposal, along with his/her title and telephone number. The DISTRICT will not be liable for any costs incurred by the respondents in replying to this Request for Proposal. The DISTRICT is not liable for any costs for work or services performed by the selected provider prior to a written Notice to Proceed.

Request for further information or questions regarding this Request for Proposal should be addressed in writing only to the individual listed below. Any oral communication will be considered unofficial and non-binding on the DISTRICT. Providers should rely only on written statements issued by the individual listed below.

UNAUTHORIZED CONTACT REGARDING THIS REQUEST FOR PROPOSAL WITH ANY OTHER DISTRICT REPRESENTATIVES MAY RESULT IN DISQUALIFICATION.

Ms. Kathleen Oestreich, CPPB
Senior Contract Administrator
260 West Seeboth Street
Milwaukee, WI 53204-1446
Telephone: (414) 225-2076
Fax: (414) 271-0829
Email: koestreich@mmsd.com

The RFP is available on the DISTRICT's Web site at www.mmsd.com. However, this copy is unofficial and the DISTRICT must have your firm's address for addendum purposes.

To the extent permitted under Wisconsin law, all proposals will be kept confidential. In the event any provider believes that any information submitted with its proposal is confidential, classified or proprietary business information, such information should be explicitly identified and marked. The reason for such designation should also be stated.

Proposals will only be accepted from firms authorized to do business in the State of Wisconsin.

NON-DISCRIMINATION

The DISTRICT has adopted a Non-Discrimination and Equal Employment Opportunities policy. The following is an excerpt from that policy:

"It is the DISTRICT's policy to encourage equal employment opportunity practices on the part of private businesses. Persons seeking to do business with the DISTRICT are expected to comply with applicable Federal and Wisconsin State laws, regulations and orders relating to equal employment and non-discrimination with regard to employees and subcontractors. To this end, the DISTRICT shall include equal employment opportunity and non-discrimination requirements as part of the DISTRICT's purchasing and contracting procedures."

In accordance with that policy, the DISTRICT requires that the provider complete and submit the Certification of Non-Discrimination (**Appendix F**) and the Equal Employment Opportunity Data form (**Appendix G**) with the Proposal. A copy of the required forms is included with this Request for Proposal.

SELECTION PROCESS AND SCHEDULE

The proposals considered in the selection process will be evaluated by a Consultant Selection Advisory Committee (CSAC) according to the criteria and point system presented below. The DISTRICT will not release the names of committee members and requires that providers direct any questions to the aforementioned DISTRICT contact person.

The CSAC will evaluate the proposals and make a recommendation to either select a provider based on the proposals alone or to interview a “short list” of providers. If interviews are to be held, a letter will be sent to all providers which states whether said firm has been removed from further consideration or whether they are still a candidate along with details of the interview process.

Following selection of the best proposal, the DISTRICT will negotiate contractual terms, level of effort and scope of services, and upon successful negotiations an award will be recommended by the CSAC. Contract award will be made to the provider whose proposal best complies with the Request for Proposal and will be the most advantageous to the DISTRICT. The DISTRICT, because of time constraints and depending upon the thoroughness of the proposals, may at its sole option award a contract based upon the initial proposal submittal. Do not assume there will be an opportunity for submittal of additional information. Submit your proposal as if it were your “best and final offer.”

SCHEDULE

The following is the anticipated schedule for this project:

April 28, 2008, 10:00 a.m. CST	Deadline for Proposal Submittals
May, 2008	Proposal Evaluation and Selection by Committee
June, 2008	Contract Award
July, 2008	Notice to Proceed

The DISTRICT reserves the right to modify this schedule as necessary and will provide RFP attachments as needed should a schedule change occur.

PROPOSAL EVALUATION CRITERIA

The following information must be included in each proposal and will form the basis of the evaluation. The DISTRICT will thoroughly review and evaluate each proposal. Responses should be clear, concise and complete. Proposals must address all sections in the Request for Proposal. Any deviations or other considerations in any section should be outlined in detail in your response. The point number is the weight of each criterion. Interviews may be conducted to obtain additional information regarding the proposal.

QUALIFICATIONS AND EXPERIENCE OF FIRM (15 Points)

This will include an overall assessment of the proposer’s ability to meet all the requirements of the RFP; the ability of the proposer to provide informational reports to the DISTRICT, experience of the proposer with public sector organizations and the proposer’s willingness to

agree to specified levels of performance for customer service and qualify; proposer's willingness to provide specified contact person for resolving questions and/or issues that may arise.

Proposals should include sufficient data to cover these areas:

- A willingness to agree to specified levels of performance for customer service and qualify and a specified contact person for resolving questions and/or issues that may arise.
- Ability to provide periodic reports of claims experience. Examples of reports should be included with the proposal.
- List of references including contact names and telephone numbers. References should include public sector organizations for whom you provide similar services.
- List of staff that will be involved in the DISTRICT's plan and their area of specialty, i.e., billing, claims administration, etc.

ABILITY TO PROVIDE SPECIFIED LEVEL OF BENEFITS AND PLAN APPROACH
(40 Points)

The proposal should indicate whether you are able to provide the level of benefits specified in this proposal. If not, identify any variances.

The proposal should include a recommended implementation plan including enrollment process.

Provide a work plan and schedule outlining the major tasks and activities to be undertaken for plan implementation and identify personnel to be assigned and the estimated completion date for each task/activity.

PRICE / COST PROPOSAL (45 Points)

The cost proposal shall include a premium amount for participation. The cost proposal should identify and explain the funding mechanism being proposed and any billing process to be used.

The cost proposal shall include a not-to-exceed rate guarantee for subsequent years (up to a five-year period). Each annual cost must be identified separately, including any implementation fees which will be charged to the DISTRICT for the initial year, if applicable, as a separate identifiable cost item. The DISTRICT at its discretion shall determine the terms of the contract.

The proposal should identify whether the premium rate would change if Veolia withdrew their employees from participation in the plan. If so, please include a premium amount for DISTRICT employees only.

The RFP and the selected proposal will become part of the contract. The selected provider will be expected to enter into an agreement with the DISTRICT.

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ATTACHMENTS

Appendix A	Current Level of Long-Term Disability Insurance Benefits
Appendix B	Minimum Required Provisions of Long-Term Disability Insurance Program
Appendix C	Questionnaire
Appendix D	List of Employees Enrolled in Long-Term Disability Insurance Program Including Age and Gender
Appendix E	Long-Term Disability Insurance Claims Analyses and Open Claims Listing
Appendix F	Certification of Non-Discrimination
Appendix G	Equal Employment Opportunity Data Form

Providers responding to this RFP are required to provide the services contained in **Appendix A** and must respond to the questions contained in **Appendix C**.

APPENDIX A

CURRENT BENEFIT LEVEL OF LONG-TERM DISABILITY INSURANCE PROGRAM

(This is part of an employee handout summarizing the benefits.)

<u>Eligible Classes:</u>	All full-time employees.
<u>Maximum Annual Covered Salary:</u>	\$160,000
<u>Effective Date:</u>	The first of the policy month following the date of hire.
<u>Elimination Period:</u>	90 consecutive calendar days
<u>Minimum Required for Active Employment:</u>	32 hours per week

Monthly Benefits

- The lesser of:
 - 1. 60% of covered monthly earnings; or
 - 2. 70% all sources maximum; or
- The maximum monthly benefit is \$8,000.
- The minimum monthly benefit is the greater of:
 - 1. 10% of the covered monthly earnings multiplied by the monthly benefit percentages, or
 - 2. \$50.00

Other Income Benefits Include:

1. The amount for which you are eligible under any:
 - a. Workers' Compensation Law;
 - b. Occupational disease law; or
 - c. Other act or law of like intent.
2. The amount of any disability income benefits for which you are eligible under any compulsory benefit act or law.
3. The amount of any disability income benefits for which you are eligible under:
 - a. Any other group insurance plan of the employer;
 - b. Any state or federal government disability or retirement plan; or
 - c. Any individual policy for which the employer pays some or all of the premiums.

4. Retirement benefits for which you are eligible under any state or federal government pension or retirement plan.
5. The amount of disability or retirement benefits under the United States Social Security Act, as follows:
 - a. Disability or unreduced retirement benefits for which:
 - i. You are eligible; and
 - ii. Your spouse, child or children are eligible because of your disability; or
 - iii. Your spouse, child or children are eligible because of your eligibility for unreduced retirement benefits; or
 - b. Reduced retirement benefits received by:
 - i. You; and
 - ii. Your spouse, child or children because of your receipt of reduced retirement benefits.

After the first deduction for Social Security benefits, the monthly benefit will not be further reduced due to any cost of living increases payable under Social Security.
6. Any amount which you are eligible to receive from the employer for:
 - a. Any salary continuation plan;
 - b. Commission;
 - c. Vacation pay;
 - d. Bonus pay;
 - e. Any other type of extra pay.
7. Auto insurance based on the principle of “no fault” coverage.

These other income benefits, except retirement benefits, must be payable as a result of the same total disability for which this policy pays a benefit.

Benefits under item 5a. above will be estimated if such benefits:

1. Have not been awarded and have not been denied; or
2. Have been denied, until such time as the denial is appealed through the final administrative appeals level; or
3. Were at one time awarded but are now being denied, until such time as the denial is appealed through the final administrative appeals level.

If benefits have been estimated, the monthly benefit will be adjusted when the Company receives proof:

1. Of the amount awarded; or
2. That benefits have been denied at the final administrative appeals level and the denial is not being appealed to the courts.

In the case of 2. above, a lump sum refund of the estimated amounts will be made.

Cost of Living Freeze

After the initial deduction for any Other Income Benefit, the monthly benefit will not be further reduced due to any cost of living increases payable under these Other Income Benefits.

Maximum Duration of Benefits

Benefits will not accrue beyond the duration specified below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
Less than 60	To age 65
60 but less than 69	The lesser of: (1) 5 years; or (2) To age 70
69 or more	12 months

Changes in Monthly Benefits

Changes in the Monthly Benefit because of a change in age, class or Earnings (if applicable) are effective on the first of the Policy month coinciding with or next following the date of the change, provided you are actively at work on the date of the change. If you are not actively at work when the change should take effect, the change will take effect on the day after you have been actively at work for one full day.

Definition of Basic Earnings

“Basic Earnings” means your basic wage received from the policyholder immediately prior to the date of total disability. Covered monthly earnings do not include commissions, overtime pay, bonuses or any other special compensation not received as covered monthly earnings.

Contributions

Non-represented Employees hired before 1/1/84: No employee contribution
Non-represented Employees hired after 1/1/84.

<u>Completed Years of Service</u>	<u>Employee Contribution</u>
0 – 1 year	100%
1 – 3 years	75%
3 years	50%
4 years	25%
5 years	0%

Represented employees hired before 1/1/96: No employee contribution
Represented employees hired on or after 1/1/96.

<u>Completed Years of Service</u>	<u>Employee Contribution</u>
0 – 1 year	100%
1 – 3 years	75%
3 years	50%
4 years	25%
5 years	0%

Premium payments will be waived during the disability.

Participation in this benefit is voluntary.

BENEFIT PROVISIONS

A monthly Benefit will be paid if an employee:

1. Is totally disabled as the result of a sickness or injury covered by the policy;
2. Is under the regular care of a physician;
3. Has completed the elimination period; and
4. Submits satisfactory proof of Total Disability to the provider.

PARTIAL DISABILITY

“Partial Disability” and “Partially Disabled” mean that:

1. With respect to your regular occupation, you, while unable to perform all the material duties of our regular occupation on a full-time basis, are:
 - a. Performing at least one of the material duties of our regular occupation on a part-time basis; or
 - b. Performing at least one of the material duties of your regular occupation on a full-time basis.
2. With respect to any other occupation, you, after receiving 24 months of total disability benefits, remain completely unable to perform each of the material duties of your occupation, and are performing the duties of any other gainful occupation for which you are reasonably fitted by training, education or experience.

Eligibility: Subject to the following, the Company will pay partial disability benefits when proof is received that you are partially disabled within 31 days of receiving total disability benefits. The partial disability must result from the injury or sickness that caused total disability.

Partial Disability Benefit: The partial disability benefit will be the amount as computed in the “Monthly Benefit” and “Other Income Benefits” sections of this Certificate less 50 percent of the earnings which you receive while you are partially disabled.

Duration – Regular Occupation: A monthly benefit will continue to be payable while you are partially disabled after you receive 24 months of:

1. Total Disability Benefits; or
2. Total and Partial Disability Benefits.

But the monthly benefit will continue only while your Partial Disability earnings are less than 80 percent of your basic monthly earnings in effect when Total Disability began. Benefits will cease on the date Partial Disability earnings equal or exceed this limit.

Duration – Any Other Occupations: After you receive 24 months of total disability benefits, a monthly benefit will be payable while you are partially disabled, but only while your partial disability earnings are less than 70 percent of your basic monthly earning in effect when total disability began. Benefits will cease on the date partial disability earnings equal or exceed this 70 percent limit.

Evidence: The Company may require any evidence needed to verify your earnings and proof of continuing partial disability.

Termination of Partial Disability Benefits: Partial disability benefits will cease on the earliest of:

1. The date you cease to be partially disabled;
2. The date you die;
3. The end of the maximum benefit period;
4. The date you are eligible for benefits under any other group long term disability policy.

RECURRENT DISABILITY

“Recurrent Disability” means a disability which is related to or due to the same cause(s) of a prior disability for which a monthly benefit was payable.

A recurrent disability will be treated as part of the prior total disability if, after receiving total disability benefits under this policy, you:

1. Return to your regular occupation on a full-time basis for less than six months; and
2. Perform all the material duties of your occupation.

Benefit payments will be subject to the terms of the policy for the prior total disability. If you return to your occupation on a full-time basis for six months or more, a recurrent disability will be treated as a new period of total disability. You must complete another elimination period.

Successive disability which results from (an) unrelated cause(s) will be deemed to be a continuation of the first disability unless separated by your return to active service for at least one full day.

A. LUMP SUM PAYMENTS: If Other Income Benefits are paid in a lump sum, the sum will be broken down to a monthly amount to a monthly amount for the period of time the sum is payable. If no period of time is given, the sum will be prorated on a monthly amount for the period of time we expect you to be disabled based on actuarial tables of disabled lives.

B. TERMINATION OF MONTHLY BENEFITS: 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 end of the maximum benefit period; or
4. The date you fail to furnish the required proof of Total Disability.

C. REHABILITATION PROVISION: If during a period of Total Disability for which a Monthly Benefit is payable, you accept Rehabilitative Employment, then we will continue to pay the monthly Benefit less 50% of any of the money received from this Rehabilitative Employment.

EXCLUSIONS

The policy does not cover any total disability:

1. Due to war, declared or undeclared, or any act of war;
2. Due to any act of international armed conflict or conflict involving the armed forces of any country;
3. While you are in the armed forces of any country or international authority;
4. Due to your attempted suicide while sane or insane;
5. As a result of your intentionally self-inflicted injuries;
6. As a result of your committing of or attempting to commit a felony or any type of assault or battery;
7. As a result of your participation in a riot;
8. As a result of your engaging in an illegal activity;
9. As a result of an injury or sickness which occurs while confined in a penal or correctional institution.

PRE-EXISTING CONDITION EXCLUSION

The policy will not cover any total disability:

1. Caused by, contributed to by, or resulting from a pre-existing condition; and
2. Which begins in the first 12 months after your original plan effective date.

“Pre-Existing Condition” means a sickness or injury for which you had received medical treatment, consultation, care or services including diagnostic measures, or had taken prescribed drugs or medicines in the three months prior to your effective date.

If you are:

1. Totally disabled due to a pre-existing condition on the day which is 12 months after your original plan effective date; and
2. After that day, return to active service for at least five days in a row; and
3. Again become disabled due to the same pre-existing condition; then
4. This pre-existing condition exclusion shall not apply to the new period of total disability.

LIMITATIONS

MENTAL OR NERVOUS DISORDERS: Monthly Benefits for Total Disability due to mental or nervous disorders will not be payable beyond 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.

“Mental or Emotional Illness” means any neurosis, psychoneurosis, psychopathy, psychosis and all other mental or emotional illness of any type.

After the two-year period following the elimination period, benefit payment will be made only:

1. If you are still totally disabled by the mental or emotional illness; and
2. While you are confined as an in-patient in an institution licensed to treat that illness.

However, if you are so confined for at least twelve days immediately following said two-year period, the benefit is payable for up to 120 days of total disability following release from such confinement.

CONTINUITY OF INSURANCE COVERAGE PROVISION

Continuity of insurance coverage will be allowed for you if you would not be entitled to full coverage under the Policy upon changing carriers due to:

1. Failure to be Actively at Work on the effective date of the Policy due to injury or sickness; or
2. A Pre-Existing Condition Limitation.

This provision will apply to you only if you were insured under:

1. The prior carrier’s policy on its termination date; or
2. Any policy of a later acquired employer unit which changed insurance carriers.

EFFECT OF FAILURE TO BE ACTIVELY AT WORK: This provision allows insurance to be granted under the policy to you if you were Totally Disabled on or after the effective date of the Policy.

The insurance will be that provided under the prior carrier's policy. This insurance is subject to premium payment. The insurance we will pay is the benefit the prior carrier would have paid under their policy reduced by any amount for which the prior carrier is liable.

Insurance provided under this provision will end upon the earliest of:

1. The date the insurance would end according to the Termination of Your Insurance provision;
2. The date you return to Active Work and become insured under the policy; or
3. The end of any period of extension or accrued liability under the prior carrier's policy.

EFFECT OF A PRE-EXISTING CONDITION LIMITATION: The following will apply to you if you are Actively at Work and insured under the policy when a Pre-Existing Condition is involved:

1. If you have satisfied the Policy's Pre-Existing Conditions Limitation, then you will be paid according to the policy;
2. If you cannot satisfy the Policy's Pre-Existing Conditions Limitation, we will then apply the prior carrier's Pre-Existing Conditions Limitation, giving consideration towards continuous time insured under both policies, then you will be paid according to the prior carrier's policy; or
3. If you cannot satisfy the Pre-Existing Conditions Limitation of:
 - a. The Policy; and
 - b. That of the prior carrier; then no benefit will be paid.

When you have satisfied the Pre-Existing Conditions Limitation under the Policy, even if during a period of Recurrent Disability, then the Monthly Benefit will be paid according to the Policy.

SURVIVOR BENEFIT – LUMP SUM

A benefit will be paid to your Survivor when proof is received that you died while:

1. You were receiving Monthly Benefits; 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 the last Monthly Benefit. The last Monthly Benefit is the benefit the person was eligible to receive right before 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, which 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.

A benefit payable to a minor may be paid to the minor's legally appointed guardian. If there is no guardian, the provider's option, may be paid to the adult that has, in the provider's opinion, assumed the custody and main support of the minor.

Specific Indemnity Benefit: If injury results in any of the losses referenced below losses within 180 days after the date of the accident, the monthly benefit after adjustments for other income benefits will be paid to the insured for the number of monthly payments shown in the schedule. If death occurs before all these payments have been made, the balance remaining at the time of death will be paid to the insured's estate.

<u>Schedule for Loss of</u>	<u>Number of Monthly Payments</u>
Sight in Both Eyes	46
Both Hands	46
Both Feet	46
One Hand and One Foot	46
One Hand and Sight in One Eye	46
One Foot and Sight in One Eye	46
Hearing in Both Ears	46
Speech	46
One Arm	35
One Leg	35
One Hand or One Foot	23
Sight in One Eye	15
Hearing in One Ear	15

NOTE: Benefits may be payable for a period in excess of the number of months indicated in the above schedule provided that the insured is totally disabled.

The maximum number of monthly payments for all losses suffered in any one accident shall be limited to that one loss for which the greatest number of monthly payments is provided in the above schedule.

Loss of hands and feet means loss by severance at or above the wrist or ankle joint. Loss of arm or legs means the complete severance through or above the elbow or knee joint. Loss of sight, speech or hearing means total and irrecoverable loss thereof.

Examination Rights

The Company, at its own expense, has the right and opportunity to have an employee examined by a physician or vocational expert of their choice to determine the extent of any sickness or injury for which a claim has been made.

Benefit Supplement

The DISTRICT currently allows employees who are receiving Long-Term Disability Benefits to supplement the benefit with any accrued sick leave and/or vacation they have up to 100% of their salary.

PENSION DISABILITY PROGRAM

Duty Disability Benefit

If an employee is totally disabled as a result of an injury that happened while performing his/her job, he/she may be eligible for a Duty Disability Benefit. If the Duty Disability Benefit is terminated and the employee returns to his/her job, the employee will receive credit towards his/her retirement benefit for the time he/she was disabled.

General Employees

The Duty Disability Benefit is 75% of the employee's final salary plus an additional annuity provided by the employee's member contributions. This benefit plus any Social Security disability benefits may not exceed 100% of your final average salary. At age 60, the Duty Disability Benefit will stop and the retirement benefit will begin. The retirement benefit will be based on the employee's final average salary and service credit at age 60, including credit for the time the employee was disabled.

Ordinary Disability Benefits

If an employee is incapacitated for the performance of duty, he/she may be eligible for Ordinary Disability Benefits even though the disability is not a result of injury that happened while performing his/her job.

General Employees

The Ordinary Disability Benefit is 90% of the service retirement allowance explained under RETIREMENT BENEFITS, with a 25% of final average salary minimum benefit payable, provided the member has ten years of service. Disability benefits may be payable for a limited period of time for members with less than ten (10) years of service credit.

APPENDIX B

MINIMUM REQUIRED PROVISIONS OF LONG-TERM DISABILITY INSURANCE POLICY

General

1. One, two, three, four or five-year contract. Term selected by the DISTRICT at its option. If submitting proposal for multi-year contract, proposal should include rate guarantees for those years beyond the initial rate guarantee.
2. Flat contracted fee (per employee or percentage of payroll).
3. Consultation with DISTRICT staff regarding management of claims.
4. Requirement to provide services on all claims arising from incidents which occur during the contract period until they have been handled to final conclusion.
5. The DISTRICT reserves the right to periodically audit the DISTRICT's claim files of the insurer.
6. The successful insurer shall indemnify and hold harmless the DISTRICT from and against any and all claims arising from the negligence, acts or omissions of the insurer or any of the insurers' agents, contractors or employees, and from and against all costs, attorneys' fees, expenses and liabilities incurred in the defense of any such claim or any action or proceeding brought thereon; and in case of any action or proceeding brought against the DISTRICT by reason of any such claim, proposer upon notice from the DISTRICT shall defend the same at insurer's expense by legal counsel satisfactory to the DISTRICT.

Claims Administration

1. The insurer must be able to ensure the current level of benefits as set forth in their proposal.
2. The DISTRICT must receive copies of all correspondence and have access to all records with the exception of medical records which have not been released to the employer.
3. The DISTRICT must receive a copy of the monthly notice of payment to the long-term disability recipients.
4. The insurer must have the capability of providing W-2 forms to the long-term disability recipients.
5. The insurer must keep the DISTRICT up-to-date on the status of all pending claims.

Data and Reports

1. Semi-annual reports on claim activity
2. Periodic as requested *ad hoc* reports
3. Monthly notice of payment to long-term disability recipient

APPENDIX C

LONG-TERM DISABILITY INSURANCE PROGRAM

QUESTIONNAIRE

Proposals should be submitted in typewritten, narrative form. Please respond to the following questions and provide any other information you think pertinent.

General Information

1. Please submit information concerning your organization's experience in the area of providing Long-Term Disability Insurance. Include length of time that your organization has been offering these services, number of clients utilizing your services and financial reports.
2. Please provide the company name, contact person, and telephone number of the following clients of your organization which we may contact for references:
 - a. Your two largest Wisconsin clients.
 - b. Your two largest municipal clients (but not any client of a. above).
 - c. Any other clients of your choice.
3. How much lead time would you require to implement the DISTRICT as a new client?
4. Who would be the DISTRICT's primary contact person for consultation and program implementation? What is his/her background?
5. Please provide a sample copy of a contract for providing the Long-Term Disability Insurance.
6. Please state your agency's policy regarding hiring minorities and women and contracting with minority and women owned businesses. (Please include a list of minority and women owned businesses with which your agency does business as a part of its ongoing operations.)
7. Please complete the Equal Employment Opportunity Data form in Appendix G.
8. What is your firm's "Best" rating?

Claims Administration

1. How would the DISTRICT's claims be handled? Would the DISTRICT have a dedicated claims administrator? If so, what is the back-up policy? What are the claims handler's qualifications?
2. From what location would the DISTRICT's account be handled?

3. How would the provider insure regular ongoing personal and written contact between the claimant, the Milwaukee Metropolitan Sewerage District and the proposer from the inception of the claim?
4. Please describe how a claim would be handled upon receipt of a claim.
5. Does your firm have personal contact with the employee upon receipt of a claim? If so, what does that contact entail?
6. How much lead time would you require to supply the DISTRICT with the Master Policy and employee booklets?
7. Describe in detail your Vocational Rehabilitation Benefit.
8. How would your claim area coordinate with Social Security, the City of Milwaukee Pension Board and other providers of individual benefits in order to insure consistent certification of disability and non-duplication of benefits?
9. Please describe your procedure for certification of disability as well as recertification.
10. The DISTRICT is interested in local service. Would your carrier assign a local Group Representative?
11. What is the anticipated time for processing a claim?
12. Please describe how you follow up on claims for employees receiving the Long-Term Disability Benefit.
13. How would your staff work with DISTRICT staff to coordinate the benefit?

Funding and Fee Structure

1. Please provide a quote for providing Long-Term Disability Insurance for employees at the DISTRICT effective August 1, 2008 for a one, two, three, four or five-year contract. The cost of any optional services should be quoted separately. Please provide a quote for providing Long-Term Disability Benefits for employees at Veolia for the same time period. Please state whether the DISTRICT premium would be affected if Veolia were to withdraw from the Program. If so, how?
2. List specific services that are included in the quote.
3. Describe in detail the basis for the calculation of this initial quote.
4. For what period is the rate guaranteed? Under what set of conditions would rate quoted vary from rate charge on effective date?
5. What would be the cost of providing an employee booklet, if any?

Legal Issues

1. Please provide proof and the amount of liability insurance coverage carried by your agency.
2. Provide a draft “hold harmless” clause which incorporates the requirements of paragraph 7 under General, in **Appendix B**.

Data and Reports

1. Please provide samples of your standard reports which the DISTRICT could expect to receive. Please indicate at what intervals we would receive them (i.e., monthly, quarterly, etc.).
2. Is there an extra charge if special reports were needed or requested by the DISTRICT? If so, can you provide an approximate cost per report?

Please provide any supplemental information which you consider relevant or beneficial in your proposal.

LTD CENSUS - UWS

DOB	Gender	Job Title	UWS	LTD
01121960	M	Operating Engineer IV	UWS	LTD
02061968	M	Field Maintenance Lead	UWS	
06111945	F	Lube Specialist & Relief	UWS	LTD
01061955	M	Lube Specialist/Lead	UWS	LTD
08271956	M	Machinist	UWS	LTD
01021951	M	Instrument Technician	UWS	LTD
08121957	M	Maintenance Lead-Plant	UWS	LTD
07261958	M	SPO IV Dryers	UWS	LTD
01071957	F	TPO IV Secondary	UWS	LTD
07141949	M	Electrician	UWS	LTD
05031955	M	Maintenance Laborer-Plant	UWS	LTD
04231945	M	Maintenance Mechanic	UWS	LTD
02251955	M	Machinist	UWS	LTD
05261958	M	Field Maintenance Lead	UWS	LTD
09201948	M	TPO IV Purification	UWS	LTD
10201956	M	Steamfitter	UWS	LTD
09151950	M	Operating Engineer IV	UWS	LTD
04181949	M	Instrument Technician	UWS	LTD
06151949	M	Machinist	UWS	LTD
09181957	M	SPO IV Dryers	UWS	LTD
05131953	M	Instrument Technician	UWS	LTD
11081950	M	Agri-Life Technician	UWS	LTD
05161952	M	Warehouse Technician III	UWS	LTD
10071962	F	Buyer	UWS	LTD
02191948	M	Instrument Technician	UWS	LTD
05171947	F	Staff Assistant	UWS	LTD
06191954	M	Machinist	UWS	LTD
01261958	M	Ddmn	UWS	LTD
01151954	M	SPO IV Dryers	UWS	LTD
03281951	M	Maintenance Laborer-Field	UWS	LTD
01141958	M	Electrician	UWS	
06031955	M	SPO IV Dryers	UWS	LTD
03301951	M	Maintenance Mechanic	UWS	LTD
05221957	M	Tpo Iv - Su - Ji	UWS	LTD
05111958	M	SPO 3 Dryers/Filters	UWS	LTD
05281958	M	SPO IV Filters	UWS	LTD
06031955	M	Auto Mechanic	UWS	LTD
10071955	M	Machinist	UWS	LTD
02021953	F	TPO IV Purification	UWS	LTD
06011959	M	Machinist	UWS	LTD
10281957	M	Electrician	UWS	LTD
12061958	M	Maintenance Mechanic	UWS	LTD
06041952	M	Ddmn	UWS	LTD
06211958	M	Console Operator II	UWS	LTD
05031950	M	SPO IV Filters	UWS	LTD
10241959	M	Engineering Maintenance Lead	UWS	LTD
04191957	M	TPO IV Purification	UWS	LTD
08061945	M	Maintenance Mechanic	UWS	LTD
12181948	M	Maintenance Laborer-Plant	UWS	LTD
11061953	M	Custodian	UWS	
01071960	M	Field Maintenance Lead	UWS	LTD

LTD CENSUS - UWS

DOB	Gender	Job Title	UWS	LTD
07171951	F	Buyer	UWS	LTD
03161956	M	Console Operator II	UWS	LTD
04241946	M	Maintenance Laborer-Plant	UWS	LTD
10171959	M	SPO IV Filters	UWS	LTD
03191948	M	Auto Mechanic	UWS	LTD
12011965	M	Engine Operator	UWS	LTD
03171953	M	Machinist	UWS	LTD
05241956	M	TPO III Preliminary	UWS	LTD
05251946	M	Electrician	UWS	LTD
01171948	M	SPO 3 Utility	UWS	LTD
09021958	M	TPO IV Secondary	UWS	LTD
11231951	M	TPO IV Centifuge	UWS	LTD
12171957	M	SPO IV Filters	UWS	LTD
09271950	M	Machinist	UWS	LTD
02241951	M	Machinist Welder	UWS	LTD
12311957	F	Custodian	UWS	LTD
10221958	F	Maintenance Laborer-Field	UWS	LTD
11051951	M	Steamfitter	UWS	LTD
10161952	M	Console Operator I	UWS	LTD
04261955	M	Maintenance Laborer-Field	UWS	LTD
12121956	M	Operating Engineer III-1class	UWS	LTD
04121954	M	Tpo Iv - Su - Ji	UWS	LTD
02181952	M	Mainten Mechanic Leadperson	UWS	LTD
10011962	M	Lead Operator	UWS	LTD
06101952	M	Machinist	UWS	LTD
11061963	F	Staff Assistant	UWS	
10231960	M	SPO 3 Utility	UWS	LTD
12111964	M	Instrument Technician	UWS	LTD
01121953	M	Machinist Welder	UWS	LTD
11301961	M	Control Technician	UWS	LTD
03161958	M	TPO IV Primary	UWS	LTD
03271960	M	Computer&Control Systems Analy	UWS	LTD
02111953	M	Steamfitter	UWS	LTD
07091958	M	Steamfitter	UWS	LTD
03011956	M	Machinist	UWS	
10121958	M	Machinist	UWS	LTD
10041945	M	Machinist	UWS	LTD
09071949	M	Lead Operator	UWS	LTD
08071953	M	Tpo Iv - Su - Ss	UWS	LTD
05201957	M	Maintenance Mechanic	UWS	LTD
09161953	M	Maintenance Lead-Plant	UWS	LTD
09211950	F	Ddmn	UWS	LTD
04151952	M	Machinist Welder	UWS	LTD
10161950	M	Machinist	UWS	LTD
04291946	M	Operating Engineer IV	UWS	LTD
11211944	M	Machinist Welder	UWS	LTD
03101955	M	Network Administrator	UWS	LTD
09291959	M	SPO IV Dryers	UWS	LTD
02121956	M	Tpo Iv - Su - Ss	UWS	LTD
01141948	M	Machinist	UWS	LTD
11261947	M	Auto Mechanic	UWS	LTD

LTD CENSUS - UWS

DOB	Gender	Job Title	UWS	LTD
11181962	M	Instrument Technician	UWS	LTD
08301954	M	Maintenance Laborer-Plant	UWS	LTD
09051948	M	Machinist	UWS	LTD
07121956	M	Console Operator SU-System Tec	UWS	LTD
03071957	M	Tpo Iv - Su - Ji	UWS	LTD
06191955	M	Electrician	UWS	LTD
03141954	M	Maintenance Laborer-Plant	UWS	LTD
02171959	M	Lead Operator	UWS	LTD
06191952	M	Lead Operator	UWS	LTD
11141954	M	TPO IV Secondary	UWS	LTD
05141960	M	Control Technician	UWS	LTD
06051957	M	Steamfitter	UWS	LTD
08111947	M	Lead Operator	UWS	LTD

LTD CENSUS - MMSD

DOB	Gender	Job Title	MMSD	LTD
10/7/1961	M	Monit/Sampling Specialist	MMSD	LTD
4/29/1948	M	Monit/Sampling Specialist	MMSD	LTD
1/23/1978	F	Records Info Mgmt Technic	MMSD	LTD
10/14/1961	F	Project Coordinator	MMSD	LTD
11/13/1961	F	Data Center Supervisor	MMSD	LTD
6/22/1969	M	Project Manager	MMSD	
5/19/1951	M	Engineering Aide IV	MMSD	
8/17/1951	F	Senior Staff Attorney	MMSD	LTD
10/9/1950	M	Marketing Dev&Distr Super	MMSD	LTD
7/7/1939	F	Clerk Stenographer II	MMSD	LTD
1/28/1951	M	Senior Project Manager	MMSD	
8/3/1946	M	Senior Systems Analyst	MMSD	LTD
9/4/1953	M	Engineering Planning Mana	MMSD	LTD
7/10/1966	F	Lab Technician (Chemistry	MMSD	LTD
11/8/1953	M	Senior Project Manager	MMSD	LTD
1/4/1977	M	Senior Systems Analyst	MMSD	LTD
4/18/1954	F	Senior Project Manager	MMSD	LTD
4/28/1951	M	Supervisor of General Acc	MMSD	LTD
1/29/1969	F	Management & Budget Analy	MMSD	
10/31/1959	F	Customer Services Coordin	MMSD	LTD
3/10/1958	M	Engineering Aide IV	MMSD	
10/9/1968	M	Engineering Aide IV	MMSD	LTD
6/12/1968	M	Project Manager	MMSD	LTD
7/15/1960	F	Sample Boat Operator/Tech	MMSD	LTD
11/3/1964	M	Data Warehouse Analyst	MMSD	
9/17/1945	M	Senior Project Manager	MMSD	LTD
8/17/1977	F	Engineering Aide IV	MMSD	
9/3/1962	F	Monit/Sampling Technician	MMSD	LTD
10/22/1952	M	Monit/Sampling Specialist	MMSD	LTD
7/29/1948	M	Information Systems Manag	MMSD	LTD
8/3/1954	M	Section Manager	MMSD	LTD
5/8/1957	F	Grants&Special Projects A	MMSD	LTD
5/7/1950	F	Records Supervisor	MMSD	LTD
9/29/1962	M	Senior Project Manager	MMSD	LTD
9/21/1964	F	Account Clerk II	MMSD	LTD
11/14/1970	M	Procurement&Contract Mgmt	MMSD	LTD
7/25/1952	M	Senior Staff Attorney	MMSD	LTD
6/2/1951	F	Laboratory Services Coord	MMSD	LTD
7/18/1963	F	Lab Technician (Chemistry	MMSD	LTD
5/27/1951	M	Engineering Aide IV	MMSD	LTD
1/7/1966	M	Monit/Sampling Technician	MMSD	LTD
7/10/1958	M	Senior Revenue Analyst	MMSD	LTD
10/29/1956	F	Human Resources Generalis	MMSD	LTD
7/10/1959	M	Engineering Aide IV	MMSD	LTD
9/26/1971	M	Monit/Sampling Technician	MMSD	LTD
3/14/1959	F	Engineering Aide IV	MMSD	LTD
7/30/1960	M	Monit/Sampling Technician	MMSD	LTD
9/2/1948	M	Engineering Clerk II	MMSD	LTD
3/17/1960	M	Lab Technician (Chemistry	MMSD	LTD
3/23/1959	M	Sys Mon Database Analyst	MMSD	LTD
3/27/1959	M	Monit/Sampling Specialist	MMSD	LTD

LTD CENSUS - MMSD

DOB	Gender	Job Title	MMSD	LTD
2/1/1976	M	Engineering Aide IV	MMSD	LTD
3/12/1950	M	Senior Project Manager	MMSD	LTD
12/29/1964	M	Monit/Sampling Specialist	MMSD	LTD
4/9/1951	F	Secretary	MMSD	LTD
9/5/1953	M	Lead Custodian	MMSD	LTD
9/12/1943	F	Real Estate Coordinator	MMSD	
7/7/1962	F	Human Resources Generalis	MMSD	LTD
10/25/1949	F	Receptionist/Word Process	MMSD	LTD
11/18/1954	M	Senior Project Manager	MMSD	LTD
11/15/1960	M	Custodian	MMSD	
11/11/1966	M	WMBE Coordinator	MMSD	LTD
7/18/1950	M	Survey Crew Chief	MMSD	LTD
10/7/1958	M	Laboratory Chemist	MMSD	LTD
10/1/1972	F	Engineering Aide IV	MMSD	LTD
8/6/1965	M	Desktop Technician II	MMSD	LTD
2/21/1969	M	Public Information Manage	MMSD	LTD
3/13/1951	M	Engineering Aide IV	MMSD	LTD
6/30/1951	M	Monit/Sampling Specialist	MMSD	LTD
3/12/1953	F	Shipping Clerk	MMSD	LTD
5/29/1979	F	Facilities Info Superviso	MMSD	
12/24/1960	F	Records Info Mgmt Technic	MMSD	LTD
7/21/1960	M	Senior Project Manager	MMSD	
6/13/1954	F	Administrative Assistant	MMSD	LTD
6/3/1954	M	Senior Systems Analyst	MMSD	LTD
2/26/1952	F	Clerk Typist	MMSD	LTD
8/31/1972	M	Senior Project Manager	MMSD	LTD
10/31/1950	M	Engineering Aide IV	MMSD	LTD
5/10/1958	M	Monit/Sampling Specialist	MMSD	LTD
9/10/1946	M	Section Manager	MMSD	LTD
9/16/1958	M	Senior Systems Analyst	MMSD	LTD
10/2/1963	M	Intergovernmental Coordin	MMSD	
9/13/1954	M	Laboratory Chemist	MMSD	LTD
8/17/1951	M	Engineering Aide IV	MMSD	LTD
6/19/1955	M	Manager-Contract Complian	MMSD	LTD
3/22/1949	M	Desktop Technician II	MMSD	LTD
4/25/1946	F	Records Info Mgmt Technic	MMSD	LTD
7/14/1955	F	Planning Services Supervi	MMSD	LTD
6/7/1952	M	Monit/Sampling Specialist	MMSD	LTD
11/23/1962	F	Project Manager	MMSD	LTD
9/22/1955	M	Monit/Sampling Technician	MMSD	LTD
11/7/1961	F	Executive Secretary	MMSD	LTD
5/17/1963	M	Engineering Aide IV	MMSD	LTD
7/18/1953	M	Controller-Treasurer	MMSD	LTD
4/22/1947	M	Lab Technician (Chemistry	MMSD	LTD
1/29/1949	M	Section Manager	MMSD	LTD
7/2/1956	F	Account Clerk II	MMSD	LTD
11/10/1962	F	Data Center Specialist	MMSD	LTD
7/5/1956	M	Senior Project Manager	MMSD	LTD
8/14/1951	F	Account Clerk II	MMSD	LTD
1/29/1958	F	Facilities Planning Coord	MMSD	LTD
7/28/1955	M	Survey Crew Chief	MMSD	LTD

LTD CENSUS - MMSD

<u>DOB</u>	<u>Gender</u>	<u>Job Title</u>	<u>MMSD</u>	<u>LTD</u>
3/1/1950	M	Graphics Supervisor	MMSD	LTD
9/15/1952	F	Executive Secretary	MMSD	LTD
6/15/1964	M	Monit/Sampling Technician	MMSD	LTD
12/23/1976	F	Lab Technician (Chemistry	MMSD	LTD
9/23/1974	M	Engineering Aide IV	MMSD	LTD
7/25/1953	F	Community Affairs Coordin	MMSD	LTD
7/26/1946	M	Lab Technician (Chemistry	MMSD	LTD
8/6/1960	M	Engineering Aide IV	MMSD	LTD
3/2/1965	F	Executive Secretary	MMSD	
12/20/1952	F	Technical Services Coordi	MMSD	LTD
11/2/1949	F	Risk Management Coordinat	MMSD	LTD
2/20/1963	M	Construction Support Mana	MMSD	LTD
10/11/1954	M	Microbiologist	MMSD	LTD
4/25/1956	F	Info Technology Project L	MMSD	
7/29/1952	M	Community & Environ Liais	MMSD	LTD
4/7/1954	M	Senior Project Manager	MMSD	LTD
2/14/1959	M	Director of Technical Ser	MMSD	LTD
6/6/1977	F	Graphics Designer I	MMSD	LTD
6/2/1956	M	Monit/Sampling Technician	MMSD	LTD
4/6/1955	M	Sr Industrial Waste Engin	MMSD	LTD
9/25/1952	M	Section Manager	MMSD	LTD
11/8/1956	F	Clerk Stenographer II	MMSD	LTD
3/20/1942	M	Director of Legal Service	MMSD	LTD
1/17/1953	M	Project Manager-Land Arch	MMSD	LTD
8/23/1957	F	Buyer/Purchasing Data Cle	MMSD	LTD
12/3/1963	F	Administrative Assistant	MMSD	LTD
5/13/1959	M	Monit/Sampling Technician	MMSD	LTD
5/4/1956	F	Laboratory Manager	MMSD	LTD
9/13/1973	M	Monit/Sampling Technician	MMSD	LTD
4/4/1954	M	Monit/Sampling Specialist	MMSD	LTD
2/27/1959	F	Paralegal Administrator	MMSD	LTD
1/30/1953	M	Sr Contract Admin-Procure	MMSD	LTD
9/13/1957	M	Network Specialist	MMSD	LTD
10/2/1944	M	Senior Project Manager	MMSD	LTD
6/11/1948	M	Engineering Aide IV	MMSD	LTD
8/17/1959	M	Water Resources Specialis	MMSD	LTD
7/2/1966	M	Capital Program Business	MMSD	LTD
11/24/1951	M	Monit/Sampling Technician	MMSD	LTD
10/31/1954	F	Laboratory Helper I	MMSD	LTD
2/19/1953	M	Laboratory Team Superviso	MMSD	LTD
1/4/1974	M	Senior Project Manager	MMSD	LTD
3/29/1955	M	Monit/Sampling Specialist	MMSD	LTD
4/13/1954	M	Contract Compliance Admin	MMSD	LTD
8/4/1963	M	Sr Industrial Waste Engin	MMSD	
3/3/1953	M	Engineering Aide IV	MMSD	LTD
10/4/1968	M	CMOM & Asset Manager	MMSD	LTD
7/1/1961	F	Clerk Stenographer II	MMSD	LTD
4/23/1954	F	Sr Contract Admin-Procure	MMSD	LTD
2/8/1952	M	Application Development S	MMSD	LTD
5/6/1955	M	Project Manager	MMSD	LTD
5/23/1950	M	Laboratory Chemist	MMSD	LTD

LTD CENSUS - MMSD

<u>DOB</u>	<u>Gender</u>	<u>Job Title</u>	<u>MMSD</u>	<u>LTD</u>
7/21/1959	M	Senior Project Manager	MMSD	LTD
8/23/1954	F	Marketing Services/Sales	MMSD	LTD
11/3/1956	F	Monit/Sampling Technician	MMSD	LTD
2/12/1969	F	Lead Mgmt & Budget Analys	MMSD	LTD
9/24/1959	F	Graphics Designer II	MMSD	LTD
3/15/1958	F	Payroll Clerk III	MMSD	LTD
7/29/1952	F	Account Clerk I	MMSD	LTD
11/23/1946	M	Senior Staff Attorney	MMSD	LTD
7/7/1952	M	Systems Monitoring Superv	MMSD	LTD
1/27/1943	M	Senior Project Manager	MMSD	LTD
1/29/1955	M	Lead Inspector	MMSD	LTD
5/15/1960	M	Laboratory Chemist	MMSD	LTD
7/21/1955	M	Contract Compliance Admin	MMSD	LTD
11/19/1958	M	LIMS System/Database Anal	MMSD	LTD
4/29/1965	F	Quality Assurance Special	MMSD	LTD
2/10/1959	M	Custodian	MMSD	
8/11/1959	M	Engineering Aide IV	MMSD	LTD
7/8/1975	F	Senior Staff Attorney	MMSD	LTD
12/25/1943	M	Engineering Aide IV	MMSD	
2/27/1983	M	Management & Budget Analy	MMSD	LTD
12/29/1951	M	Assistant Controller	MMSD	LTD
10/17/1950	M	Auditing & Loan Administr	MMSD	LTD
5/11/1953	M	Contract Compliance Admin	MMSD	LTD
12/15/1952	F	Clerk Stenographer II	MMSD	LTD
8/17/1956	M	Contract Compliance Admin	MMSD	LTD
1/21/1980	F	Lab Technician (Chemistry	MMSD	
4/30/1947	M	Engineering Aide IV	MMSD	LTD
1/20/1963	M	Water Quality Senior Prog	MMSD	LTD
11/19/1975	F	Facilities Info Data Coor	MMSD	LTD
12/19/1961	M	Monit/Sampling Technician	MMSD	LTD
12/29/1981	M	Facilities Info Apprentic	MMSD	LTD
10/5/1958	F	Risk & Loan Clerk	MMSD	LTD
1/4/1961	M	Executive Director	MMSD	LTD
2/6/1975	M	Monit/Sampling Technician	MMSD	
2/13/1976	F	Monit/Sampling Technician	MMSD	LTD
3/6/1964	M	Sys/Data Warehouse Manage	MMSD	LTD
10/24/1949	F	Customer Services Coordin	MMSD	LTD
10/15/1956	M	Senior Project Manager	MMSD	LTD
5/7/1952	M	Civil Engineer	MMSD	LTD
3/14/1961	F	Water Resources Coordinat	MMSD	LTD
6/6/1935	M	Engineering Aide IV	MMSD	LTD
2/17/1981	M	Asset Mgmt Database Coord	MMSD	LTD
4/3/1980	M	Security Administrator	MMSD	LTD
6/23/1942	M	Senior Staff Attorney	MMSD	LTD
8/2/1960	M	Agency Services Manager	MMSD	
11/22/1961	M	Monit/Sampling Technician	MMSD	LTD
2/18/1941	F	Commission Secretary	MMSD	LTD
4/5/1954	F	Lab Technician (Chemistry	MMSD	LTD
8/16/1966	M	Engineering Aide IV	MMSD	LTD
2/8/1977	F	Sales & Marketing Rep	MMSD	LTD
9/1/1953	M	Facilities Info Specialis	MMSD	LTD

LTD CENSUS - MMSD

<u>DOB</u>	<u>Gender</u>	<u>Job Title</u>	<u>MMSD</u>	<u>LTD</u>
8/1/1951	M	Monit/Sampling Technician	MMSD	LTD
2/27/1968	F	Sr Industrial Waste Engin	MMSD	
3/22/1979	M	Project Manager	MMSD	
7/16/1964	F	Water Resources Specialis	MMSD	LTD
10/22/1970	M	Surveying Services Superv	MMSD	LTD
5/7/1953	F	Staff Assistant	MMSD	LTD
9/25/1955	M	Water Quality Protection	MMSD	LTD
3/16/1978	M	Monit/Sampling Technician	MMSD	LTD
8/28/1953	M	Monit/Sampling Technician	MMSD	LTD
10/3/1979	M	Lab Technician (Chemistry	MMSD	LTD
3/11/1948	M	Laboratory Team Superviso	MMSD	LTD
3/8/1959	F	Senior Systems Analyst	MMSD	LTD
9/19/1983	M	Monit/Sampling Technician	MMSD	LTD
3/29/1945	F	Sales & Marketing Rep	MMSD	LTD
7/1/1974	M	Desktop Technician I	MMSD	
1/1/1957	M	Water Res/Aquatic Biology	MMSD	LTD
8/10/1964	M	Gen Suprv-Point Source Co	MMSD	LTD
2/6/1952	M	Water Resources Specialis	MMSD	LTD
1/6/1980	F	Receptionist/Word Process	MMSD	LTD
8/25/1947	M	Facilities Info Specialist	MMSD	LTD
9/4/1953	F	Water Resources Specialis	MMSD	LTD
2/28/1955	F	Records Info Mgmt Technic	MMSD	LTD
9/12/1969	F	Lab Technician (Chemistry	MMSD	LTD
8/24/1965	M	Business Excellence Speci	MMSD	LTD
9/19/1955	F	Maintenance Laborer	MMSD	LTD
5/24/1955	M	Payroll Supervisor	MMSD	LTD
1/26/1961	M	Monit/Sampling Specialist	MMSD	LTD
7/25/1969	M	Senior Project Manager	MMSD	LTD
10/7/1968	F	Senior Project Manager	MMSD	LTD
9/17/1957	F	Human Resources Manager	MMSD	LTD
3/18/1959	F	Accountant	MMSD	LTD
5/1/1954	F	Cost & Schedule Coordinat	MMSD	LTD
5/11/1955	M	Engrg Design & Const Mana	MMSD	LTD

CLAIMS ANALYSIS**MILWAUKEE METRO SEWERAGE DISTRICT**

Group Long Term Disability Insurance

Group # GN90025

	1/1/2003	1/1/2004	1/1/2005	1/1/2006	1/1/2007	
Calendar Year	12/31/2003	12/31/2004	12/31/2005	12/31/2006	12/31/2007	Combined
Earned Premium	\$ 43,662	\$ 45,040	\$ 49,088	\$ 49,054	\$ 46,361	\$ 233,205
Paid Claims	\$ 0	\$ 0	\$ 18,146	\$ 3,269	\$ 0	\$ 21,415
Open Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
IBNR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 7,534	\$ 7,534
Total Incurred Claims	\$ 0	\$ 0	\$ 18,146	\$ 3,269	\$ 7,534	\$ 28,949
Loss Ratio	0%	0%	37%	7%	16%	12%

Based on Adjusted Reserves

National Insurance Services

Date Prepared: 1/31/08

MS

CLAIMS ANALYSIS**UNITED WATER SERVICE MILWAUKEE LLC**

Group Long Term Disability Insurance

Group # GN90024

	1/1/2003	1/1/2004	1/1/2005	1/1/2006	1/1/2007	
Calendar Year	12/31/2003	12/31/2004	12/31/2005	12/31/2006	12/31/2007	Combined
Earned Premium	\$ 32,450	\$ 32,252	\$ 33,308	\$ 30,663	\$ 26,876	\$ 155,549
Paid Claims	\$ 0	\$ 21,475	\$ 0	\$ 0	\$ 0	\$ 21,475
Open Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
IBNR	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,719	\$ 6,719
Total Incurred Claims	\$ 0	\$ 21,475	\$ 0	\$ 0	\$ 6,719	\$ 28,194
Loss Ratio	0%	67%	0%	0%	25%	18%

Based on Adjusted Reserves

National Insurance ServicesDate Prepared: 1/31/08
MS

APPENDIX F
LONG-TERM DISABILITY INSURANCE PROGRAM
CERTIFICATE OF NON-DISCRIMINATION

The Proposer hereby certifies not to discriminate and to comply with the DISTRICT'S Non-Discrimination provision of this Request for Proposal. The DISTRICT'S Commission Policy on Non-Discrimination requires compliance with applicable Federal and Wisconsin state laws, regulations and orders relating to equal employment opportunity and non-discrimination.

Proposer

Signature

Title

Date

APPENDIX G

LONG-TERM DISABILITY INSURANCE PROGRAM

EQUAL EMPLOYMENT OPPORTUNITY DATA

Below please provide the Milwaukee Metropolitan Sewerage District with the total number of females and minorities employed by your firm. In addition, we require you to state the percent of the minorities and females that are available in the labor market from which you draw your workforce. These figures may be obtained from your local Job Service, State Labor Department of the U.S. Census Bureau.

Any questions you have may be addressed to the Procurement Department at 414-272-5100.

DATA

A.	Total number of Employees	_____	_____
B.	Total Number of Minorities	_____ \ _____	
	Hispanic	_____ \ _____	%
	African American	_____ \ _____	%
	Native American	_____ \ _____	%
	Asian	_____ \ _____	%
C.	Total Number of Females	_____ \ _____	
	Hispanic	_____ \ _____	%
	African American	_____ \ _____	%
	Native American	_____ \ _____	%
	Asian	_____ \ _____	%

Please use the total number of employees as base when calculating percentage for each group.

D. Local Market Availability: Minorities _____ % Females _____ %

FIRM NAME: _____

ADDRESS: _____

CITY/STATE: _____

CONTACT PERSON: _____

TELEPHONE NO.: _____

NOTE: The 2001 Milwaukee Metropolitan Statistical Area labor market availability figures are: Minorities 16.2%, Females 48.0%.