



**REQUEST FOR PROPOSALS
(RFP) # FY 2018-2019-005**

**GROUP LIFE INSURANCE AND ACCIDENTAL DEATH AND
DISMEMBERMENT (AD&D), SUPPLEMENTAL LIFE INSURANCE
AND LONG-TERM DISABILITY INSURANCE
FOR CITY OF HALLANDALE BEACH**

**EXHIBIT I - GROUP LONG TERM DISABILITY
INSURANCE POLICY AMENDMENTS**

**PREPARED BY:
CITY OF HALLANDALE BEACH
HUMAN RESOURCES DEPARTMENT
AND
PROCUREMENT DEPARTMENT**

LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Company)

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

City of Hallandale Beach
(herein called the Policyholder)

Policy No.: FLK - 960075

PLEASE READ

IMPORTANT: The attached amendment to your policy has been made at your request, and will be effective on the date shown within the amendment. Please review this amendment immediately and confirm that it accurately reflects your request and is consistent with your intentions. If amended certificates have been provided, please review these as well. If there are any errors or discrepancies, please notify your account manager or account service representative immediately. If you have not notified your account manager or account service representative of any errors or concerns, continued payment of premium more than 31 days after delivery of this amendment will be deemed acceptance of this amendment.

LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Company)

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

City of Hallandale Beach
(herein called the Policyholder)

Policy No.: FLK - 960075

This Amendment will be in effect on the Effective Date(s) shown below only for insured Employees in Active Service on that date. If an Employee is not in Active Service on the date his insurance would otherwise become effective, it will be effective on the date he returns to Active Service.

The Company and the Policyholder hereby agree that the Policy is amended as follows:

Effective August 1, 2016, the Definition of Covered Earnings under the *Schedule of Benefits for Class 1* is replaced by the following:

Definition of Covered Earnings

Covered Earnings means an Employee's annual wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on October 1 following the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in an Employee's Covered Earnings will not be effective during a period of continuous Disability.

Except for the above, this Amendment does not change the Policy in any way.

FOR THE COMPANY



Matthew G. Manders, President

Date: August 11, 2016

Amendment No. 06

TL-004780

LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Company)

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

City of Hallandale Beach
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Policy No.: FLK - 960075

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LIFE INSURANCE COMPANY OF NORTH AMERICA
(herein called the Company)

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

City of Hallandale Beach
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Policy No.: FLK - 960075

This Amendment will be in effect on the Effective Date(s) shown below only for insured Employees in Active Service on that date. If an Employee is not in Active Service on the date his insurance would otherwise become effective, it will be effective on the date he returns to Active Service.

The Company and the Policyholder hereby agree that the Policy is amended as follows:

1. Effective November 1, 2015, the Anniversary Date is changed to:

October 1

2. Effective November 1, 2015, the following rates will remain in force for Class 1 for coverage under the Policy:

Core Benefit:	\$.32 per \$100 of Covered Payroll to a maximum of \$2,000
Optional Benefit:	\$.23 per \$100 of Covered Payroll to a maximum of \$8,333

Covered Payroll for an Employee will mean his or her Covered Earnings for the insurance month prior to the date the determination is made. However, an Employee's Covered Payroll will not include any part of his or her monthly Covered Earnings which exceed the maximum amount as indicated above.

No change in rates will be made until 23 months after the effective date of this Amendment. However, the Company reserves the right to change the rates at any time during a period for which the rates are guaranteed if the conditions described in the Changes in Premium Rates provision under the Administrative Provisions section of the Policy apply.

Except for the above, this Amendment does not change the Policy in any way.

FOR THE COMPANY



Matthew G. Manders, President

Date: December 2, 2015

Amendment No. 05

TL-004780