



ADDENDUM #3

RFP #FY 2018-2019-005 GROUP LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMET (AD&D), SUPPLEMENTAL LIFE INSURANCE AND LONG-TERM DISABILITY INSURANCE FOR CITY OF HALLANDALE BEACH

Please ensure you check the City's website for the latest addendum released for this project. Below finds the link to the City's website: www.cohb.org/solicitations.

Firm must provide this form signed by an authorized officer of your Firm to acknowledge receipt of ADDENDUM #3 and provide with your Firm's response.

PLEASE NOTE: EXHIBIT L –GROUP INSURANCE PREMIUM BILLING REPORT 10/1/17 THROUGH 4/1/2019

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:10 2017

Account Number:596000333-0000

Coverage Period:10/01/2017-10/31/2017

Total Premium:4,477.21

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach		Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
303	600,000.24	0.3800	0.00	100.00	2,280
304	601,224.41				2,283.92
137	696,244.65	0.3150	0.00	100.00	2,193.29
137	696,244.65				2,193.29
441	1,297,469.06				4,477.21

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:11 2017

Account Number:596000333-0000

Coverage Period:11/01/2017-11/30/2017

Total Premium:4,507.14

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
304	602,000.24	0.3800	0.00	100.00	2,287.6
304	602,000.24				2,287.6
138	704,577.65	0.3150	0.00	100.00	2,219.54
138	704,577.65				2,219.54
442	1,306,577.89				4,507.14

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:12 2017

Account Number:596000333-0000

Coverage Period:12/01/2017-12/31/2017

Total Premium:4,476.74

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
300	594,000.24	0.3800	0.00	100.00	2,257.2
300	594,000.24				2,257.2
138	704,577.65	0.3150	0.00	100.00	2,219.54
138	704,577.65				2,219.54
438	1,298,577.89				4,476.74

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:1 2018

Account Number:596000333-0000

Coverage Period:01/01/2018-01/31/2018

Total Premium:4,500.57

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Jan 23, 2018 9:52:10 AM

Client	Item Num	Product	Family Code	Policy Number	overage Coc	Employee Count	Total Inforced Coverage
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	808	303	598,000.32
Subtotal						303	598,000.32
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	841	139	707,316.4
Subtotal						139	707,316.4
Overall-Total						442	1,305,316.72

RATE	Rider Rate	Per	Total Premium
0.3800	0.00	100.00	2,272.40
			2,272.4
0.3150	0.00	100.00	2,228.17
			2,228.17
			4,500.57

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:2 2018

Account Number:596000333-0000

Coverage Period:02/01/2018-02/28/2018

Total Premium:4,401.73

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Feb 6, 2018 12:10:49 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
298	588,000.32	0.3800	0.00	100.00	2,234.40
298	588,000.32				2,234.4
136	688,003.65	0.3150	0.00	100.00	2,167.33
136	688,003.65				2,167.33
434	1,276,003.97				4,401.73

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:3 2018

Account Number:596000333-0000

Coverage Period:03/01/2018-03/31/2018

Total Premium:4,341.94

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Mar 27, 2018 11:06:17 AM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
293	578,000.32	0.3800	0.00	100.00	2,196.40
293	578,000.32				2,196.4
135	681,087.32	0.3150	0.00	100.00	2,145.54
135	681,087.32				2,145.54
428	1,259,087.64				4,341.94

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:4 2018

Account Number:596000333-0000

Coverage Period:04/01/2018-04/30/2018

Total Premium:4,371.87

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: May 8, 2018 12:34:47 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
292	574,000.4	0.3800	0.00	100.00	2,181.20
292	574,000.4				2,181.2
136	695,413.32	0.3150	0.00	100.00	2,190.67
136	695,413.32				2,190.67
428	1,269,413.72				4,371.87

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:5 2018

Account Number:596000333-0000

Coverage Period:05/01/2018-05/31/2018

Total Premium:4,451.09

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: May 8, 2018 12:18:59 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
298	586,000.4	0.3800	0.00	100.00	2,226.80
298	586,000.4				2,226.8
138	706,086.32	0.3150	0.00	100.00	2,224.29
138	706,086.32				2,224.29
436	1,292,086.72				4,451.09

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:6 2018

Account Number:596000333-0000

Coverage Period:06/01/2018-06/30/2018

Total Premium:4,441.86

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Jun 18, 2018 10:36:09 AM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
299	588,000.4	0.3800	0.00	100.00	2,234.40
299	588,000.4				2,234.4
137	700,745.42	0.3150	0.00	100.00	2,207.46
137	700,745.42				2,207.46
436	1,288,745.82				4,441.86

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:7 2018

Account Number:596000333-0000

Coverage Period:07/01/2018-07/31/2018

Total Premium:4,475.71

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Jul 9, 2018 10:07:35 AM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
300	590,000.4	0.3800	0.00	100.00	2,242.00
300	590,000.4				2,242
138	709,078.42	0.3150	0.00	100.00	2,233.71
138	709,078.42				2,233.71
438	1,299,078.82				4,475.71

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:8 2018

Account Number:596000333-0000

Coverage Period:08/01/2018-08/31/2018

Total Premium:4,545.35

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Aug 8, 2018 5:26:38 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
303	596,000.4	0.3800	0.00	100.00	2,264.80
303	596,000.4				2,264.8
142	723,945.09	0.3150	0.00	100.00	2,280.55
142	723,945.09				2,280.55
445	1,319,945.49				4,545.35

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:9 2018

Account Number:596000333-0000

Coverage Period:09/01/2018-09/30/2018

Total Premium:4,532.25

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Sep 10, 2018 4:15:25 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
301	592,000.4	0.3800	0.00	100.00	2,249.60
301	592,000.4				2,249.6
142	724,611.76	0.3150	0.00	100.00	2,282.65
142	724,611.76				2,282.65
443	1,316,612.16				4,532.25

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:10 2018

Account Number:596000333-0000

Coverage Period:10/01/2018-10/31/2018

Total Premium:4,742.8

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Oct 10, 2018 2:35:58 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
298	585,369.73	0.3800	0.00	100.00	2,224.40
298	585,369.73				2,224.4
152	799,449.17	0.3150	0.00	100.00	2,518.40
152	799,449.17				2,518.4
450	1,384,818.9				4,742.8

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:11 2018

Account Number:596000333-0000

Coverage Period:11/01/2018-11/30/2018

Total Premium:4,675.78

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Nov 5, 2018 4:17:35 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disabil	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
294	577,369.73	0.3800	0.00	100.00	2,194.00
294	577,369.73				2,194
150	787,823.66	0.3150	0.00	100.00	2,481.78
150	787,823.66				2,481.78
444	1,365,193.39				4,675.78

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:12 2018

Account Number:596000333-0000

Coverage Period:12/01/2018-12/31/2018

Total Premium:4,600.11

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Dec 11, 2018 1:28:19 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
290	572,756.24	0.3800	0.00	100.00	2,176.47
290	572,756.24				2,176.47
148	769,366.32	0.3150	0.00	100.00	2,423.64
148	769,366.32				2,423.64
438	1,342,122.56				4,600.11

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:1 2019

Account Number:596000333-0000

Coverage Period:01/01/2019-01/31/2019

Total Premium:4,581.64

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Jan 16, 2019 1:16:37 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
289	570,756.24	0.3800	0.00	100.00	2,168.87
289	570,756.24				2,168.87
147	765,916.03	0.3150	0.00	100.00	2,412.77
147	765,916.03				2,412.77
436	1,336,672.27				4,581.64

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:2 2019

Account Number:596000333-0000

Coverage Period:02/01/2019-02/28/2019

Total Premium:4,564.25

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Mar 18, 2019 4:11:04 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
289	570,756.24	0.3800	0.00	100.00	2,168.87
289	570,756.24				2,168.87
146	760,394.15	0.3150	0.00	100.00	2,395.38
146	760,394.15				2,395.38
435	1,331,150.39				4,564.25

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:3 2019

Account Number:596000333-0000

Coverage Period:03/01/2019-03/31/2019

Total Premium:4,499.2

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Mar 18, 2019 4:09:06 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
284	563,386.83	0.3800	0.00	100.00	2,140.87
284	563,386.83				2,140.87
144	748,630.54	0.3150	0.00	100.00	2,358.33
144	748,630.54				2,358.33
428	1,312,017.37				4,499.2

Group Insurance Premium Billing Report

Attn.:City of Hallandale Beach,Life Insurance Company of North America

Invoice Number:4 2019

Account Number:596000333-0000

Coverage Period:04/01/2019-04/30/2019

Total Premium:4,499.2

Payment Remittance:PO Box 780110- 110 Philadelphia, PA 19178-0110

Run Date: Apr 12, 2019 2:02:56 PM

Client	Item Num	Product	Family Code	Policy Number	Suffix Code	Pay Code	Coverage Code	Age Band
City of Hallandale Beach	1	Long Term Disability	Employee	FLK960075	000	000	808	
Subtotal								
City of Hallandale Beach	2	Voluntary Long Term Disability	Employee	FLK960075	000	000	841	
Subtotal								
Overall-Total								

Employee Count	Total Inforced Coverage	RATE	Rider Rate	Per	Total Premium
284	563,386.83	0.3800	0.00	100.00	2,140.87
284	563,386.83				2,140.87
144	748,630.54	0.3150	0.00	100.00	2,358.33
144	748,630.54				2,358.33
428	1,312,017.37				4,499.2

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

ADDENDUM # 3

PLEASE NOTE RECEIPT OF ADDENDUM #3 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM #3:

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department