

**REQUEST FOR PROPOSALS (RFP)**  
**SPECIFICATIONS**  
**FOR**  
**SEALED PROPOSAL FOR EMPLOYEE**  
**HEALTH BENEFITS 2019-2020**

**EFFECTIVE OCTOBER 1, 2019**

**FOR THE**  
**CITY OF WEST**

**110 N. REAGAN STREET**  
**WEST, TEXAS 76691**

**Proposal Due: July 15, 2019, 4:00 PM**  
**Proposal Acknowledgement: July 17, 2019, 2:00 PM**

**CITY OF WEST  
REQUEST FOR PROPOSAL  
Employee Benefits Insurance Plans**

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Exhibits

    Census – Exhibit A

    Summaries of Benefits

NOTE: Exhibits A & benefit summaries can be obtained through email request to [assistant@cityofwest.com](mailto:assistant@cityofwest.com) by completing and signing the BIDDER FORMS 1-3 AND THE CONFLICT OF INTEREST QUESTIONNAIRE.

**LEGAL NOTICE AND INVITATION  
FOR SEALED PROPOSALS FOR  
EMPLOYEE HEALTH BENEFITS**

The City of West is accepting sealed proposals for Employee Health Benefits for the 2019-2020 plan year. Proposals will be accepted until 4 **p.m. local time, July 15, 2019** at West City Hall, 110 N. Reagan St, West, Texas 76691. Proposals will be opened and acknowledged at City Hall on Wednesday, July 17, 2019 at 2:00 p.m.

This is procurement for employee and retiree benefits insurance in a municipality pursuant to the competitive sealed proposal procedure outlined in the Texas Local Government Code Chapter 252. At the proposal opening, only the identity of the proposers will be disclosed by the City Secretary. The proposals will be forwarded to City Secretary for review, tabulation and analysis. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-on negotiation process with short-listed candidates. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award. All proposals will later be made available for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the City of West will review those materials with the proposer prior to releasing the materials after the contract award.

Detailed specifications, including the criteria for proposal evaluations, and RFP packets may be obtained at the City of West, 110 N. Reagan St, West, Texas, or viewed online at [cityofwest.com](http://cityofwest.com). Proposers will need to submit pages 2-5, which includes the Acknowledgement Form, Hold Harmless Agreement, Certification of Good Standing, and the Conflict of Interest Questionnaire prior to receiving the RFP exhibits.

Please mark on the outside of the submitted envelope and on any carrier's envelope: **SEALED PROPOSAL FOR EMPLOYEE HEALTH BENEFITS 2019-2020** and send to the attention of Shelly Nors, City Secretary, P.O. Box 97, West, Texas 76691.

Any competitive sealed proposal received after 4 **p.m. local time, July 15, 2019**, will be automatically rejected and returned to the proposer unopened. **City of West will not accept faxed or emailed proposals.**

The City of West will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the sealed proposal to the City of West, City Secretary Office, by the given deadline above.

**BIDDER REQUIRED FORM 1**

**Please submit this page  
upon receipt**

**ACKNOWLEDGEMENT FORM  
SEALED PROPOSAL FOR EMPLOYEE HEALTH BENEFITS  
2019-2020**

For any clarifications, please contact Shannon Cox at 254-826-5351 ext. 6 or e-mail:  
[assistant@cityofwest.com](mailto:assistant@cityofwest.com)

Please fax, mail or email this page upon receipt of the RFP package or legal notice. If you only received the legal notice and you want the RFP package emailed please provide an email address below:

Check one:

- Yes, I will be able to send a RFP**
- Yes, I will be able to send a RFP; please email the RFP package.**  
Email: \_\_\_\_\_
- No, I will not be able to send a RFP for the following reason:**

\_\_\_\_\_  
\_\_\_\_\_

If you are unable to send your proposal, kindly indicate your reason above and return this form **via fax to: (254) 826-5969 or email assistant@cityofwest.com**. This will ensure you remain active on our vendor list.

**DISCLAIMER:**

Failure to return completed proposer forms (pages 2 through 5) will result in proposer disqualification. Upon return of this acknowledgement form the census and plan documents will be provided to the email address listed below. The company listed below agrees that the information to be provided is confidential and is to only be used in connection with preparing a proposal for employee benefits insurance plans. The company also agrees to comply with Federal and State privacy and insurance laws and regulations.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Fax Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory's Email Address

**BIDDER REQUIRED FORM 2**

**PLEASE FILL IN THE FOLLOWING INFORMATION AND SUBMIT WITH PROPOSAL**

The undersigned proposer, by signing and executing this proposal, certifies and represents to the City of West that proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the proposer also certifies and represents that the proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the proposer certifies and represents that proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the City of West concerning this proposal on the basis of any consideration not authorized by law; the proposer also certifies and represents that proposer has not received any information not available to other proposers so as to give the undersigned a preferential advantage with respect to this proposal; the proposer further certifies and represents that proposer has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that proposer will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the City of West in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the City of West in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

**THE PROPOSER SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF WEST, ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDING, COSTS, DAMAGES, AND LIABILITIES, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY ACTS OR OMISSIONS OF CONTRACTOR OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF CONTRACTOR IN THE EXECUTION OR PERFORMANCE OF THIS RFP.**

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEFAX: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_ AND/OR SOCIAL SECURITY #: \_\_\_\_\_

DEVIATIONS FROM SPECIFICATIONS IF ANY:

\_\_\_\_\_  
\_\_\_\_\_

**BIDDER REQUIRED FORM 3**

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY  
MATTERS (Complete and return with proposal)**

Name of Entity: \_\_\_\_\_

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

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

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

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\_\_\_\_\_  
Name and Title of Authorized Representative (Typed)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

---

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

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor or other person doing business with local governmental entity**

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

**OFFICE USE ONLY**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

**1. Name of person who has a business relationship with local governmental entity.**

**2.  Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3. Name of local government officer with whom filer has employment or business relationship.**

\_\_\_\_\_  
 Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

- A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?  
 Yes                       No
- B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?  
 Yes                       No
- C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?  
 Yes                       No
- D. Describe each employment or business relationship with the local government officer named in this section.

**4.**

\_\_\_\_\_  
 Signature of person doing business with the governmental entity

\_\_\_\_\_  
 Date

Adopted 06-29-2007

## NOTICE TO PROPOSERS

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each proposer will read these specifications with care, since failure to meet each condition or a combination of specified conditions may annul the proposal.

The City of West reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to the CITY OF WEST.

Proposers are required to submit proposals on the basis of these specifications. Alternative proposals will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

CITY OF WEST believes that the data contained in these specifications is sufficient for preparation of a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty. Requests for additional information should be directed in writing to Shannon Cox, Administrative Asst., 110 N. Reagan St, West, TX 78521; or by Fax to: (254)826-5969; or Email to: [assistant@cityofwest.com](mailto:assistant@cityofwest.com).

The City's fiscal year is the 12-month period ended September 30th of each year and is referred to herein as the "fiscal year."



**GENERAL INFORMATION AND INSTRUCTIONS  
STATEMENT OF PURPOSE**

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for all or part of the following employee benefit plans:
  - Group Employee Health Insurance
  - Group Dental Insurance
  - Group Term Life and Accidental Death & Dismemberment
  - Group Short Term Disability
  - Group Long Term Disability
  - Group Voluntary Vision Insurance
2. CITY OF WEST reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the CITY OF WEST. The CITY OF WEST also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, if the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. No telephone, email or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Service, contract carriers, hand delivery, etc. CITY OF WEST will not be responsible for missing, lost or late mail. Any proposals received after the deadline will be returned to the proposer unopened.
6. At the proposal opening, only the identity of the proposers will be disclosed by the CITY OF WEST. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-up negotiation process with short-listed candidates.
7. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award.
8. Vendors are cordially invited to the proposal opening, but are not required to attend.

## TIMELINE

1. These specifications are to be released for action on or about **June 25, 2019**. Please provide your response (s) to this RFP in the same format and/or program the RFP is sent out to all proposers. Do not modify or in any way change the format and or your submissions to the RFP in any manner. Any changes to the RFP or to the requested format of the responses to the RFP, could be grounds for a proposal to be disqualified from consideration.
2. **Two (2) hard copies and one (1) thumb drives** containing the proposals are to be delivered or mailed to the CITY OF WEST, Shelly Nors, City Secretary, 110 N. Reagan St, West, Texas 76691, to arrive by **July 15, 2019 at 4 PM**.
3. Proposals will be opened and acknowledged at **2:00 PM on July 17, 2019 p.m.** at the CITY OF WEST by the City Secretary.
4. Consideration and action on Employee Benefit Insurance Plan proposals will be presented to the West City Council at the August council meeting **August 6, 2019**.
5. Coverages are to be effective **October 1, 2019**.
6. Policies or contracts are to be provided to the CITY OF WEST 30 days after such effective date.
7. CITY OF WEST would like for any proposer to submit any and or all electronic enrollment capabilities available, with all other responses to the RFP.

## WITHDRAWAL OF PROPOSAL

Proposers may withdraw their proposals anytime up to the time specified as the closing time for acceptance of proposals. However, no proposer shall withdraw or cancel their proposal for a period of 60 days after said closing date for acceptance of proposal nor shall the successful proposer withdraw or cancel or modify their proposal, except at the request of the CITY OF WEST, after having been notified that the CITY OF WEST has accepted the said proposal.

## INTERPRETATION OF SPECIFICATIONS

If any person contemplating submitting a proposal is in doubt as to the true meaning of any part of these specifications, they may submit to Shelly Nors, City Secretary, a written request for interpretation of it. The contact information is as follows:

Mail: Shelly Nors, City Secretary  
City of West  
Mail: Post Office Box 97  
Physical Address: 110 N. Reagan St, West, TX 76691  
Phone: (254) 826-5351  
Fax: (254) 826-5969  
Email: [assistant@cityofwest.com](mailto:assistant@cityofwest.com)

## **CRITERIA USED IN EVALUATING PROPOSALS**

1. Although insurance proposals will be accepted from insurers despite their Best's Rating, more favorable consideration will be given to those proposals submitted by insurers with ratings of at least an "A-" or better in the most recent edition of A.M. BEST'S LIFE/HEALTH KEY RATING GUIDE. If the insurance company is not rated by Best's, audited financial statements must be provided.
2. Any insurers, agents or third party administrators shall be duly licensed by the State of Texas, and comply with all applicable State insurance laws and requirements or duly constituted applicable insurance regulatory authorities. A local government self- insurance pool organized under the Texas Interlocal Cooperation Act or other State law shall also be an acceptable provider, with satisfactory reinsurance information and audited financial statements.
3. The proposal must be in easily understood format with coverage benefits and exclusions clearly described.
4. Favorable consideration will be given to a proposer that provides insurance coverage for most, if not all requested insurance plans.
5. Proposals will be first evaluated on technical factors other than cost, including coverage, services and financial stability. After a preliminary evaluation of the technical criteria, cost will be included in the evaluation process. Cost will be evaluated on an equal basis with the technical criteria.

## QUALIFICATIONS

1. All insurance companies and agents submitting proposals must be properly licensed by the State of Texas and have a demonstrated level of good performance with government entities in Texas.
2. The agent must have an errors and omissions policy with a minimum limit of \$1,000,000; satisfactory proof of coverage must be provided to CITY OF WEST. **Please enclose a copy of the declaration page for your errors and omissions policy or a certificate of insurance with your proposal.**
3. The proposer must have a willingness to commit to specified levels of performance for service and quality.
4. The proposer must provide sufficient telephone service, preferably toll-free and local service, to handle inquiries directly from plan participants as well as CITY OF WEST business officials.
5. The proposer must have an organization that has demonstrated the ability to deliver cost-effective enrollment/policyholder service.
6. The company must provide insurance plans eligible for IRC Section 125, Cafeteria Plans. The company must provide legal opinion that the insurance plans being proposed are eligible for IRC Section 125, Cafeteria Plan and are in compliance with IRS Rules and Regulations. **Participation will be voluntary, and premiums will be paid by employees through payroll deductions.**
7. The successful proposer will conduct the initial enrollment meeting(s) and, as requested, approved with mutual consent of CITY OF WEST and proposer(s) thereafter.
8. The enrollment process will include, but is not limited to, scheduling appointments by department, completing enrollment applications, mailing ID cards and insurance certificate booklets **directly** to insured employees, and providing employees summary reports for payroll deductions.
9. The successful company will provide brochures, certificate of insurance booklets, and insurance ID cards at the company's expense. The successful company must provide an electronic version of enrollment materials, booklets, and other insurance material.
10. If the proposer includes an agent, the organizations submitting the proposal(s) must disclose the following:
  - a. Name of insurance agent/agency or firm;
  - b. Address for agent/agency or firm;
  - c. Agent's fee whether flat fee or percentage of premium;
  - d. Total sum of commissions/fees paid to each broker or firm;

- e. Copy of declarations page or certificate of insurance for errors and omissions policy; and
- f. Copy of agent's Texas Insurance License.

### **COMPLIANCE WITH LAWS**

All proposers involved shall observe and comply with all regulations, laws, ordinances, etc., of Local, State, and Federal government as they apply to this proposal process.

### **AUTHORIZED SIGNATURE**

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services proposed. **Failure to manually sign the proposal will disqualify it.**

### **DISQUALIFICATION AND REJECTION OF PROPOSALS**

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specification will, in and of themselves, result in disqualification.

### **CONTINUITY OF COVERAGE**

All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. Continuity of coverage for current participants is to be on a "no loss/no gain" basis for all insurance coverage.

### **ENROLLMENT**

Each selected Provider will be expected to provide a knowledgeable person to explain benefit provisions during enrollment meetings. The selected Providers will also be responsible for providing enrollment materials before the employee benefit enrollment meetings.

### **CONTRACT WITH VENDOR/ENTITY INDEBTED TO CITY OF WEST**

It is a policy of the CITY OF WEST to refuse to enter into a contract or other transaction with an individual, sole proprietorship, joint venture, Limited Liability Company or other entity indebted to the CITY OF WEST.

**REP ASSUMPTIONS:**

1. Proposal is to be based on current benefits as described in the Summary of Benefits section of the RFP.
2. Effective date is October 1, 2019
3. Renewal rates must be received by the CITY OF WEST at least 60 days prior to date of rate change.
4. CITY OF WEST medical, dental, group life, short term disability, and long term disability contributions are 100% for active full-time employees only. CITY OF WEST does not contribute toward dependent or spouse premiums, or voluntary vision.
5. Coverage for active employees terminates at time of employment termination. Retirees are eligible for continued coverage after employment termination through COBRA.
6. Quote is to be based on enclosed census for 20 employees.
7. The Insurance Company must have A.M. Best rating of A- or better.

EXHIBIT A: CENSUS: Including full time, part time, and COBRA participants if necessary.

**MEDICAL:** City of West contributes 100% toward Employee Only Premium. See Summary of Benefits & Coverage.

<u>Current Carrier :UHC</u>	<u>Number Enrolled</u>	<u>Current Monthly Rate Per Tier</u>	<u>Renewal Monthly Rate Per Tier</u>
<b>Employee Only</b>	<b>14</b>	\$468.65	Unknown
<b>Employee Spouse</b>	<b>1</b>	\$937.30	Unknown
<b>Employee Child</b>	<b>1</b>	\$937.30	Unknown
<b>Employee Family</b>	<b>0</b>	\$1405.95	Unknown

<u>Current Carrier :UHC-Buy-Up Plan</u>	<u>Number Enrolled</u>	<u>Current Monthly Rate Per Tier</u>	<u>Renewal Monthly Rate Per Tier</u>
<b>Employee Only</b>	<b>2</b>	\$540.41	Unknown
<b>Employee Spouse</b>	<b>0</b>	\$1080.82	Unknown
<b>Employee Child</b>	<b>0</b>	\$1080.82	Unknown
<b>Employee Family</b>	<b>0</b>	\$1621.23	Unknown

<u>Current Carrier :UHC-Premium Plan</u>	<u>Number Enrolled</u>	<u>Current Monthly Rate Per Tier</u>	<u>Renewal Monthly Rate Per Tier</u>
<b>Employee Only</b>	<b>2</b>	\$609.64	Unknown
<b>Employee Spouse</b>	<b>0</b>	\$1219.28	Unknown
<b>Employee Child</b>	<b>0</b>	\$1219.28	Unknown
<b>Employee Family</b>	<b>0</b>	\$1828.92	Unknown

Alternative plan designs will be considered if cost saving measures and value are demonstrated.

**DENTAL:** City of West contributes 100% toward Employee Only Premium. See Summary of Benefits.

<u>Current Carrier : Guardian</u>	<u>Number Enrolled</u>	<u>Current Monthly Rate Per Tier</u>	<u>Renewal Monthly Cost Per Tier</u>
<b>Employee Only</b>	<b>13</b>	\$22.49	Unknown
<b>Employee Spouse</b>	<b>2</b>	\$45.65	Unknown
<b>Employee Child</b>	<b>5</b>	\$66.53	Unknown
<b>Employee Family</b>	<b>0</b>	\$96.47	Unknown

**VOLUNTARY VISION:** See Summary of Benefits attached as.

<u>Current Carrier : Guardian</u>	<u>Number Enrolled</u>	<u>Monthly Rate Per Tier</u>	<u>Renewal Monthly Cost Per Tier</u>
<b>Employee Only</b>	<b>7</b>	\$7.07	Unknown
<b>Employee Spouse</b>	<b>0</b>	\$11.90	Unknown
<b>Employee Child</b>	<b>1</b>	\$12.14	Unknown
<b>Employee Family</b>	<b>0</b>	\$19.20	Unknown

**LIFE INSURANCE****Class 1: \$65,000- Police Chief, Public Works Director, City Secretary****Class 2: \$30,000- all other employees, Age reduction at 65**

Life Class 1 Volume	\$65,000.00
Rate per 1,000	\$0.20
Total Volume	195,000
Total Premium	\$39.00

Life Class 2 Volume	\$30,000.00
Rate per 1,000	\$0.20
Total Volume	\$450,000.00
Total Premium	\$90.00

**ACCIDENTAL DEATH & DISMEMBERMENT-****All classes**

AD&D Both Classes Volume	
Rate per 1,000	\$0.02
Total Volume	\$672,000.00
Total Premium	\$13.44

**SHORT TERM DISABILITY-**

Short Term Disability Volume	\$7,823.00
Rate per \$10	\$0.31
Total Premium	\$242.51

**LONG TERM DISABILITY-**

Long Term Disability Volume	\$56,495.00
Rate per \$100	\$0.33
Total Premium	\$186.43