

Group Insurance Agreement

This Agreement is entered into by and between Standard Insurance Company ("The Standard"), and Oregon Corporation and Lee County Board of County Commissioners ("County").

Whereas, Lee County Board of County Commissioners issued a request for proposal ("RFP") soliciting providers of group Long Term Disability ("LTD") and Short Term Disability ("STD") insurance;

Whereas, Standard Insurance Company was selected to provide group basic and voluntary life insurance in response to the RFP;

Now therefore, The Standard and the County agree as follows:

1. The Standard will issue group insurance policies providing group LTD and STD insurance coverages.
2. The County will administer the group insurance policies issued by The Standard in accordance of the terms and conditions of such policies.
3. The Agreement between The Standard and the County shall consist of the following documents, which are by reference incorporated into this Agreement:
 - a. The RFP
 - b. The Terms and Conditions contained within the RFP
 - c. The Standard's response to the RFP
 - d. The Standard's group LTD and STD insurance policies

In the event of conflict, the documents will be applied in the above order, provided, however, that the terms and conditions of The Standard's applicable group insurance policy shall govern eligibility for insurance and benefits and The Standard's right to modify, terminate or re-rate the group insurance policy.

4. Consistent with the terms of its proposal, The Standard agrees to diligently provide all the group insurance LTD and STD insurance coverage requested by the RFP. Except as modified by the agreement of the parties, The Standard shall comply strictly with all of the terms and conditions of Solicitation No. #RFP200155CJV, a copy of which is on file with the County's Department of Procurement Management and is deemed incorporated into this Agreement.
5. The Standard and the County each agree that the individuals executing this agreement have been duly granted the authority to enter contracts on behalf of the entity.

Lee County Board of County Commissioners

By: 

Its: Vice-Chairman

Date: 10-22-20

Kevin Erdahl

Standard Insurance Company

By: Kevin Erdahl

Its: 2nd Vice President, Underwriting

Date: 09-28-2020

Approved as to Form for the
Reliance of Lee County Only

By: 

Office of the County Attorney

Please type or print

REQUESTED EFFECTIVE DATE 1/1/2021

APPLICANT

Full Legal Name of Group (Exactly as it is to be shown in the policy.)

Lee County Board of County Commissioners

Street Address 1825 Hendry Street, 2nd Floor,

City Ft. Myers **State** FL **Zip Code** 33901

Phone No. (239) 533-0822 **Fax No.** () **Email** hpeterson@leegov.com

Group Contact Lynne Peterson **Contact's Title** Manager, Benefits & Fiscal

Contact's Phone No. if different () **Contact's Fax No. if different** ()

Nature of Business County

INSURANCE COVERAGE REQUESTED

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Life Only | <input type="checkbox"/> Additional/Optional Life | <input type="checkbox"/> Dental/Employees and Dep(s) | <input type="checkbox"/> LTD with Transitional Duty Agreement | |
| <input type="checkbox"/> Life and AD&D | <input type="checkbox"/> Stand Alone AD&D | <input type="checkbox"/> Dental/Orthodontia | <input checked="" type="checkbox"/> LTD | <input type="checkbox"/> Accident* |
| <input type="checkbox"/> Dependent Life | <input type="checkbox"/> Dental/Employees | <input type="checkbox"/> Dental and Vision/Orthodontia | <input checked="" type="checkbox"/> STD | <input type="checkbox"/> Critical Illness* |
| <input type="checkbox"/> Supplemental Life | <input type="checkbox"/> Dental and Vision/Employees | <input type="checkbox"/> Dental and Vision/Employees and Dep(s) | <input type="checkbox"/> _____ | <input type="checkbox"/> Hospital Indemnity* |

**I understand and agree if Applicant utilizes an enrollment platform not directly supported by The Standard, that Applicant is required to and will timely present to each enrollee appropriate disclosures and any state mandated fraud notices which are contained on the supplied enrollment form.*

OTHER INSURANCE

A. Does this insurance supplement other insurance? ☐ Yes ☒ No

If yes, specify for each line of coverage and Insurance Carrier: _____

B. Does this insurance replace existing insurance? ☒ Yes ☐ No

If yes, specify for each existing line of coverage: The Hartford for LTD and STD

- Please submit a copy of each inforce policy, certificate or plan document.

Effective date of Prior Plan: _____ Termination date of Prior Plan: 12/31/2020

ACTIVE WORK REQUIREMENT: A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements.

Initial: _____

Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier.

APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance.

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by The Standard. It will be effective on the date determined by The Standard. No producer has the authority to guarantee the acceptability of the requested insurance.

The Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to The Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application is made a part of the Group Policy.

Applicant authorizes the producer, broker of record, or consultant to receive information regarding the applicant's claims status and experience that the applicant has a right to receive and which is reasonably necessary to assist the applicant in conducting a review of the information.

Fraud Notice: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Lynne Peterson Vice Chairman 10-22-20
Signature and Title of Applicant's Authorized Representative

(Must be signed or submitted prior to the requested effective date.)

To be completed by Standard Insurance Company's Florida licensed agent.

If applicable, does this Life insurance replace existing life insurance? ☐ Yes ☐ No

Emily Tinevez

Print Name of Standard Insurance Company's Florida licensed agent

Emily Tinevez

Signature

SI 21517

W240258

Florida License #

N/A

Initial Deposit \$

STANDARD INSURANCE COMPANY
Employee Benefits - Regional Accounts
900 SW Fifth Ave. Portland, OR 97204-1282

Receipt for Initial Deposit

Received from N/A, an initial deposit of
\$ N/A * in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date _____

This receipt is subject to the terms and conditions below.

Received By _____

Name

Title

*All premium checks must be made payable to Standard Insurance Company.
Do not make check payable to the producer or leave payee blank.

Terms of Receipt (Please read carefully.)

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by The Standard. It will be effective on the date determined by The Standard. No producer has the authority to guarantee the acceptability of the requested insurance.

The Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to The Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application is made a part of the Group Policy.

Approved as to Form for the
Reliance of Lee County Only

By: 
Office of the County Attorney