$egin{array}{c c} 1 & & \\ 2 & & \end{array}$	BILL NO. S-15-12-05	PECIAL ORDINANCE NO. S
3		oving the awarding of
4	RENEWAL OF SELF	FUNDED HEALTH & DMINISTRATION AND
5	REINSURANCE FEI	ES) AND GROUP
6	INSURANCE PLANS by	ORT TERM DISABILITY y the City of Fort Wayne,
7	Indiana by and throu	ugh its Department of AUTOMATED GROUP
8	ADMINISTRATION	/ SYMETRA LIFE HUMAN RESOURCES
9		T ORDAINED BY THE COMMON COUNCIL
11		
12	OF THE CITY OF FORT WAYNE,	
13		NEWAL OF SELF-FUNDED HEALTH &
14	DENTAL PLANS (ADMINISTRA	ATION AND REINSURANCE FEES) AND
15	GROUP LIFE/LONG AND SHOR	RT TERM DISABILITY INSURANCE PLANS
16	between the City of Fort Wayne,	by and through its Department of Purchasing
17	and AUTOMATED GROUP ADM	INISTRATION/SYMETRA LIFE INSURANCE
18	for the HUMAN RESOURCES AN	ND BENEFITS, respectfully for:
19		Automated Group Administration
20	Sell -Fullded Health & Donate	Total annual fees are based on per person/per month enrollment.
21		Total annual not to exceed \$1,990,500
22	Group Life/AD&D/LTD/STD:	Symetra Life Insurance Company
23	Gloup EliciADadia 12:012	Total annual fees are based on per person/per month enrollment.
24		Total annual not to exceed \$1,125,000
25		(Includes \$325,000 of Supplemental Life Insurance (EMPLOYEE PAID)
26		
27		
28		1

FIFTEEN THOUSAND FIVE HUNDRED AND 00/100 DOLLARS - (\$3,115,500.00) - (INCLUDES \$325,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE FEES) AND GROUP LIFE/LONG AND SHORT TERM DISABILITY INSURANCE PLANS which are on file in the Office of the Department of Purchasing, and are by reference incorporated herein, made a part hereof, and is hereby in all things ratified, confirmed and approved.

SECTION 2.	That this Ordinance shall	be in full force	and effect
from and after its passage a	nd any and all necessary	approval by the	Mayor.

Council Member	-
APPROVED AS TO FORM AND LEGALITY	
Carol Helton, City Attorney	

COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

RFPs, BIDS, OTHER P	ROJECTS
Bid/RFP#/Name of Project	Renewal of Self-Funded Health & Dental Plans (Administration and Reinsurance Fees) AND Group Life/Long and Short Term Disability Insurance Plans
Awarded To	Automated Group Administration/Symetra Life Insurance
Amount	Not to exceed \$3,115,500 (includes \$325,000 of employee paid life ins)
Conflict of interest on file?	ĭX Yes □ No
Number of Registrants	
Number of Bidders	
Required Attachments	RFPs - attach Award Matrix; Bids - attach Tab Sheet
EXTENSIONS	·
Date Last Bid Out	
# Extensions Granted To Date	
SPECIAL PROCUREM	ENT
Contract #/ID (State, Federal, PiggybackAuthority)	•
Sole Source/ Compatibility Justification	
BID CRITERIA (Take Bu	y Indiana requirements into consideration.)
Most Responsible, Responsive Lowest	☑Yes □ No If no, explain below
If not lowest, explain	

COUNCIL DIGEST SHEET

COST COMPARISON	
Increase/decrease amount	
from prior years.	
For annual purchase	
(if available).	
	·
DESCRIPTION OF PRO	OJECT / NEED
Identify need for project &	Quotes were obtained through our insurance broker and reviewed/selected based
describe project; attach	on competitive rates/service
supporting documents as	
necessary,	
	•
DEATHCM MAN DIVAN	L mmm ovi (v
REQUEST FOR PRIOR	APPROVAL
Provide Justification if	<u> </u>
prior approval is being	
requested.	
FUNDING SOURCE	
Account Information. 4	03 BENF1 5143

TO:

CITY COUNCIL MEMBERS

FROM:

LAURA TOWNSEND - HR & BENEFITS MANAGER

RE:

RENEWAL OF SELF FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION &

REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM &

SHORT TERM DISABILITY INSURANCE

DATE:

DECEMBER 1, 2015

The Benefits Department requests approval for the following contracts effective January 1, 2015:

Self-Funded Health & Dental:

Automated Group Administration

Total annual fees are based on per person/per month enrollment.

Total annual not to exceed \$1,990,500

Group Life/AD&D/LTD/STD:

Symetra Life Insurance Company

Total annual fees are based on per person/per month enrollment.

Total annual not to exceed \$1,125,000

(Includes \$325,000 of Supplemental Life Insurance (EMPLOYEE PAID)

See attached summarles for more detailed information. Funding Source 403 BENF1 5143

Please contact me at 427-2634 If you have any questions.

City of Fort Wayne January 1, 2016 Self Funded Cost Comparison



				· · · · · · · · · · · · · · · · · · ·
	Curren		Renewal	
Plan Administrator	AC		AG/	
Managing Underwriter	M	Note that the first of the state of the stat	MD:	
Reinsurance Carrier	Transamerica		Transamerica P	- C 24 (\$ 10 C) - 7 C) +
Networks	Signature Care, Luthoran	Preferred & Evolutions	Signature Care, Lutheran I	Preferred & Evolutions
Reinsurance Contract Terms		445		AA
Specific Deductible	\$325,		\$325,000	
Aggregating Specific Deductible	\$150,		\$150,000	
Specific Contract	18/		18/12	-
Aggregate Contract	18/		18/12	
Specific Contract Coverage	Med	ioal	Medic	al
Aggregate Contract Coverage	Medical/R	x/Dental	Medical/Rx	/Dental
Euroliment	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>
TOTAL	1972	1972	1972	1972
Administration Fees				
Medical	15,5	0	15,95	
Dental	2.65	i l	2.75	
PPO Access	6.50		6.50	
Utilization Review/Mgmt	3.25	i	3,25.	
OP Therapy Review	0,70)	0.70	
OP Surgery Review	0,80)	0.80	
MCC Disease Mgmt Pkg	4.25	;	4.25	
Broker Fee	1.80)	1.80	
Total Monthly Admin per Employee	35.4	5	36.00	
Monthly Administration Costs	\$69,907.40		\$70,992.00	
Annual Administration Costs	\$838,888,80		\$851,904.00	
Reinsurance Premiums				
Specific Premium	43.83	5	46,98	
Aggregate Premium	2.54		2.59	
Monthly Reinsurance Premium	\$91,481.08		\$97,752,04	
Annual Reinsurance Premium			\$1,173,024.48	
Aggregate Claim Pactors			· · · · · · · · · · · · · · · · · · ·	
Medical Aggregate Factor	1,455.35		1,455.35	
Dental Aggregate Factor	62,31		62.31	
Monthly Aggregate Factors	\$2,992,825,52		\$2,992,825,52	
Annual Aggregate Factors	\$35,913,906,24		\$35,913,906,24	
Total Minimum Plan Costs		1.76	\$2,024,928	
Total Maximum Plan Costs	\$37,850,5	58.00 · . Å · · · · · · · · · · · ·	\$37,938,834	.72

Percent of Increase/Change

0.23%

Notes/Contingencies

Current Benefits Ormidiathered Status

Current Benefits Grandfathered Status

E. Garman - additional \$45,000 monthly kidney dialysis laser

Completion of Disclosure Statement. Based on the results some individuals may be subject to different specific deductibles



City of Fort Wayne

January 1, 2016 Companies Requested to Quote

Reinsurance Carriers	Status
Transamerica Premier Life	Presented
Symetra	Decline – uncompetitive (manual rate would not support risk) due to high claims experience
Sun Life Financial	Waiting on formal response – have advised that they are approximately 37% higher on specific rates



Symetra Life insurance Company P.O. Box 34690 Seattle, WA 98124-1690 Phone: (800) 426-7784 Fax: (866) 348-0058 TT/TTY (800) 833-6388 (Deaf/HH only)

cc: WDCK dba The Del·layes Group 11-26-9822-03

Laura Townsend City of Fort Wayne 200 E. Berry, Sulte 370 Fort Wayne, IN 46802

Re:

Policy 01-016266-00 January 1, 2016, Renewal

Dear Policyholder:

This letter contains the results of our annual review of your group insurance coverages. We have evaluated your rates using current census data. A brief summary of your plan's experience is provided below for the period of January 1, 2013, through July 31, 2015:

<u>ms</u> 75
25
o de Co
19
00
\$0
\$0
4.0
\$0
\$0
27
23
98

Effective January 1, 2016 your renewal rates are as follows:

Current Coverage Basic Employee Life Insurance	Current Monthly Rates \$0.186 per \$1,000	Renewal Monthly Rates \$0,250 per \$1,000
Basic Employee Accidental Death and	\$0.02 per \$1,000	\$0,02 per \$1,000
Dismemberment Insurance		•
Supplemental Employee Life Insurance	*Step-Rated	*Step-Rated
Supplemental Spouse Life Insurance	*Step-Rated	*Step-Rated
Supplemental Child Life Insurance	\$0.07 per \$1,000	\$0.07 per \$1,000
Supplemental Employee Accidental	\$0.03 per \$1,000	\$0.03 per \$1,000
Death and Dismemberment Insurance	•	
Supplemental Spouse Accidental	\$0.03 per \$1,000	\$0.03 per \$1,000
Death and Dismemberment Insurance		
Supplemental Child Accidental Death	\$0.03 per \$1,000	\$0.03 per \$1,000
and Dismemberment Insurance		
Long-Term Disability Insurance	\$0.31 % covered payroll	\$0.31 % covered payroll
Short-Term Disability Insurance	\$0.38 per \$10	\$0.41 per \$10

The renewal rates are guaranteed for 2 years.

If you have any questions regarding this renewal information, please contact me or WDCK dba The DeHayes Group. We appreciate the opportunity to provide this insurance coverage and look forward to many more years of continued service to you.

Sincerely,

Katrina Bond Regional Account Manager (317) 308-8284 Symetra Financial date



Symetra Life Insurance Company P.O. Box 34690 Seallle, WA 98124-1690 Phone: (800) 426-7784 Fax: (868) 348-0068 TT/TTY (800) 633-6388 (Deaf/HH only)

SYMETRA LIFE INSURANCE COMPANY 777 108th Avenue NE, Suite 1200 Bellevue, Washington 98004-5135

PREMIUM RATE NOTICE

Policy Number: 01-016266-00

Policyholder: City of Fort Wayne

Effective Date of Premium Rates: January 1, 2016

Coverage Basic Employee Life Insurance	Monthly Rate \$0,250 per \$1,000
Basic Employee Accidental Death and Dismemberment Insurance	\$0.02 per \$1,000
Supplemental Employee Life Insurance	*Step-Rated *Step-Rated
Supplemental Spouse Life Insurance Supplemental Child Life Insurance	\$0.07 per \$1,000
Supplemental Employee Accidental Death and	\$0.03 per \$1,000
Dismemberment Insurance Supplemental Spouse Accidental Death and	\$0.03 per \$1,000
Dismemberment Insurance Supplemental Child Accidental Death and	\$0.03 per \$1,000
Dismemberment Insurance Long-Term Disability Insurance Short-Term Disability Insurance	\$0.310 per \$100 \$0.410 per \$10

*Supplemental Employee and Spouse step-rates are as follows:

· · · · · · · · · · · · · · · · · · ·	
Age	Rate per \$1,000
Under 25	\$0.07
25-29	\$0,07
30-34	\$0.07
35-39	\$0.11
40-44	\$0.17
45-49	\$0.28
50-54	\$0.50
55-59	\$0.82
60-64	\$1.09
65-69	\$1.70
70-74	\$3.00
75+	\$4.94

Premium rate adjustments due to change in age are effective on the policy anniversary following the date of change.

SYMETRA LIFE INSURANCE COMPANY

ZM. R

BY: Thomas M. Marra, President

Registrar: David Spak

Date: October 19, 2015

Instructions: (1) Use these rates beginning on the effective date shown above.

(2) Retain this Premium Rate Notice with your policy.

City of Fort Wayne January 1, 2016 Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Current - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	OneAmerica Life/AD&D	MetLife Life/AD&D	Dearborn National Life/AD&D
Benefit Amount					
Life Amount	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits
AD&D Amount	Classed Benefits	Classed Scheles	Classed Benefits	Classed Benefits	Classed Benefits
Guarantee Issue Amount	Full Banellit	Full Benefit	Full Benefit	Full Benefit	Full Benefit
Waiver of Premium (stains Employee's)	Inchard	Included	řecluded	Included	Included
Accelerated Benefit (State Employee's)	included	Included	Included	Included.	Included
Reduction Schedule	None	None	None	None	None
Conversion/Portability (Life)	Included	lucluded	Included	Included	Included
Participation Requirements	100%	100%	100%	100%	100%
Employer Comribution	Non-contributory	Non-contributory	Non-contributory	Non-commbutory	Non-committeery
Rates					
Life Volume (monthly)	\$10 3.577,000 =	\$103,577,000	\$103,577,000	S103.577,000	\$105,577,000
AD&D Volume (monthly)	- 5153,986,000	.5133.986,000	\$153,986,000	S133.986,000	\$133,986,000
Life Rate (per \$1,000)	50.186	5025	5026	S0256	\$0.512
AD&D Rate (per \$1,000)	\$0.02	\$0.02	50.02	\$0.02	S0.02
Monthly Premium	521,945.04	S28,573.97	S29,609,74	529,195,43	\$34,995.74
Annual Premium	5263,540,50	\$342.887.64	\$355,216.88	\$350,345,18	S419.948.93
Rate Guarantee	umi January 1, 2016	emil Jackey 1.7018	2145	3Vens	2/Years

City of Fort Wayne January 1, 2016 Short Term Disability Rate Comparison



Insurance Carrier Flan Name	Current - Symetra STD	Renewal - Symetra STD	OneAmerica STD	MetLife STD	Companion Life STD	
Benefit Detail						
Scriefit Amount	60% of weekly income	60% of weekly income	60% of weekly income	amooni ylkew lo %00	60% of weekly income	
Maximum Weekly Benefit	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	
Maximum Benefit Duration	12 weeks	12 weeks	12 weeks	t2 weeks	12 weeks	
Benefits Begin On						
Accident	Sth Day	Sils Day	Stir Day	Stir Day	Sth Day	
Mness	Sth Day	Sth Day	Sub Day	Sth Day	Sth Day	
Patricipation Requirement	100%	100%	100%	100%	100%	
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-countpatory	
Raics						
Volume (monthly)	5580,007	S\$80,007	SS80.007	\$5\$0,007	\$\$\$0,007	
Rate (per \$10)	\$0.35	S0.41	\$0.42	\$0.3\$	S0.41	
Monthly Premium	S22,040.27	S23,780.29	\$24,360.29	S22,040.37	S23.780.29	
Anami Premium	5264,453,19	52\$53634	579232353	5264,483.19	5383624	
Rate Guznantee	umil Jameny 1, 2016	uniil January (j. 2015	2 Years	2 Years	2 Years	

City of Fort Wayne January 1, 2016 Short Term Disability Rate Comparison



Insurance Carrier Plan Name	Dearborn National STD	 		
Benefit Detail				
Senelli Amount	60% of weekly income			
Maximum Weekly Benefit	\$1,300			
Maximum Benefit Duration	12 weeks	 		
Benefits Begin On				
Accident	Sth Day			
Illiness.	Sth Day			
Patricipation Requirement	100%			
Employer Contribution	Non-commony			
Rates				
Volume (monthly)	\$5\$0,007			
Rate (per \$10)	\$0.449			
Monthly Promium	\$26,042.31		Resolvent and the second	
Annual Premium	\$312,507.77			
Rate Guarantee	2Ycas			

City of Fort Wayne January 1, 2016 Long Term Disability Rate Comparison



Insurance Carrier Plan Name	Current - Symetra	Renewal - Symetra LTD	OneAmerica LTD	MetLife LTD	Dearborn National LTD	
Benefit Demil						
Benefit Percentage	60%	60%	60%	60%	60%	
Monthly Benefit Maximum	\$5.000	\$5,000	\$5,000	\$5,000	\$5,000	
Elimination Period	90 Days	90 Days	90 Days	90 Days	90 Days	
Guarantee Issue Amount .	Full Benefit	Full Benefit	Full Benefit	Full Schellt	Full Benefit	
Benefit Duration	65/SSNRAVADEA	65/SSNRA/ADEA	65/SSFRA	65/SSNRA/RBD	65/SSNRA	
Dissibility Definition	24 Month Own Occ	24 Morsh Own Occ	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ	
Social Security Integration	Family	Family	Family	Family	Family	
Mental/Nervous & Substance Abuse	24 Months	24 Months	24 Months	24 Months	24 Months	
Special Limitation	24 Months	24 Months	24 Months	24 Months	n/a	
Pre-existing Limitation	3/3/12	3/3/12	3/3/12	3/3/12	3/3/12	
Participation Requirement	100%	100%	106%	100%	100%	
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-commbutory	
Rates						
Covered Payroll (monthly)	\$4,188,941	\$4,188,941	\$4,188,941	> \$4.188.941	S4,188,941	
Rate (per \$100)	S031	5051	\$0.41	\$0.31	S037	
Monthly Premium	ST2985.72	S1298577	\$17,174.66	S12.985.72	ST5,499,08	
Annual Premium	\$155,818.61	\$155,628.61	S206,095.90	S155828.61 %	\$185,988.98	
Rate Guarantee	unit Jenny I, 2016	umbi January 1, 2018	27as	72%eis**	2Yers	

City of Fort Wayne January 1, 2016 Voluntary Life/AD and D Rate Comparison



Insurance Carrier Plan Name		-Symetra Lik/AD&D	Renewal - Voluntary I		OneAmerica Voluntary Life/AD&D		MetLife Voluntary Life/AD&D		Companion Life Voluntary Life/AD&D		
I am I waste	voluniary	THE ADED.	A Olesion A 1	iner-tuotus	VOIGIGHTY EAR	ممتره	Volumery End-Education		(Olantiny L	HOMBAD	
Employee Benefit											
Minimum Amount	\$1	0.000	S 10,	000	\$10,000		S10.000		\$10,000		
In Increments of	S1	0,000	\$10,500		\$1,000		\$10,000		\$5,000		
Maximum Amount	SSI	000,000	\$\$00,000 \$\$00,000, pot to exceed 5 x		-	\$500,000		\$500,000, not to excess 7 x salary			
AD&D	Matches In-F	orce Life Benefa	Matches In-Fo	Matches In-Force Life Benefit Matches In-Force Life Benefit		Marches In-Force Life Benefit		Matches In-Force Life Benefit			
Spouse Benefit	1										
Minimum Amount	\$	\$,000	SS.	000	\$10,000		SS-000		\$5,000		
In Increments of	\ s	5,000	\$5.	000	\$500		25,000		000,82		
Maximum Amount	5250,000, mot to	exceed 50% EE arms	\$250,000, not to e	neced 50% EE anni	\$250,000, not to exceed 100t4 EE amr		\$100,000, not to exceed 50% EE amt		\$150,000, not to exceed \$0% EE and		
AD&D	Matches In-I	one Life Benefit	Marches In-Fo	rce Life Benefit	Matches In-Force	Life Benefit	Matches in-F	orce Life Benefit	Matches In-Force Life Benefit		
Child(ren) Benefit					\$1,000 - less book to 1	9, 25 FT student					
Minimum Amount	5	2,000	22	.000	5230	0	S.	2,000	S2.500		
in increments of	s	2,600	22	.000	220		\$	2.000	52.500		
Minimum Amount	2:	10,000	210	.000	\$10,00	ro	St	\$10,000		\$10.000	
ADED	Masches In-I	Force Life Renelit	Matches to-Fo	rce Life Benefit	Matches In-Force	Life Benefit	Matches In-Force Life Benefit		11/2		
Guernatee Issue Amount											
Employee	s	200,000	520	0,000	\$200,000		\$200,000		\$200,00 (SF 125 carolled) orbanise \$100,000		
Spouse	s	30,000	\$30	000.	\$30,000		\$25,000		\$30,000		
Child(ren)	s	10,000	Sto	0,000	510,0	00	\$10,000		\$10,000		
Reduction Schedule		None	N	one .	Non	*	None		10 65% (g; tage 65, 50% (g; age 70; 35% (g; age 75; 20% (d; age 50		
Conversion: Portability (Life)]	ncluded		luded	Inclus		[peleded		Included		
Participation Requirement	25% dig	ibile employees	25% eligib	ge emblohen	25% య్యాపికెం	anp loy ees	35% eligi	bile employees	25% eligibile carployees		
Life Rates (per S1,000)	Employee	Sponse :	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse	
Age Bracket <34	s0.070	S0.070 €	50.070	\$0,070	\$0.070	S0.070	\$0.060	S0.060	\$0,090	S0.090	
25-29	\$0.070	\$0,070	\$0.070	\$0.070	50.070	\$0.070	\$0,060	\$0.060	50.090	50.090	
30-34	\$0.070	S0.070	S0.070	50,070	50.070	S0.070	50.080	\$0.050	S0:100	250,100	
35-39	\$0,110	S0.110	SOLIO.	50.110	\$0.110	S0.110	50,105	S010S	S0.120	50.120	
40-44	\$0.170	S0.170	50.170	\$0,170	S0.170	\$0,170	S0.122 S0.202	S0.122 (c	\$0.170	\$0.170	
45-49	\$0.250		S0.230					50.2071	S0.290 ac-	50,200	
	and the state of t	- S0280		50,250	S0.280	- S0.2S0	The State of	Section of the sectio			
50-54	\$0300	50,500	\$0,500	\$0.500	\$0.500	\$0.500	90362	± \$0362	- 50.530	50580	
\$5-59	\$0,300 \$0,820	50,500 50,320	\$0.500 \$0.520	\$0.500 \$0.520	50.500 50.500	\$0.500 \$0.520	50.362 S0.595	90.562 90.595	50.790	\$0,790	
55-59 60-64	\$6,300 \$0,520 \$1,090	50,500. 50,320 51,090	\$0.500 \$0.520 \$1.090	\$0,500 \$0,\$20 \$1,090	50:500 - 50:520 lin S - 51:090	\$0:500 \$0:320 \$1:090	\$0.362 \$0.595 \$0.790	\$0.562 /\$0.295 .\$0.790	50,790 S1,520	50,790 S1≤20	
35-39 60-64 65-69	50,300 50,520 51,950 51,700	\$0.500 \$0.320 \$1.090 \$1.700	\$0.500 \$0.520 \$1.090 \$1.790	\$0.500 \$0.320 \$1.090 \$1,700	50:500 50:320 51:590 51:700	\$0:500 \$0.520 \$1:090 \$1,700	50.362 50.595 50.790 51.275	S0:362 S0:395 S0:790 S1:275	\$0,790 \$1,520 \$2,390	50,790 \$1,520 \$2,590	
55-59 60-64 65-69 70-74	\$0,500 \$0,520 \$1,090 \$1,700 \$5,000	\$0.500. \$0.320 \$1.090 \$1.700 \$5.000	\$0.500 \$0.520 \$1.090 \$1.700 \$35,000	\$0.500 \$0.520 \$1.090 \$1.700 \$53.000	\$0.500 \$0.320 \$1.090 \$1.700 \$5.000	\$0.500 \$0.820 \$1.090 \$1.700 \$5.000	90.362 90.595 90.790 51.275 92.175	\$0.562 \$0.595 \$0.790 \$1.275 \$2.175	\$0,790 \$1,520 \$2,390 \$3,410	50,790 51,520 52,590 54,410	
\$5-59 60-64 65-69 70-74 75+	\$1.090 \$1.090 \$1.090 \$2.700 \$2.000	\$0.500 \$0.320 \$1.090 \$51.700 \$55.000 \$13.500	\$0.500 \$0.526 \$1.097 \$1.700 \$3.000 \$4,940	\$0.500 \$0.520 \$1.090 \$1.700 \$5.000 \$5.940	\$0.500 \$0.320 \$1.990 \$1.700 \$5.000	\$0.500 \$0.820 \$1.090 \$1.700 \$5.000 \$4.940	\$0.565 \$0.595 \$0.790 \$1.275 \$2.175 \$3.502	\$0.562 \$0.595 \$0.790 \$1.275 \$2.175 \$5.532	\$0.790 \$1.520 \$0.390 \$4.410	50.790 S1.520 S2.590 S4410 S4410	
\$5-59 60-64 65-69 70-74 75+ Child(rm) Rates (per \$1,000)	\$0,500 \$0,520 \$1,090 \$1,700 \$5,000	\$0.500. \$0.320 \$1.090 \$1.700 \$5.000	\$0.500 \$0.526 \$1.097 \$1.700 \$3.000 \$4,940	\$0.500 \$0.520 \$1.090 \$1.700 \$53.000	\$0.500 \$0.320 \$1.090 \$1.700 \$5.000	\$0.500 \$0.820 \$1.090 \$1.700 \$5.000 \$4.940	\$0.565 \$0.595 \$0.790 \$1.275 \$2.175 \$3.502	\$0.562 \$0.595 \$0.790 \$1.275 \$2.175	\$0.790 \$1.520 \$0.390 \$4.410	50,790 51,520 52,590 54,410	
\$5-59 60-64 65-69 70-74 75+ Child(rm) Rates (per \$1,000) AD&D Rates (per \$1,000)	\$1.090 \$1.090 \$1.090 \$2.700 \$2.000	50,500 50,520 51,690 51,700 53,000 53,950 50,007	\$0,500 \$1,090 \$1,090 \$1,090 \$3,000 \$4,940	\$0.500 \$0.520 \$1.000 \$1.700 \$5.000 \$5.490 \$0.007	\$0.500 \$0.520 # 2 \$1.050 \$1.700 \$1.500 \$1.500 \$4.540 \$5.000	\$0,500 \$0,320 \$1,090 \$1,700 \$3,000 \$4,940	90.362 90.595 90.790 90.275 90.175 90.552	\$0.562 \$0.595 \$0.790 \$1.215 \$2.112 \$5.5582 \$0.052	\$0.790 \$1.520 \$0.390 \$4.410 \$3.410	50.790 S1,520 S2,590 S4,410 S4,410	
\$5-59 60-64 65-69 70-74 75+ Child(rm) Rates (per \$1.000) AD&D Rates (per \$1.000) Employee	\$1.090 \$1.090 \$1.090 \$2.700 \$2.000	50.500 50.320 51.090 51.700 53.000 53.000 50.007	\$0.500 \$0.520 \$1.000 \$1.700 \$5.700 \$3.000 \$4.940	\$0.500 \$0.510 \$0.510 \$1.790 \$5.000 \$5.000 \$5.000 \$5.000 \$5.000	\$0.500 \$0.820 # 2 \$1.050 \$1.700 \$5.000 \$5.000 \$5.000 \$5.000	\$0,500 \$0,820 \$1,090 \$1,700 \$3,000 \$4,940 07	\$0.5G \$0.595 \$0.790 \$1.275 \$0.175 \$3.500	\$0.562 \$0.595 \$0.790 \$1.275 \$2.775 \$3.582 \$0.055	\$0.790 \$1.520 \$0.290 \$5.410 \$1.410 \$3.420	\$0,790 \$1,520 \$2,390 \$4,410 \$4,410 205	
\$5-59 60-64 65-69 70-74 75+ Child(rm) Rates (per \$1,000) AD&D Rates (per \$1,000)	\$1.090 \$1.090 \$1.090 \$2.700 \$2.000	50,500 50,520 51,690 51,700 53,000 53,950 50,007	\$0,500 \$0,520 \$1,090 \$1,790 \$5,000 \$1,900	\$0.500 \$0.520 \$1.000 \$1.700 \$5.000 \$5.490 \$0.007	\$0.500 \$0.520 # 2 \$1.050 \$1.700 \$1.500 \$1.500 \$4.540 \$5.000	\$0.500 \$0.520 \$1.700 \$1.700 \$5.000 \$4.930	\$0.5G \$0.598 \$0.700 \$1.275 \$2.175 \$2.500	\$0.562 \$0.595 \$0.790 \$1.215 \$2.112 \$5.5582 \$0.052	\$0,799 \$1,520 \$2399 \$3,410 \$4,410 \$3	50.790 S1,520 S2,590 S4,410 S4,410	

City of Fort Wayne January 1, 2016 Voluntary Life/AD and D Rate Comparison



Insurance Carrier	Dearborn National			ļ	1
Plan Name	Volumery Life/AD&D				
Employee Benefit					
Mainum Amount	221 07000			Ì	i
in increments of	\$10,000	1			}
Maximum Amount	5500,000	i			
AD&D	Matches in-Force Life Benefit		1		
Spouse Benefit					
Minimum Amount	.25,000				
In lucrements of	\$5,000				
Maximum Amount	\$250,000, not to exceed \$0% EE arm				
AD&D	Matches In-Force Life Benefit				
Child(ren) Benefit					
Minimum Amount	\$2,000		1		
In Increments of	52,000		ļ		
Махітана Алюца	\$10,000				
AD&D	Mateires In-Force Life Benefit				
Guzzanice Issue Amount					
Employee	5200,000				
Spouse	000,002	1			
Child(sen)	S10,000				
Reduction Schedule	None				
Conversion Portubility (43/4)	Included				
Participation Requirement	35% eligibile employees				
Life Roses (per St.000)	Employee Spouse				
Age Bracket <24 25-29	S0.070 \$0.070 S0.070 \$0.070				
30-34	\$0,070	letokiaka k			
35-39	50,110 50,110				
40-14	S0:170 S0:170				
45-49	S0:2S0 S0:2S0		SACARONIPPEN		
50-54	S0.500 S0.500				
55-59	S0.820 S0.820				
40-6-1	\$1,090 \$1,090				
65-69	S1.700	200 1		1 1000000	
70-74	\$3,000				
75+	S1940 S4,940				
Child(ren) Rates (per \$1,000)	\$0.07				
AD&D Rates (per S1,000)	50.0				
Employee	S0.03	Armade Santa Santa			lagada ba
Spouse Child(res)	\$0.03	15000			
Rate Generales					A 201100-12-01 111500-12-0 2011-12-0
Vanc engagelos	1. 经通过的股份证据	CONTRACTOR CONTRACTOR	1 see manufactures (See)	TEST (1996年)	Access to the second second