

City of Weslaco

"The City on the Grow"



David Suarez, Mayor
Gerardo "Jerry" Tafolla, Mayor Pro-Tem, District 4
Leo Muñoz, Commissioner, District 1
Greg Kerr, Commissioner, District 2
Olga M. Noriega, Commissioner, District 3
Letty Lopez, Commissioner, District 5
Josh Pedraza, Commissioner, District 6

Mike R. Perez, City Manager

CITY OF WESLACO Request for Sealed Proposals

The City of Weslaco hereby requests sealed proposals for the following
Group Dental & Group Basic Life and AD & D / RFP No.: 2016-17-13

1. **Group Dental**
2. **Group Basic Life & Accidental Death and Dismemberment**

Sealed proposals addressed to Homer Rhodes, Purchasing Agent will be accepted at the Weslaco City Hall Purchasing Department, 255 S. Kansas Ave., Weslaco, Texas 78596, until **3:00 pm on February 7, 2017** at which time they will be opened and read aloud. **Please mark envelope, "Sealed Proposal – Group Dental & Group Basic Life and AD&D, RFP No. 2016-17-13."**

Potential Bidders/Respondents are advised that the proposal documents can be downloaded from the City of Weslaco web page address: www.weslacotx.gov, and may also be secured at the Weslaco City Hall Human Resources Department, 255 S. Kansas Ave., Weslaco, Texas 78596, or by calling (956) 447-3418. Be advised that if your company is contemplating on submitting a proposal you must submit an "Intent to submit form", so that any changes/additions via addendum form can be forwarded to your company. (Please include your company name, address, telephone and fax as well as contact person).

The City of Weslaco reserves the right to accept any and all proposals and to waive any informalities in the proposing or to accept the proposal to be the best and most advantageous to the City and to hold proposals for a period of forty-five (45) days from the date of the proposal opening without taking action for the purpose of reviewing the proposals and investigation of respondent's qualifications prior to proposal award. Proposals submitted past the aforementioned date and time will not be accepted.

City of Weslaco

Homer Rhodes

hrhodes@weslacotx.gov

Purchasing Agent



VENDOR'S NOTICE OF INTENT TO SUBMIT A PROPOSAL

If you intend to submit a bid for **GROUP DENTAL & GROUP BASIC LIFE & ACCIDENTAL DEATH and DISMEMBERMENT** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form to the address below prior to **February 1, 2017** so that you may receive any addendums to the specifications should the need arise.

VERONICA RAMIREZ
City of Weslaco
Human Resources Director
255 S. Kansas Avenue
Weslaco, Texas 78596
Phone: 956.973.3106
Fax: 956.968.9164
vsramirez@weslacotx.gov

Name: _____ Signature: _____
(print / contact person)
Title: _____ Company/Agency: _____
Mailing
Address: _____ City/State/Zip: _____
Phone: _____ Fax: _____
Email Address: _____

ALL QUESTIONS MUST BE DIRECTED TO VERONICA RAMIREZ AND WILL BE ANSWERED VIA ADDENDA

Proposal No.: 2016-17-13

"The City on the Grow"

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PROPOSAL PACKAGE CHECKLIST REMINDER

IN ORDER FOR YOUR PROPOSAL TO BE CONSIDERED IN THE PROPOSAL PROCESS, THE FOLLOWING ITEMS ARE REQUIRED TO BE INCLUDED IN THE PROPOSAL PACKAGE:

DESCRIPTION OF ITEM	YES	NO	N/A
1. CONFIDENTIAL DISCLOSURE STATEMENT SHEET (Pages 5-6)	_____	_____	_____
2. STANDARD TERMS & CONDITIONS, GENERAL PROPOSAL & ASSUMPTIONS BACKGROUND (Pages 7-9).	_____	_____	_____
3. FELONY CONVICTION NOTIFICATION (Fill in one of the appropriate sections – A, B, or C, Page 10).	_____	_____	_____
4. PROPOSAL SPECIFICATION REQUIREMENT FORM (Page 11)	_____	_____	_____
5. CRITERIA EVALUATION FORM (Page 12)	_____	_____	_____
6. NON-COLLUSION STATEMENT & SIGNATURE SHEET (Page 13)	_____	_____	_____
7. PROPOSAL FORMS pertaining to this proposal Should have all lines filled in as needed.	_____	_____	_____

PLEASE SUBMIT THE WHOLE PACKAGE EVEN IF NOT SUBMITTING A PROPOSAL ON ALL ITEMS.

**** (FAILURE TO MANUALLY SIGN THE PROPOSAL WILL DISQUALIFY IT.)****

CONFIDENTIAL DISCLOSURE STATEMENT

For purposes of complying with the Texas Public Information Act (the “Act”), we are asking that VENDORS interested in submitting a response to a City’s request for bids, proposals or qualifications statements **INCLUDE A STATEMENT (THIS FORM) STATING WHETHER NONE, ALL, OR SOME OF THE INFORMATION SUBMITTED WITH THEIR RESPONSES IS CONSIDERED BY THE COMPANY AS CONFIDENTIAL BECAUSE IT MEETS ONE OR MORE OF THE EXCEPTIONS LISTED IN THE ACT.**

Failure by the company(s) to fill out and sign this form, will release City of Weslaco of any liabilities in the event City of Weslaco releases information included in their bids, proposals or qualifications statements responses as a result of complying with a request for public records under the Act.

If the Confidential Disclosure Statement is properly filed, and City of Weslaco receives a request for public records under the Act related to such vendor’s response, City of Weslaco will seek an opinion from the Texas Attorney General’s Office as required.

This Confidential Disclosure Statement is being made by:

_____ to City of Weslaco for the
(Vendor Name)
purpose of non-disclosure of various materials included in this package.

The rights and obligations of the parties with respect to such information are as follows:

1. “Disclosing Party” means a party that discloses Confidential Information under this Request. “Receiving Party” means a party that receives Confidential Information under this Request.
2. “Confidential Information” means information of any kind which is obtained by Receiving Party from Disclosing Party relating to this *Request and which, by appropriate marking, is identified as confidential and proprietary at the time of disclosure.*
3. Notwithstanding the foregoing, Confidential Information shall not include any information that:
 - a) is publicly available prior to the Effective Date, or becomes publicly available thereafter through no breach of this Request by the Receiving Party;
 - b) was known to the Receiving Party prior to the date of disclosure or becomes known to the Receiving Party thereafter from a third party that has no obligation to Disclosing Party to keep such information confidential;
 - c) is independently developed by the Receiving Party without the benefit

of Confidential Information of the Disclosing Party, as evidenced by written records; **or**

- d) must be produced by the Receiving Party pursuant to an order of a court of competent jurisdiction or a valid subpoena, provided that the Receiving Party promptly notifies the Disclosing Party and cooperates reasonably with the Disclosing Party's efforts to contest or limit the scope of such order.
4. The Receiving Party agrees that it will maintain the Confidential Information in confidence using a reasonable standard of care, and no less than the standard of care taken to protect its or his/her own confidential information, and will use such Confidential Information solely for the purposes of evaluating its or his/her interest in participating in a future Requests.
5. **As stated above, in the event City of Weslaco receives a request for public records under the Act related to the vendor's response, City of Weslaco will seek an opinion from the Texas Attorney General's Office as required.**
6. This Agreement shall not be construed as an obligation to enter into a Purchasing Agreement or any other subsequent relationship or agreement.

_____ (**vendor**) wishes to have the following pages protected under this agreement and not be released to a third party. The following pages are not to be disclosed unless City of Weslaco receives authorization via an opinion from the Texas Attorney General's Office:

- ☐ NONE of the Pages in this Request for Proposal is Confidential
- ☐ ALL Pages in this Request for Proposal are Confidential
- ☐ ONLY Pages _____ are labeled as Confidential

Name of Company or Firm: _____

By: _____

Title: _____

Signature: _____

Date: _____

City of Weslaco
STANDARD TERMS AND CONDITIONS
NOTICE TO OFFERORS

ITEMS BELOW APPLY TO AND BECOME A PART OF TERMS
AND CONDITIONS OF PROPOSALS UNLESS SUPERSEDED BY ANY ATTACHED
TERMS AND SUPPLEMENTAL CONDITIONS OR SPECIFICATIONS
IN WHICH CASE ATTACHED CONDITIONS WILL PREVAIL
ANY EXCEPTIONS MUST BE IN WRITING

1. Proposals should be submitted on this form. Each proposal shall be placed in a separate envelope, sealed and properly identified with the proposal title, proposal number, date, and time to be opened.
2. Proposal shall follow the plan as specified. Answer all the yes and no questions and fill in the Blanks.
3. Proposals must be received in the Weslaco City Hall Purchasing Department before the hour and date specified. Late proposals will not be considered under any circumstances.
4. Proposals must have original signatures.
5. Proposal prices must be firm for acceptance for **ninety (90) days** from proposal opening date. No proposals may be withdrawn without written approval after a contract has been signed or partial performance of the proposal agreement has begun.
6. **Failure to manually sign proposal will disqualify it.** Person signing proposal should show title or authority to bind their firm to a contract.
7. The City of Weslaco reserves the right to accept or reject all or any part of any proposal, waive minor technicalities and award the proposal to best serve the interest of the city.
8. **No Proposal:** All proposal forms should be signed, as needed, and returned even if Offeror is unable to submit a proposal at this time, but wishes to remain on offeror's list.
9. **Term of Contract:** The contract will be effective as per Insurance Policy, or after City Commission approval whichever occurs later. The City would prefer a one-year contract with the option to renew for two (2) additional (separate) one (1) year terms, if there are no changes in terms and conditions, insurance agent or underwriting company, and the insurance rates do not increase more than 5% per year.
- 10 **Venue:** In the event of legal disputes related to this contract, the venue shall be Hidalgo County in the State of Texas.

Date

Company Name

City of Weslaco

STANDARD TERMS AND CONDITIONS NOTICE TO OFFERORS

11. During the performance of this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of race, color, national origin, age, religion, gender, marital or veteran status, or handicapping conditions.
12. **Awarding of Proposal:** The city will be awarding this proposal to only one vendor. Vendor's proposals will be evaluated for approval based on the evaluation criteria listed on page 12.
13. **Payment Terms:** Payment for items acquired under this proposal will be paid "net, 30 days," after satisfactory receipt of goods ordered, or receipt of invoice, whichever occurs last.
14. **Governmental Immunity:** City of Weslaco does not transfer or convey its governmental immunity to any vendor.
15. **Vendors shall submit one (1) original and one (1) copy of their proposal response and 2 electronic (usb/disk).**

Date

Company Name

Initials

City of Weslaco

GENERAL PROPOSAL REQUIREMENTS & ASSUMPTION BACKGROUND

Proposals will be accepted until 3:00 p.m. on Tuesday, February 7, 2017 at which time they will be opened. Proposals will be opened but not read publicly in the Weslaco City Hall Purchasing Department, 255 S. Kansas Ave, Weslaco, Texas. Any proposals received late will be returned unopened. City of Weslaco is not responsible for proposals misplaced or mailed incorrectly. All inquiries regarding this request for proposals should be submitted in writing or emailed to: Veronica Ramirez, Human Resources Director, vsramirez@weslacotx.gov.

1. The original plus one (1) copy and 2 electronic (usb/disk) of your proposal response should be mailed or hand delivered to the attention of:

**Homer Rhodes
Purchasing Agent
Weslaco City Hall
255 S. Kansas Ave.
Weslaco, Texas 78596**

2. Proposed effective date as per insurance policy inception date, or after approval by the City Commission, whichever occurs later.
3. City of Weslaco would like to enter into a one-year contract with the option to renew for two (2) additional (separate) one (1) year terms, if there are no changes in terms and conditions, insurance agent or underwriting company, and the insurance rates do not increase more than 5% per year.
4. A minimum of 90 day notice must be provided to the City concerning any subsequent adjustment to premium rates, fees or renewals.
5. Please return the original proposal forms in the same order received with the yes or no questions answered and the blanks filled in. This will make it a lot easier to analyze the proposal. This is to the Benefit of both parties.
6. The City retains the services of Roger Garza, with Valley Risk Consulting Inc., McAllen, Texas. VRC will evaluate all proposals and make a recommendation to the City of Weslaco Commissioners.

City of Weslaco

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a City must give advance notice to the City if the person, owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.” Subsection (b) states “a City may terminate a contract with a person or business entity if the City determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The City must compensate the person or business entity for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR NAME:

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED) AND SIGNATURE:

DATE: _____

******* PLEASE CHECK OFF A SELECTION BELOW*******

() A. My firm is a publicly-held corporation, therefore, this reporting requirement is not applicable.

() B. My firm is not owned and/or operated by anyone who has been convicted of a felony.

() C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon: _____

Details of Convictions(s): _____

City of Weslaco

PROPOSAL SPECIFICATION REQUIREMENTS

(TO BE FILLED IN BY OFFEROR AND SUBMITTED WITH PROPOSAL)

Is this proposal in conformance with the enclosed specifications?

Yes _____ No _____

If the answer is no, offeror must identify and explain each exception taken, with reference to each page and paragraph to which the exception will apply.

It should be understood that if no exception is taken the vendor should supply all items as specified at the time of sale. Failure to indicate any difference in products offered proposed in this proposal may be deemed sufficient grounds of a vendor proposal.

Comments:

Date

Company Name

City of Weslaco

CRITERIA EVALUATION

For further information, please submit questions in writing or email to:

Veronica Ramirez
Human Resources Director
vsramirez@weslacotx.gov
City of Weslaco
255 S. Kansas Ave
Weslaco, Texas 78596

In determining to whom to award a contract, the City shall consider the following:

- (1) the purchase price;
- (2) the reputation of the vendor and of the vendor's goods or services;
- (3) the quality of the vendor's goods or services;
- (4) the extent to which the goods or services meet the city's needs;
- (5) the vendor's past relationship with the city;
- (6) the impact on the ability of the city to comply with laws and rules relating to historically underutilized business;
- (7) the total long-term cost to the city to acquire the vendor's goods or services;
- (8) any other relevant factor specifically listed in the request for bids or proposals; and
- (9) the vendor or the vendor's ultimate parent company or majority owner has its principal place of business in this state.

City of Weslaco

NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with City of Weslaco, other than the Human Resources Director or her City of Weslaco Designee prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee of the City of Weslaco except as noted herein

_____.

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, _____, have read the standard terms and conditions (page 7-8),
(*Print/Type Name of Company Officer*), general proposal requirements and assumptions
background
(page 9) & the proposal specifications requirements (page
11), I fully understand them, and will fully execute them
if I am awarded this proposal.

I have represented the truth concerning the felony conviction notification. I have checked off one of the three statements, and have signed the form on page 8.

I have read the criteria for evaluation that the district shall consider to award this contract.

I fully understand the proposal's insurance information forms and cost sheets.

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

AREA CODE/TELEPHONE/FAX _____

SIGNATURE

TITLE

DATE

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

City of Weslaco

Description of Plan must be in the labeled format below and include the following:

Section A: Questionnaire

Section B: Schedule of Rates

Section C: Complete Description of Benefits

Section D- Complete Description of All Limitations and Exclusions

Section E- Policy Specimen

Section F- Underwriting Requirements

Section G- Required Forms

Company Name

Address

Agent Name

Agent Address

Agent Email Address

Authorized Signature

Type Signatory's Name and Title

Telephone Number

Fax Number

Date

Section

2

Assumptions

Voluntary Employee (Insurance) Benefit Products: Group Dental & Group Basic Life and Accidental Death & Dismemberment (AD&D)

1. At completion of enrollment, the City is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable. Two lists are to be provided; one for biweekly employees and one for monthly employees.
2. Each proposed product submitted will have their rates illustrated in monthly premiums. Basic Life Insurance & AD&D in bands of \$1000.
3. Proposals should be submitted in a three-ring binder with tabs clearly marked for each product submitted. Only products that are outlined in this Request for Proposals (RFP) will be considered. The City will only consider one company for each insurance plan advertised.
4. Proposals are desired for Group Dental and Group Basic Life & AD&D. The Dental plan should meet the requirements of the IRC Section 125 for all benefit provisions.
5. Renewal rates must be received by the City at least 90 days prior to the renewal date.
6. The City desires to receive proposals for a one (1) year term with the option to renew for two (2) additional one (1) year terms.
7. The insurance company must have an A.M. Best rating of an A- or better.
8. Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/insurance companies may submit an attached list of agent/agencies requesting consideration.
9. Services are to include enrollment meetings with new employees and annual group education/enrollment with all employees.
10. RFP will NOT be available as a Word document. If necessary submit answers on a separate sheet of paper numbered and answered as outline in this RFP.
11. The City of Weslaco shall retain the right to select the agent(s) or agencies of its choice pertaining to this RFP. A statement of agent or agencies' qualifications shall include: contact information (address, phone numbers, facsimile numbers, and email contact), services to be provided, and years in business and a copy of the proper Texas Department of Insurance license to perform the service.

Proposer Questionnaire

Voluntary Employee (Insurance) Benefit Products: Group Dental & Group Basic Life and Accidental Death & Dismemberment (AD&D)

1. Name of Insurance Company:

2. Home office Address:-

3. Please indicate which insurance products you are submitting:

☐ Group Dental

☐ Group Basic Life & AD&D

4. Name of Account Executive/Representative Assigned to the City:

5. Telephone: (____)_____

6. Email: _____

7. What is the Company's current A.M. Best rating: _____

8. Provide three (3) Texas client references of similar size (preferably Governmental Entities):

Name of Client	Contact Person	Telephone Number	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Describe claim payment services:

a. Where will claims be paid? _____

b. What is the normal processing time for a claim? _____

c. Describe the documentation needed for a claim:

10. Outline underwriting requirements and guarantee issue amounts:

11. Provide a description of the process to enroll new employees:

12. Are members that have coverage through the City's current carrier subject to underwriting provisions? Yes ☐ No ☐

If yes, please describe?

13. Please describe, in detail, your plans waiting periods for employees with existing coverage and the waiting period for those who will either be new to the City or will be electing coverage during the open enrollment period.

14. Outline your provisions for pre-existing conditions. Specify how current employees who may be uninsurable be handled:

15. Are you willing to provide the City Enrollment and Utilization reports on at minimum a quarterly basis? Yes ☐ No ☐

If no, why?

16. Are you willing to provide personnel to do onsite enrollment meetings, educational meetings, and/or health fairs if requested? Yes ☐ No ☐

17. Is there a minimum participation requirement? Yes ☐ No ☐

If yes, what is the minimum participation level? _____

18. Describe your initial enrollment procedures:

19. Is the policy portable? Yes ☐ No ☐

20. **Agent Information** – The City prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: ____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

Agent's relationship with insurance company (length of time, number of groups, amount of premium): _____

Agent Services to be provided: _____

21. For what period of time are the rates used in the rate table guaranteed?

22. Is a longer rate guarantee available? Yes ☐ No ☐

If so, please describe: _____

Company Name

Address

Agent Name

Agent Address

Agent Email Address

Authorized Signature

Type Signatory's Name and Title

Telephone Number

Fax Number

Date

City of Weslaco

Life and AD&D - EZ Quotation Form

RFP # 2015-000

* ALL RATES SHALL BE QUOTED PER \$1,000 OF BENEFIT AMOUNT AND BASED ON A MONTHLY PREMIUM

Submitter: _____

Rate Guarantee: _____

Note: RATES FOR TERM LIFE ONLY. Do not include Whole Life or other interest sensitive life insurance

	<u>Non-Tobacco Employee</u>		<u>Non-Tobacco Spouse</u>		<u>Non-Tobacco Employee</u>		<u>Non-Tobacco Spouse</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
< 25								
25-29								
30-34								
35-39								
40-44								
45-49								
50-54								
55-59								
60-64								
65-69								
70-74								
75+								

Reduction Schedule:	
<u>@ Age</u>	<u>Percentage</u>
65	
70	
75	
80	

Dependent Benefit		
	<u>Life per \$1,000</u>	<u>AD& D per \$1,000</u>
Child		

AD & D Benefit	Per \$1,000
Employee	
Spouse	

"The City on the Grow"

Benefit Exhibits

See attached Exhibits

Current Census

DOB	GENDER	CITY	ST ZIP
11/05/1955	F	WESLACO	TX 78596
01/01/1986	M	DONNA	TX 78537
01/01/1987	F	DONNA	TX 78537
01/03/1976	F	WESLACO	TX 78596
01/04/1956	M	DONNA	TX 78537
01/06/1987	M	HARLINGEN	TX 78552
01/06/1991	M	MERCEDES	TX 78570
01/07/1963	M	WESLACO	TX 78599
01/07/1972	M	WESLACO	TX 78596
01/07/1973	M	PHARR	TX 78577
01/08/1977	F	WESLACO	TX 78596
01/10/1977	M	MERCEDES	TX 78570
01/11/1962	M	WESLACO	TX 78596
01/11/1983	M	DONNA	TX 78537
01/16/1991	M	MERCEDES	TX 78570
01/17/1981	F	WESLACO	TX 78596
01/18/1985	M	WESLACO	TX 78599
01/18/1993	M	LA FERIA	TX 78559
01/19/1959	M	SAN BENITO	TX 78586

“The City on the Grow”

01/20/1987	M	WESLACO	TX 78596
01/20/1991	M	MERCEDES	TX 78570
01/20/1994	M	WESLACO	TX 78596
01/22/1985	M	WESLACO	TX 78596
01/23/1976	M	WESLACO	TX 78596
01/24/1962	F	MERCEDES	TX 78570
01/25/1979	M	WESLACO	TX 78596
01/26/1957	M	PROGRESO	TX 78579
01/27/1967	M	MERCEDES	TX 78570
01/27/1976	M	WESLACO	TX 78596
01/27/1993	M	PROGRESO	TX 78579
01/28/1969	F	WESLACO	TX 78596
01/30/1973	M	MERCEDES	TX 78570
01/30/1994	M	ELSA	TX 78543
02/02/1960	M	MERCEDES	TX 78570
02/02/1978	M	MERCEDES	TX 78570
02/02/1991	M	WESLACO	TX 78596
02/03/1969	M	MERCEDES	TX 78570
02/03/1975	F	MERCEDES	TX 78570
02/05/1962	F	WESLACO	TX 78596
02/05/1971	F	MERCEDES	TX 78570
02/09/1981	M	WESLACO	TX 78596
02/09/1994	F	WESLACO	TX 78596

“The City on the Grow”

02/11/1961	M	WESLACO	TX 78596
02/11/1989	M	HARLINGEN	TX 78550
02/13/1970	F	MERCEDES	TX 78570

02/14/1977	F	WESLACO	TX 78596
02/14/1979	M	LA FERIA	TX 78559
02/15/1979	M	WESLACO	TX 78599
02/16/1988	M	EDINBURG	TX 78542
02/17/1985	M	WESLACO	TX 78599
02/19/1986	M	WESLACO	TX 78596
02/21/1987	M	MERCEDES	TX 78570
02/22/1993	M	MCALLEN	TX 78501
02/23/1952	M	WESLACO	TX 78596
02/25/1958	F	WESLACO	TX 78599
02/26/1978	F	MERCEDES	TX 78570
02/27/1989	M	WESLACO	TX 78596
03/01/1985	M	WESLACO	TX 78599
03/02/1981	M	MCALLEN	TX 78504
03/04/1986	M	DONNA	TX 78537
03/06/1977	M	WESLACO	TX 78596
03/06/1980	M	MERCEDES	TX 78570
03/07/1966	M	LA FERIA	TX 78559
03/11/1964	M	SANTA MARIA	TX 78592

“The City on the Grow”

03/12/1971	M	DONNA	TX 78537
03/12/1979	M	MERCEDES	TX 78570
03/14/1988	M	WESLACO	TX 78599
03/17/1974	M	WESLACO	TX 78596
03/18/1984	M	WESLACO	TX 78596
03/21/1993	M	PORT ISABEL	TX 78578
03/22/1961	M	WESLACO	TX 78596
03/25/1967	F	EDCOUCH	TX 78538
03/27/1976	M	MERCEDES	TX 78570
03/27/1988	M	DONNA	TX 78537
03/28/1957	F	MERCEDES	TX 78570
03/30/1982	F	WESLACO	TX 78596
03/30/1988	M	MERCEDES	TX 78570
03/31/1962	F	LA JOYA	TX 78560
04/03/1981	M	EDINBURG	TX 78542
04/05/1964	M	WESLACO	TX 78596
04/05/1995	M	WESLACO	TX 78596
04/06/1987	M	MERCEDES	TX 78570
04/07/1963	M	WESLACO	TX 78596
04/09/1957	M	WESLACO	TX 78596
04/10/1982	M	DONNA	TX 78537
04/11/1982	M	LA FERIA	TX 78559

04/12/1974	M	MISSION	TX 78572
04/13/1962	F	WESLACO	TX 78596
04/16/1969	M	DONNA	TX 78537
04/22/1969	F	MERCEDES	TX 78570
04/24/1976	M	WESLACO	TX 78596
04/26/1983	M	WESLACO	TX 78596

04/28/1983	M	WESLACO	TX 78596
04/28/1989	M	WESLACO	TX 78596
04/29/1960	M	WESLACO	TX 78599
04/29/1980	M	PHARR	TX 78577
05/04/1963	M	MERCEDES	TX 78570
05/04/1983	M	HARLINGEN	TX 78550
05/06/1994	M	EDINBURG	TX 78539
05/07/1961	M	WESLACO	TX 78596
05/07/1976	M	WESLACO	TX 78596
05/09/1988	M	ALAMO	TX 78516
05/10/1977	M	WESLACO	TX 78596
05/10/1984	F	MERCEDES	TX 78570
05/12/1979	M	WESLACO	TX 78596
05/13/1962	M	MERCEDES	TX 78570
05/14/1971	F	ELSA	TX 78543
05/17/1977	M	WESLACO	TX 78596

“The City on the Grow”

05/19/1978	M	WESLACO	TX 78596
05/19/1979	F	WESLACO	TX 78599
05/19/1990	F	WESLACO	TX 78596
05/20/1970	F	WESLACO	TX 78599
05/21/1973	M	WESLACO	TX 78596
05/22/1958	F	WESLACO	TX 78596
05/22/1965	M	WESLACO	TX 78596
05/23/1975	F	WESLACO	TX 78596
05/24/1984	M	MERCEDES	TX 78570
05/24/1986	M	LA FERIA	TX 78559
05/25/1956	M	WESLACO	TX 78596
05/25/1965	M	WESLACO	TX 78599
05/25/1970	M	MERCEDES	TX 78570
05/25/1993	M	HARLINGEN	TX 78550
05/28/1985	M	PORT ISABEL	TX 78578
05/28/1994	F	ELSA	TX 78543
05/29/1990	M	WESLACO	TX 78599
05/30/1958	M	WESLACO	TX 78596
05/31/1985	M	WESLACO	TX 78596
05/31/1996	M	HARLINGEN	TX 78552
06/03/1968	F	MCALLEN	TX 78504
06/03/1982	M	HARLINGEN	TX 78552
06/04/1981	M	MERCEDES	TX 78570

“The City on the Grow”

06/05/1967	M	HARLINGEN	TX 78550
06/08/1955	M	WESLACO	TX 78596
06/08/1981	F	WESLACO	TX 78596
06/11/1972	M	LA FERIA	TX 78559
06/13/1961	F	MERCEDES	TX 78570
06/16/1981	M	WESLACO	TX 78596
06/17/1986	M	MERCEDES	TX 78570
06/18/1990	M	MISSION	TX 78572

06/19/1971	F	WESLACO	TX 78599
06/20/1981	M	WESLACO	TX 78599
06/20/1985	M	EDINBURG	TX 78539
06/23/1970	M	MCALLEN	TX 78504
06/24/1986	M	WESLACO	TX 78596
06/25/1964	F	WESLACO	TX 78599
06/25/1989	M	MISSION	TX 78574
06/26/1968	F	DONNA	TX 78537
06/26/1973	F	WESLACO	TX 78596
06/26/1994	M	HARLINGEN	TX 78552
06/27/1973	M	DONNA	TX 78537
06/27/1976	M	WESLACO	TX 78596
06/28/1961	M	EDINBURG	TX 78541
06/28/1981	M	PROGRESO	TX 78579

“The City on the Grow”

06/29/1976	M	MERCEDES	TX 78570
06/30/1993	M	MONTE ALTO	TX 78538
07/01/1972	F	MCALLEN	TX 78501
07/01/1983	F	MERCEDES	TX 78570
07/01/1987	F	WESLACO	TX 78596
07/02/1992	M	WESLACO	TX 78596
07/03/1968	M	WESLACO	TX 78596
07/04/1981	M	ELSA	TX 78543
07/06/1991	F	WESLACO	TX 78596
07/07/1957	F	WESLACO	TX 78596
07/08/1958	M	WESLACO	TX 78596
07/08/1966	M	WESLACO	TX 78596
07/08/1977	M	DONNA	TX 78537
07/08/1981	M	WESLACO	TX 78596
07/09/1974	F	WESLACO	TX 78596
07/09/1989	M	WESLACO	TX 78599
07/10/1969	M	WESLACO	TX 78596
07/10/1992	M	PHARR	TX 78577
07/16/1963	M	DONNA	TX 78537
07/20/1971	M	HARLINGEN	TX 78550
07/21/1979	F	WESLACO	TX 78596
07/21/1983	M	EDCOUCH	TX 78538

07/21/1986	M	WESLACO	TX 78596
07/21/1991	F	WESLACO	TX 78543
07/24/1985	M	WESLACO	TX 78599
07/28/1966	M	PHARR	TX 78577
07/28/1966	M	WESLACO	TX 78599
07/28/1972	F	LA FERIA	TX 78559
07/29/1966	M	MERCEDES	TX 78570
08/01/1966	M	PROGRESO	TX 78579
08/01/1972	M	WESLACO	TX 78596
08/01/1990	M	WESLACO	TX 78599
08/02/1971	F	WESLACO	TX 78596

08/02/1988	M	WESLACO	TX 78599
08/02/1988	M	PHARR	TX 78577
08/05/1987	M	WESLACO	TX 78596
08/05/1989	M	ELSA	TX 78543
08/05/1996	F	MERCEDES	TX 78570
08/07/1963	M	WESLACO	TX 78596
08/10/1952	M	WESLACO	TX 78596
08/10/1965	M	DONNA	TX 78537
08/10/1983	M	MERCEDES	TX 78570
08/12/1981	M	WESLACO	TX 78596
08/14/1983	M	HARLINGEN	TX 78550

“The City on the Grow”

08/15/1980	M	SAN JUAN	TX 78589
08/17/1980	M	WESLACO	TX 78596
08/19/1982	M	WESLACO	TX 78596
08/20/1959	M	WESLACO	TX 78596
08/20/1979	F	EDINBURG	TX 78539
08/20/1982	M	MERCEDES	TX 78570
08/21/1970	M	MISSION	TX 78572
08/22/1972	F	WESLACO	TX 78596
08/22/1991	M	WESLACO	TX 78599
08/25/1992	M	MERCEDES	TX 78570
08/26/1986	M	WESLACO	TX 78596
08/26/1989	M	PHARR	TX 78577
08/27/1965	M	WESLACO	TX 78596
08/28/1979	M	WESLACO	TX 78599
08/30/1965	M	WESLACO	TX 78596
08/30/1978	M	WESLACO	TX 78596
08/30/1997	M	WESLACO	TX 78599
08/31/1964	M	MCALLEN	TX 78501
08/31/1970	M	WESLACO	TX 78596
09/04/1991	F	MERCEDES	TX 78570
09/06/1979	M	WESLACO	TX 78596
09/07/1950	M	WESLACO	TX 78596
09/07/1971	M	WESLACO	TX 78596

“The City on the Grow”

09/09/1981	F	MERCEDES	TX 78570
09/09/1981	F	DONNA	TX 78537
09/10/1968	M	SANTA ROSA	TX 78593
09/10/1979	M	MERCEDES	TX 78570
09/13/1969	F	MERCEDES	TX 78570
09/14/1975	M	SAN JUAN	TX 78589
09/14/1976	M	EDCOUCH	TX 78538
09/14/1980	F	DONNA	TX 78537
09/16/1969	M	WESLACO	TX 78596
09/16/1995	F	EDCOUCH	TX 78538
09/18/1969	M	HARLINGEN	TX 78550
09/18/1993	M	WESLACO	TX 78596
09/18/1993	F	WESLACO	TX 78596

09/19/1955	M	WESLACO	TX 78596
09/19/1977	F	WESLACO	TX 78596
09/20/1990	M	WESLACO	TX 78596
09/21/1987	M	PHARR	TX 78577
09/21/1992	M	WESLACO	TX 78596
09/23/1991	M	WESLACO	TX 78596
09/24/1971	M	SAN JUAN	TX 78589
09/25/1966	M	PROGRESO	TX 78579
09/27/1985	M	WESLACO	TX 78596

“The City on the Grow”

09/28/1968	M	WESLACO	TX 78596
10/02/1966	M	DONNA	TX 78537
10/02/1979	M	WESLACO	TX 78596
10/03/1968	M	WESLACO	TX 78596
10/03/1981	M	WESLACO	TX 78596
10/04/1985	M	WESLACO	TX 78599
10/04/1991	M	ALAMO	TX 78516
10/06/1981	F	LA FERIA	TX 78559
10/07/1974	M	SAN JUAN	TX 78589
10/07/1983	M	MERCEDES	TX 78570
10/11/1991	F	DONNA	TX 78537
10/12/1986	M	WESLACO	TX 78596
10/14/1957	F	WESLACO	TX 78596
10/14/1981	M	DONNA	TX 78537
10/16/1973	M	WESLACO	TX 78596
10/16/1977	M	MERCEDES	TX 78570
10/17/1988	F	WESLACO	TX 78596
10/20/1981	M	EDCOUCH	TX 78538
10/21/1977	M	WESLACO	TX 78596
10/21/1994	F	WESLACO	TX 78599
10/23/1966	M	WESLACO	TX 78596
10/24/1974	F	WESLACO	TX 78596

10/25/1965	M	WESLACO	TX 78599
10/25/1973	M	WESLACO	TX 78596
10/26/1970	M	WESLACO	TX 78596
10/26/1979	F	WESLACO	TX 78596
10/30/1975	M	WESLACO	TX 78599
10/31/1979	M	WESLACO	TX 78596
11/01/1985	M	EDINBURG	TX 78539
11/02/1965	M	WESLACO	TX 78596
11/03/1958	M	MERCEDES	TX 78570
11/04/1977	M	WESLACO	TX 78596
11/05/1970	M	DONNA	TX 78537
11/07/1982	M	MERCEDES	TX 78570
11/07/1988	M	MERCEDES	TX 78570
11/07/1990	M	MCALLEN	TX 78501
11/10/1977	F	MERCEDES	TX 78570
11/10/1994	F	MERCEDES	TX 78570

11/11/1967	M	SAN BENITO	TX 78586
11/11/1971	M	WESLACO	TX 78596
11/12/1965	M	WESLACO	TX 78596
11/12/1983	F	WESLACO	TX 78596
11/13/1964	M	WESLACO	TX 78596
11/13/1982	M	MERCEDES	TX 78570

“The City on the Grow”

11/15/1989	M	HARLINGEN	TX 78550
11/17/1966	F	WESLACO	TX 78596
11/19/1995	F	WESLACO	TX 78599
11/20/1963	M	WESLACO	TX 78596
11/21/1951	M	MCALLEN	TX 78503
11/21/1971	M	WESLACO	TX 78596
11/22/1989	F	MERCEDES	TX 78570
11/25/1981	M	MCALLEN	TX 78501
11/25/1991	M	HARLINGEN	TX 78552
11/28/1980	M	WESLACO	TX 78596
11/29/1973	M	DONNA	TX 78537
12/01/1959	M	WESLACO	TX 78596
12/01/1963	M	WESLACO	TX 78596
12/01/1974	M	WESLACO	TX 78596
12/03/1963	F	WESLACO	TX 78596
12/03/1981	M	MISSION	TX 78573
12/06/1992	F	WESLACO	TX 78596
12/09/1991	M	MCALLEN	TX 78504
12/10/1963	M	WESLACO	TX 78596
12/12/1956	M	WESLACO	TX 78596
12/14/1976	M	WESLACO	TX 78596
12/15/1974	F	PROGRESO	TX 78579
12/20/1978	M	WESLACO	TX 78596

“The City on the Grow”

12/22/1975	M	MISSION	TX 78572
12/23/1975	M	MCALLEN	TX 78504
12/26/1986	M	SAN JUAN	TX 78589
12/27/1995	M	WESLACO	TX 78596
12/28/1984	M	MERCEDES	TX 78570
12/30/1980	M	DONNA	TX 78537
12/30/1985	F	WESLACO	TX 78596
12/31/1977	M	WESLACO	TX 78599

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Current Dental

Sponsored by: City of Weslaco

- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.LincolnFinancial.com. You do not need a referral to see a specialist.
- For dental expenses incurred after satisfying the all benefit waiting period(s) and deductibles, the policy pays the following percentage of allowable expenses up to the maximum benefit.

Dental Benefits

		Benefit
Preventive	<ul style="list-style-type: none"> - Routine Oral Exams - Bitewing X-rays - Full-mouth or Panoramic X-rays - Other Dental X-rays (including periapical films) - Routine Cleanings - Fluoride Treatments - Sealants 	100%
Basic	<ul style="list-style-type: none"> - Space Maintainers for children - Problem Focused Exams - Consultations - Palliative Treatment (including emergency relief of dental pain) - Injections of antibiotics and other therapeutic medications - Fillings - Prefabricated Stainless Steel and Resin Crowns - Simple Extractions - Biopsy and Examination of Oral Tissue (including brush biopsy) - Endodontics (including Root Canal Treatment) - Non-surgical Periodontal Therapy - Periodontal Surgery - Harmful Habit Appliances 	80%
Major	<ul style="list-style-type: none"> - Surgical Extractions - Oral Surgery - General Anesthesia and I.V. Sedation - Prosthetic Repair and Recementation Services - Bridges - Full and Partial Dentures - Denture Reline and Rebase Services - Crowns, Inlays, Onlays and related services 	50%
Orthodontics	- Orthodontic Treatment- Including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances	50%
Deductible	Calendar Year (Annual) deductible. Waived for : Preventive	\$50 Individual \$150 Family
Maximum Benefit	Calendar year maximum for Preventive, Basic, and Major services:	\$1,000
Ortho Maximum	Lifetime Ortho Maximum for Children:	\$1,000

Dental Benefits Cont'd.

Waiting Period	Service Type	Benefit Waiting Period	Late Entrant Waiting Period
	Basic Services:	None	12 Months
	Major Services:	None	12 Months
	Orthodontics:	None	12 Months
Prior Carrier Credit	For Employees and dependents who elect this coverage on the effective date, and whose coverage was active on the date the employer's prior dental plan terminated: credit, will be given toward the satisfaction of: benefit waiting periods		
Lincoln DentalConnect®	By enrolling in the dental plan you and your enrolled family members will have access to <i>Lincoln DentalConnect®</i> , our free on-line dental health information Web site.		
Predetermination of Benefits	Allows you to find the amount covered prior to having a dental procedure. We recommend that you use this service when expenses are expected to exceed \$300.		

Enrolling for Coverage

Employee	If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's Late Entrant provision which may limit covered services and Prior Carrier Credit will not be available.
Dependent	Dependent children may be covered to age 26.

Your cost per Semi-Monthly pay period

Employee Only:	\$11.07
Employee & Spouse:	\$24.86
Employee & Child(ren):	\$25.08
Employee & Family:	\$39.25

Benefit Termination	This coverage terminates when you terminate employment with this policyholder, or at your retirement.
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Exclusions and Other Limitations This highlights policy exclusions and limitations, see the policy for a full list.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to those appropriate and necessary procedures listed in the policy and any additional procedures required by state law. Benefits are not payable for duplication of services.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; are attributed to employment, military service; or are related to self-inflicted injury, involvement in an illegal occupation, felony, or riot.
- If benefits for orthodontia are included, the plan does not cover any treatment plan started before coverage begins or during the benefit waiting period unless the member was receiving orthodontia benefits from this employer's previous group dental policy. In that case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by the two policies is equal to this policy's lifetime orthodontia. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.
- Alternative benefits provision: In certain situations there may be more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: CTYWESLACO	www.LincolnFinancial.com
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This policy does not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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www.LincolnFinancial.com

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**Dental Insurance
Voluntary
Low Plan
SUMMARY OF BENEFITS**

Sponsored by: City of Weslaco

- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.LincolnFinancial.com. You do not need a referral to see a specialist.
- For dental expenses incurred after satisfying the all benefit waiting period(s) and deductibles, the policy pays the following percentage of allowable expenses up to the maximum benefit.

Dental Benefits

		Benefit
Preventive	- Routine Oral Exams - Bitewing X-rays - Full-mouth or Panoramic X-rays - Other Dental X-rays (including periapical films) - Routine Cleanings - Fluoride Treatments - Sealants	100%
Basic	- Problem Focused Exams - Consultations - Palliative Treatment (including emergency relief of dental pain) - Injections of antibiotics and other therapeutic medications - Fillings - Prefabricated Stainless Steel and Resin Crowns - Simple Extractions - Biopsy and Examination of Oral Tissue (including brush biopsy) - Periodontal Maintenance procedures - Harmful Habit Appliances	80%
Deductible	Calendar Year (Annual) deductible. Waived for : Preventive and Major	\$50 Individual \$150 Family
Maximum Benefit	Calendar year maximum for Preventive and Basic services:	\$1,000

Dental Benefits Cont'd.

Waiting Period	Service Type	Benefit Waiting Period	Late Entrant Waiting Period
	Basic Services:	None	12 Months

Prior Carrier Credit For Employees and dependents who elect this coverage on the effective date, and whose coverage was active on the date the employer's prior dental plan terminated: credit, will be given toward the satisfaction of: benefit waiting periods

Lincoln DentalConnect® By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect®*, our free on-line dental health information Web site.

Predetermination of Benefits Allows you to find the amount covered prior to having a dental procedure. We recommend that you use this service when expenses are expected to exceed \$300.

Enrolling for Coverage

Employee If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's Late Entrant provision which may limit covered services and Prior Carrier Credit will not be available.

Dependent Dependent children may be covered to age 26.

Your cost per Semi-Monthly pay period

Employee Only:	\$4.95
Employee & Spouse:	\$10.85
Employee & Child(ren):	\$12.25
Employee & Family:	\$19.07

Benefit Termination This coverage terminates when you terminate employment with this policyholder, or at your retirement.

Exclusions and Other Limitations This highlights policy exclusions and limitations, see the policy for a full list.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to those appropriate and necessary procedures listed in the policy and any additional procedures required by state law. Benefits are not payable for duplication of services.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; are attributed to employment, military service; or are related to self-inflicted injury, involvement in an illegal occupation, felony, or riot.
- Alternative benefits provision: In certain situations there may be more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID:
CTYWESLACO

www.LincolnFinancial.com

This policy does not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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SS - 6/14- FLEX - Non-PPO - Voluntary - Gen - 3/5/2015 5:08:00 PM

"The City on the Grow"

DENTAL UTILIZATION REPORT

Group ID	Dental	City	State	ZIP	Membe	Claims	Paid Amt	Charge Amt	Covered Amt
CTYWESLACO	M	WESLACO	TX	78596-5	8	26	\$3,305.80	\$9,980.00	\$4,104.00
CTYWESLACO		ALAMO	TX	78516-	1	1	\$11.00	\$19.00	\$11.00
CTYWESLACO		EDINBURG	TX	78539-	2	12	\$921.00	\$4,656.00	\$1,325.00
CTYWESLACO		DONNA	TX	78537-	1	1	\$43.00	\$96.00	\$43.00
CTYWESLACO		DONNA	TX	78537-	1	1	\$96.00	\$195.00	\$96.00
CTYWESLACO		MCALLEN	TX	78504-	3	7	\$602.20	\$1,870.00	\$760.00
CTYWESLACO	B	HARLINGEN	TX	78550-	2	10	\$543.00	\$1,023.00	\$555.00
CTYWESLACO	M	WESLACO	TX	78596-	1	2	\$159.60	\$2,215.00	\$1,830.00
CTYWESLACO		MERCEDES	TX	78570-1	2	5	\$500.80	\$1,285.00	\$621.00
CTYWESLACO		MISSION	TX	78572-	1	2	\$1,000.00	\$1,372.00	\$1,322.00
CTYWESLACO	C	PHARR	TX	78577-	1	1	\$110.00	\$243.00	\$110.00
CTYWESLACO		WESLACO	TX	78596-	2	5	\$700.60	\$2,033.00	\$795.00
CTYWESLACO		WESLACO	TX	78596-4	1	2	\$274.20	\$1,040.00	\$390.00
CTYWESLACO	C	WESLACO	TX	78596-7	1	2	\$227.00	\$227.00	\$227.00
CTYWESLACO	B	LOS FRESNOS	TX	78566-	2	4	\$651.40	\$1,417.01	\$853.00
CTYWESLACO		WESLACO	TX	78596-	1	6	\$412.20	\$764.00	\$498.00
CTYWESLACO	B	MISSION	TX	78572-	4	5	\$1,000.00	\$4,415.00	\$1,567.00
CTYWESLACO		MERCEDES	TX	78570-1	1	2	\$79.00	\$160.00	\$79.00
CTYWESLACO	C	WESLACO	TX	78596-7	1	2	\$308.00	\$308.00	\$308.00
CTYWESLACO	C	HARLINGEN	TX	78550-7	1	2	\$196.00	\$196.00	\$196.00
CTYWESLACO	M	HARLINGEN	TX	78552-	1	1	\$20.80	\$85.00	\$76.00
CTYWESLACO		MISSION	TX	78573-	1	1	\$187.00	\$315.00	\$187.00
CTYWESLACO		WESLACO	TX	78596-	1	1	\$96.00	\$170.00	\$96.00
CTYWESLACO	B	EDINBURG	TX	78539-	1	1	\$37.00	\$80.00	\$37.00
CTYWESLACO		WESLACO	TX	78596-	13	48	\$2,845.50	\$16,719.00	\$3,730.00
CTYWESLACO		HARLINGEN	TX	78550-	1	3	\$320.00	\$593.00	\$320.00
CTYWESLACO	B	LA FERIA	TX	78559-	1	8	\$775.40	\$3,634.00	\$986.00
CTYWESLACO		HARLINGEN	TX	78550-	1	1	\$197.00	\$305.00	\$197.00
CTYWESLACO	C	MCALLEN	TX	78504-3	1	3	\$388.60	\$690.00	\$501.00
CTYWESLACO	C	HARLINGEN	TX	78550-7	1	1	\$114.00	\$184.00	\$114.00
CTYWESLACO	C	HARLINGEN	TX	78550-8	1	1	\$53.00	\$75.00	\$53.00
CTYWESLACO	C	WESLACO	TX	78596-6	3	4	\$594.00	\$650.00	\$647.00
CTYWESLACO	C	HARLINGEN	TX	78550-7	1	3	\$318.70	\$1,111.00	\$484.00
CTYWESLACO	B	HARLINGEN	TX	78550-	2	2	\$505.00	\$1,857.00	\$977.00
CTYWESLACO		WESLACO	TX	78596-	3	3	\$462.20	\$946.00	\$541.00
CTYWESLACO		WESLACO	TX	78596-4	4	7	\$918.80	\$3,428.00	\$1,160.00
CTYWESLACO	M	MCALLEN	TX	78504-2	1	1	\$80.00	\$134.00	\$80.00
CTYWESLACO	M	PHARR	TX	78577-	2	6	\$641.20	\$1,038.00	\$735.00
CTYWESLACO	C	MCALLEN	TX	78504-2	1	2	\$225.00	\$472.00	\$225.00
CTYWESLACO	M	HARLINGEN	TX	78552-	1	2	\$0.00	\$4,482.00	\$0.00
CTYWESLACO	M	RIO GRANDE CIT	TX	78582-6	1	3	\$328.00	\$465.00	\$328.00
CTYWESLACO	B	MCALLEN	TX	78501-	1	10	\$945.36	\$2,044.67	\$2,044.67
CTYWESLACO	M	HARLINGEN	TX	78552-	1	2	\$458.00	\$1,425.00	\$604.00
CTYWESLACO	C	WESLACO	TX	78596-7	17	59	\$8,758.24	\$17,067.00	\$10,123.00
CTYWESLACO		HARLINGEN	TX	78550-	1	1	\$12.00	\$140.00	\$65.00
CTYWESLACO	M	WESLACO	TX	78596-	1	1	\$114.00	\$130.01	\$114.00
CTYWESLACO	B	WESLACO	TX	78596-	2	2	\$181.00	\$260.02	\$181.00
CTYWESLACO	M	WESLACO	TX	78596-	1	2	\$241.80	\$497.00	\$303.00
CTYWESLACO	M	WESLACO	TX	78596-	3	4	\$170.90	\$466.50	\$261.50
CTYWESLACO	B	WESLACO	TX	78596-	13	21	\$3,852.30	\$8,540.00	\$5,376.00
CTYWESLACO		WESLACO	TX	78596-4	1	1	\$11.00	\$109.00	\$45.00
CTYWESLACO		MISSION	TX	78572-	1	2	\$159.00	\$255.00	\$159.00
CTYWESLACO		MISSION	TX	78572-	1	4	\$674.00	\$1,034.00	\$793.00
CTYWESLACO	B	MISSION	TX	78572-	1	4	\$981.60	\$1,598.00	\$1,276.00
CTYWESLACO		EDINBURG	TX	78539-	1	2	\$276.00	\$419.00	\$276.00
CTYWESLACO	B	MISSION	TX	78572-	1	2	\$574.80	\$1,058.00	\$756.00
CTYWESLACO	C	WESLACO	TX	78596-6	3	10	\$424.40	\$1,050.00	\$735.00

Group ID	Dental	City	State	ZIP	Membe	Claims	Paid Amt	Charge Amt	Covered Amt
CTYWESLACO	M	WESLACO	TX	78596-6	23	138	\$13,094.00	\$35,662.68	\$18,056.68
CTYWESLACO	B	MCALLEN	TX	78501-	1	1	\$152.80	\$456.00	\$216.00
CTYWESLACO		EDINBURG	TX	78539-	1	2	\$168.00	\$257.92	\$168.00
CTYWESLACO		MISSION	TX	78572-	1	2	\$65.40	\$225.00	\$79.00
CTYWESLACO		WESLACO	TX	78596-	3	6	\$747.70	\$1,709.00	\$1,151.00
CTYWESLACO	C	WESLACO	TX	78596-4	3	12	\$1,163.60	\$2,826.50	\$2,138.00
CTYWESLACO		EDINBURG	TX	78539-	1	2	\$319.20	\$810.00	\$556.00
CTYWESLACO	B	EDINBURG	TX	78539-	1	2	\$326.00	\$471.72	\$326.00
CTYWESLACO	M	WESLACO	TX	78596-	5	12	\$1,330.20	\$3,343.00	\$1,755.00
CTYWESLACO	B	WESLACO	TX	78596-	1	7	\$943.20	\$1,429.00	\$1,044.00
CTYWESLACO		PROGRESO LAK	TX	78596-4	1	1	\$0.00	\$109.00	\$34.00
CTYWESLACO	M	MCALLEN	TX	78501-6	3	8	\$550.00	\$1,698.00	\$550.00
CTYWESLACO	M	PHARR	TX	78577-	1	2	\$270.00	\$506.00	\$270.00
CTYWESLACO		MCALLEN	TX	78504-	1	1	\$40.00	\$115.00	\$40.00
CTYWESLACO	C	MCALLEN	TX	78504-3	1	2	\$0.00	\$936.00	\$0.00
CTYWESLACO		MCALLEN	TX	78504-	1	1	\$29.00	\$65.00	\$29.00
CTYWESLACO	C	MISSION	TX	78572-6	1	7	\$634.20	\$975.00	\$694.00
CTYWESLACO	B	PHARR	TX	78577-	1	2	\$262.40	\$1,825.01	\$369.00
CTYWESLACO		WESLACO	TX	78596-	2	5	\$340.00	\$517.00	\$340.00
CTYWESLACO	C	WESLACO	TX	78596-4	3	7	\$821.00	\$900.00	\$874.00
CTYWESLACO	B	HARLINGEN	TX	78550-	2	2	\$224.90	\$916.00	\$448.00
CTYWESLACO		MCALLEN	TX	78504-	1	1	\$0.00	\$5,200.00	\$0.00
CTYWESLACO		MCALLEN	TX	78504-	1	9	\$1,000.00	\$2,166.64	\$2,166.64
CTYWESLACO	M	LA FERIA	TX	78559-	2	9	\$879.40	\$3,959.00	\$1,065.00
CTYWESLACO	M	LA FERIA	TX	78559-	2	10	\$962.20	\$3,781.00	\$1,261.00
CTYWESLACO		LA FERIA	TX	78559-9	1	1	\$93.00	\$975.00	\$93.00
CTYWESLACO	C	HARLINGEN	TX	78550-8	2	2	\$159.60	\$417.00	\$239.00
CTYWESLACO		MCALLEN	TX	78501-	1	1	\$0.00	\$141.00	\$0.00
CTYWESLACO	B	MCALLEN	TX	78504-	1	1	\$14.00	\$52.00	\$52.00
CTYWESLACO	M	HARLINGEN	TX	78552-	1	1	\$74.00	\$114.00	\$74.00
CTYWESLACO	C	MCALLEN	TX	78504-3	1	1	\$16.80	\$98.00	\$71.00
CTYWESLACO	B	BROWNSVILLE	TX	78520-	1	2	\$299.00	\$306.00	\$299.00
CTYWESLACO	B	HARLINGEN	TX	78550-	1	5	\$530.40	\$1,760.00	\$610.00
CTYWESLACO		MERCEDES	TX	78570-1	1	2	\$50.00	\$125.00	\$50.00
CTYWESLACO		EDINBURG	TX	78539-	1	2	\$35.00	\$105.00	\$35.00
CTYWESLACO		WESLACO	TX	78596-	1	1	\$119.00	\$178.00	\$119.00
CTYWESLACO	B	LA FERIA	TX	78559-	2	6	\$665.60	\$944.00	\$728.00
CTYWESLACO	B	PHARR	TX	78577-	1	1	\$82.00	\$162.01	\$82.00
CTYWESLACO		WESLACO	TX	78596-4	1	2	\$201.00	\$457.00	\$201.00
CTYWESLACO	B	WESLACO	TX	78596-	2	6	\$888.60	\$2,718.00	\$1,041.00
CTYWESLACO	M	WESLACO	TX	78596-	1	1	\$100.00	\$130.00	\$130.00
CTYWESLACO		EDINBURG	TX	78539-	1	1	\$50.20	\$90.00	\$57.00
CTYWESLACO		HARLINGEN	TX	78550-	1	1	\$372.00	\$1,095.00	\$515.00
CTYWESLACO	M	EDINBURG	TX	78539-2	1	1	\$14.00	\$70.00	\$52.00
CTYWESLACO	M	LOS FRESNOS	TX	78566-	1	3	\$357.60	\$865.00	\$497.00
CTYWESLACO	B	RIO HONDO	TX	78583-	1	1	\$132.00	\$206.00	\$132.00
CTYWESLACO	C	MCALLEN	TX	78504-3	1	1	\$141.00	\$210.00	\$141.00
CTYWESLACO		MERCEDES	TX	78570-	3	7	\$632.80	\$1,782.00	\$723.00
CTYWESLACO		MERCEDES	TX	78570-1	1	3	\$164.00	\$508.00	\$164.00
CTYWESLACO	M	WESLACO	TX	78596-	3	4	\$469.00	\$630.00	\$511.00
CTYWESLACO	B	WESLACO	TX	78596-	2	2	\$160.00	\$260.00	\$160.00
CTYWESLACO		ALAMO	TX	78516-	1	3	\$610.10	\$1,756.00	\$979.00
CTYWESLACO		OMAHA	NE	68114-	1	1	\$0.00	\$2,080.00	\$0.00

04202016

Dental Utilization Report

GROUP LEVEL EXPERIENCE

City of Weslaco

CTYWESLACO

01-D030217-00000

Dental

Date	Billed Premium	Paid Premium	Paid Claims	Volume	Lives
2015-04	\$3,978.18	\$0.00	\$800.00	0	138
2015-05	\$3,978.18	\$3,978.18	\$2,514.80	0	138
2015-06	\$4,007.88	\$3,978.18	\$2,037.92	0	139
2015-07	\$3,958.38	\$4,007.88	\$2,703.23	0	138
2015-08	\$4,378.09	\$12,431.84	\$3,249.53	0	140
2015-09	\$4,095.37	\$0.00	\$2,405.63	0	136
2015-10	\$4,398.12	\$4,398.12	\$2,740.03	0	134
2015-11	\$4,916.06	\$4,916.06	\$3,554.92	0	137
2015-12	\$4,247.16	\$4,247.16	\$3,603.05	0	136
2016-01	\$4,647.02	\$4,647.02	\$3,204.75	0	136
	\$42,604.44	\$42,604.44	\$26,813.86	0	137
	Paid Claims / Paid Premium =		62.94%		
	Paid Claims / Billed Premium =		62.94%		
2016-02	\$4,351.80	\$4,351.80	\$3,260.19	0	139
2016-03	\$4,957.31	\$4,957.31	\$2,923.32	0	141
2016-04	\$3,875.73	\$3,875.73	\$5,728.21	0	139
2016-05	\$4,012.11	\$4,012.11	\$5,367.51	0	139
2016-06	\$5,805.16	\$10,451.14	\$5,897.11	0	159
2016-07	\$4,645.98	\$4,895.33	\$3,210.81	0	155
2016-08	\$4,895.33	\$0.00	\$3,540.91	0	155
2016-09	\$4,965.47	\$4,965.47	\$1,611.92	0	155
2016-10	\$4,869.35	\$4,869.35	\$1,835.79	0	153
2016-11	\$5,033.73	\$5,033.73	\$2,758.87	0	154
2016-12	\$4,168.18	\$9,842.49	\$3,711.70	0	153
2017-01	\$5,674.31	\$0.00	\$0.00	0	159
	\$57,254.46	\$57,254.46	\$39,846.34	0	150
	Paid Claims / Paid Premium =		69.60%		
	Paid Claims / Billed Premium =		69.60%		

Date	Billed Premium	Paid Premium	Paid Claims	Volume	Lives
Grand Total for 2015-04 thru 2017-01					
	Billed Premium	Paid Premium	Paid Claims	Volume	Lives
	\$99,858.90	\$99,858.90	\$66,660.20	0	144
	Paid Claims / Paid Premium =		66.75%		
	Paid Claims / Billed Premium =		66.75%		

Group Basic Life & AD&D

“The City on the Grow”



**Group Term Life Insurance
Life and AD&D**

Contributory

SUMMARY OF BENEFITS

Sponsored by: City of Weslaco

Coverage

Life	\$25,000
Guarantee Issue	\$25,000
AD&D	Will Equal the Life Benefit

Benefit Reduction

Employee

Benefits will reduce:	35% at age 65; An additional 25% of original amount at age 70; An additional 15% of original amount at age 75; Benefits terminate at retirement
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Semi-Monthly Cost

\$0.08 per \$1,000 of coverage. You contribute towards the cost of this coverage.
Please see your Plan Administrator for additional information.

Additional Benefits

See Understanding Your	Accelerated Death Benefit
Benefits Page:	Conversion
	Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit

Enrolling for Coverage

Eligibility:	All employees in an eligible class.
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(Please see other side)

Understanding Your Benefits

Accelerated Death Benefit	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

Additional Benefits

LifeKeysSM	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: CTYWESLACO

www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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