
Self-Funded Proposal of Employee Benefits City of Auburn

Revised - FIRM

Presented by: Eric Ward
Employee Plans Rep.: Denny Wright
Effective Date: 7/1/2018



1111 Chestnut Hills Parkway
Fort Wayne, IN 46814

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Self Funded Proposal

City of Auburn

Enrollment							
EE Only:	71						
Family:	76						
Total:	147						
Firm to:		6/15/2018	6/15/2018	7/1/18	7/1/2018	7/1/2018	7/1/2018
Carrier:	Current	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
MGU:	Natl Union Fire	HCC	Fair American	Nationwide	Amer Natl	Everest	Westport
Specific Deductible:	AIG	HCC	Rockport	Accurisk	Monumental	Everest	Swiss Re
Specific Contract:	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Specific Benefits:	Paid	Paid	24/12	24/12	Paid	24/12	24/12
Aggregate Contract:	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Aggregate Benefits:	Paid	Paid	24/12	24/12	Paid	24/12	24/12
Run-In Limit:	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Benefit Plan:	n/a	n/a	\$297,100	\$243,924	\$230,800	\$221,560	\$247,460
Agg Spec Corridor:	current	current	current	current	current	current	current
No Laser Renewal:	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
PPO Network:	included	included	included	included	included	included	included
UR Vendor:	Sig Care EPO	Sig Care EPO	Sig Care EPO	Sig Care EPO	Sig Care EPO	Sig Care EPO	Sig Care EPO
Additional Claim Liability	Med Watch	Med Watch	Med Watch	Med Watch	Med Watch	Med Watch	Med Watch
	none	none	See Assumptions	See Assumptions	none	See Assumptions	See Assumptions
Stop Loss Premiums							
Specific - EE Only:	\$ 56.01	\$ 70.72	\$ 64.62	\$ 60.54	\$ 59.38	\$ 76.45	\$ 68.48
Specific - Family:	\$ 171.20	\$ 177.57	\$ 174.80	\$ 157.79	\$ 161.85	\$ 180.51	\$ 160.03
Aggregate Reimbursement:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Aggregate:	\$ 10.38	\$ 10.49	\$ 9.40	\$ 8.75	\$ 12.04	\$ 8.35	\$ 7.81
Monthly Total:	\$ 18,513.77	\$ 20,059.28	\$ 19,254.97	\$ 17,576.73	\$ 18,287.63	\$ 20,373.54	\$ 18,172.79
Annual Total:	\$ 222,165.24	\$ 240,711.37	\$ 231,059.60	\$ 210,920.76	\$ 219,451.55	\$ 244,482.47	\$ 218,073.44
Administrative Fees							
Medical:	\$ 18.75	\$ 18.75	\$ 18.75	\$ 18.75	\$ 18.75	\$ 18.75	\$ 18.75
Utilization Management:	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.90
COBRA:	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50
PPO Access Fee:	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20
Monthly Total:	\$ 4,314.45	\$ 4,314.45	\$ 4,314.45	\$ 4,314.45	\$ 4,314.45	\$ 4,314.45	\$ 4,314.45
Annual Total:	\$ 51,773.40	\$ 51,773.40	\$ 51,773.40	\$ 51,773.40	\$ 51,773.40	\$ 51,773.40	\$ 51,773.40
Maximum Claim Liability							
EE Only:	\$ 569.99	\$ 534.02	\$ 475.14	\$ 444.20	\$ 444.52	\$ 441.42	\$ 476.00
Family:	\$ 1,416.42	\$ 1,267.61	\$ 1,365.77	\$ 1,262.22	\$ 1,271.93	\$ 1,207.21	\$ 1,251.18
Monthly Total:	\$ 148,117.21	\$ 134,253.78	\$ 137,533.46	\$ 127,466.92	\$ 128,227.60	\$ 123,088.78	\$ 128,885.68
Annual Total:	\$ 1,777,406.52	\$ 1,611,045.36	\$ 1,650,401.52	\$ 1,529,603.04	\$ 1,538,731.20	\$ 1,477,065.36	\$ 1,546,628.16
Minimum Cost							
Annual Total:	\$ 273,938.64	\$ 292,484.77	\$ 282,833.00	\$ 262,694.16	\$ 271,224.95	\$ 296,255.87	\$ 269,846.84
Expected Cost							
Annual Total:	\$ 1,695,863.86	\$ 1,581,321.06	\$ 1,603,154.21	\$ 1,486,376.60	\$ 1,502,209.91	\$ 1,477,908.16	\$ 1,507,149.37
Maximum Cost							
Annual Total:	\$ 2,051,345.16	\$ 1,903,530.13	\$ 1,933,234.52	\$ 1,792,297.20	\$ 1,809,956.15	\$ 1,773,321.23	\$ 1,816,475.00

Proposal Assumptions

Prepared for:

City of Auburn

Offers firm as shown.

Thereafter, rates, terms and conditions are subject to change.

Actual Stop Loss Carrier Contingencies and Assumptions are available upon request.

Stop Loss Carrier

- 1) Carrier: As shown on Self-Funded Proposal.
 - 2) AM Best Rating: All stop loss carriers represented are A- or better.
 - 3) Specific & Aggregate Coverage (is as shown on Self-Funded Proposal).
Note: The Rate, Aggregate Factors and Aggregate Deductibles are based on the data submitted. Any inaccurate or incomplete data submitted may require changes at final underwriting. This also includes any change in the plan design originally quoted.
 - 4) Specific lifetime maximum benefit per person: Unlimited
 - 5) Aggregate policy year maximum benefit: \$1,000,000
 - 6) Minimum annual aggregate attachment point (% see self-funded proposal) of attachment point shown
 - 7) Aggregate Run-In-Limit: as shown on proposal
 - 8) Proposal includes 11% commission of specific and aggregate premium; (8% broker; 3% Employee Plans)
 - 9) PPO Network & Utilization Vendor (as shown on Self-Funded Proposal).
Note: If other PPO network or UR vendors are selected, network and UR fees and reinsurance premiums may change.
 - 10) A carve-out fully insured Organ Transplant Policy may be included, for an additional cost, and the Stop Loss Carrier's terms may change based on implementation of the Organ Transplant Policy.
 - 11) Initial coverage requirements include, but not limited to:
 - Completed, signed, and dated Plan Sponsor Disclosure Statement, along with any supporting documentation requested by the Stop Loss Carrier.
 - All rates and factors are subject to final underwriting which includes review of the Plan Disclosure Statement and submitted data which includes review of all large claimants, by the Stop Loss Carrier's Risk Management Department.
 - Stop Loss proposal assumes the minimum participation requirements of the stop-loss carrier are met and verification of eligible participants including COBRA participants, Retirees or individuals not actively at work and/or disabled on the effective date.
 - The proposal is based on the assumption that the base group health plan meets the requirements set forth in the Patient Protection & Accountable Care Act.
 - 12) No coverage of any kind is made effective by this quote transmitted. Sales Representatives, and brokers or agents, have no authority to make coverage effective, or enter into contracts on behalf of the Stop Loss Carrier. Coverage will be effective only after: (1) a quotation is issued by the Stop Loss Carrier; (2) a completed and signed application and disclosure is received by the Stop Loss Carrier; (3) the application and disclosure is approved by the Stop Loss Carrier; (4) written notice confirming that coverage is issued by the Stop Loss Carrier.
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Employee Plans, LLC

- 1) Medical, Rx, Benefit Informatics, and online benefits/claim portal services are included in the Administration Fee. Additional fees may be included for: New York Pool; Compliance Dashboard, or other miscellaneous requested services.
- 2) The start-up fee is due and payable at the beginning of the implementation process. It includes the plan document, a print ready Summary Plan Description, plastic identification cards, installation meetings with employer representatives, system set-up and eligibility input, assistance in developing employee communication and forms (enrollment, education, etc.) The Start-up Fee is not applicable for Renewal.
- 3) Caremark/CVS is the Pharmacy Benefit Manager included as part of our benefit package. 100% of all rebates will be paid to the Employer (Group Plan), provided the Group is active with Employee Plans, LLC upon the receipt of the rebate distribution.
- 4) Complete COBRA services are included in the proposal, but can be optional. COBRA equivalent premium rates will be provided, however, actuarially certified COBRA equivalent premium rates are available upon request for an additional fee.
- 5) Claim Edit Services included in this proposal: Disease Management, Fraud & Abuse Provider Integrity, Supplemental Claim Code Editing, Network Discounts – Out-of-Network Discounts Repricing Optimizers.
- 6) Run-in claim administration, for self-funded clients, is included as part of the start-up fee assuming no benefit changes.
- 7) Employee Plans, LLC has the option to immediately terminate administrative services if the Plan Sponsor self certifies pursuant to ESBA Form 700 (or a successor form) its eligibility as an exempt employer for purposes of contraceptive services.

Carrier Contingencies:

Rockport/Fair American Benefits

The following individuals are approved at the group specific deductible on a no run-in basis as shown:

Claimant #1: No run-in from Parkview claims for date of service 5/16/18 (\$61,754 billed).

Claimant #2: No run-in from Parkview claims for date of service 4/24/18 (\$140,912).

Claimant #3: No run-in from Ortho Hospital claims for date of service 5/15/18 (\$57,609).

Claimant #4: No run-in from Parkview claims for date of service 5/22/18 (\$86,938).

Accurisk/Nationwide

Claimant #2: 12/12 claims basis. If claims paid prior to 7/1/18, consider removing the 12/12.

Claimant #1: Accepted providing all open claims are paid prior to 7/1/18 or will need a 12/12 claims basis.

Swiss Re/Westport

Claimant #2 (\$140,912); Claimant #3 (\$57,609); and Claimant #4 (\$86,938); Claimant #1 (\$61,754); all covered on 12/12 basis unless paid by 6/30/18.

Everest Re

Claimant #5 - a \$170,000 laser will apply if he requires any treatment for tumor recurrence.

Claimant #1 - 12/12 contract

Claimant #2 - 12/12 contract. Will be on a 24/12 basis if all claims from 4/24/18 surgery are paid by 6/30/18.

Claimant #4 - 12/12 contract. Will take on a 24/12 if all claims from 5/22/18 hip replacement are paid by 6/30/18.



Nationwide Life Insurance Company

Home Office: Columbus, Ohio

APPLICATION FOR STOP LOSS INSURANCE COVERAGE ("APPLICATION")

☒ New ☐ Renewal

Application is hereby made to **Nationwide Life Insurance Company** ("Company") for Aggregate and/or Specific Stop Loss Insurance. This Application must be accepted and approved by the Company prior to the Contract being in effect.

Note: All capitalized terms are defined in the Contract.

1. Full Legal name of Policyholder City of Auburn
2. Main contact at Policyholder Patty Miller, Clerk-Treasurer
3. Address 210 East 9th Street
4. City, State, ZIP Code Auburn, IN 46706
5. Subsidiary or affiliated companies (companies under common control through stock ownership, contract or otherwise with access to the Plan) that are to be included. List legal names and addresses of such companies.
N/A
6. Other locations. Include city, state and ZIP code.
N/A
7. Nature of Policyholder's Business
9111
☐ Corporation ☐ Partnership ☐ Proprietorship ☒ Other _____
8. Has the Policyholder ever voluntarily applied for relief in the Bankruptcy Court?
☐ Yes ☐ No If yes, explain

9. Enter the full name of the Policyholder's Plan
City of Auburn Health Plan

10. Name and address of Policyholder's Third-Party Administrator
Employee Plans, 1111 Chestnut Hills Parkway, Fort Wayne, IN 46814
11. Name of Utilization Review Provider and/or Preferred Provider Organization(s).
UR = MedWatch
PPO = Signature Care EPO & Signature Care PPO
12. Effective Date 07/01/2018
13. Total eligible Covered Persons _____ Estimated initial enrollment 147
14. Are retirees covered? ☒ Yes ☐ No
15. Deposit premium \$ _____
16. Policyholder's writing agent or broker Denny Wright of ONI Risk Partners
Social Security No. or Tax ID _____
Address 1111 Chestnut Hills Parkway, Fort Wayne, IN 46814
17. Where is the Stop Loss Contract and other correspondence to be mailed (name and address, if other than listed above)?

Persons to be covered under the Stop Loss Contract: Covered Units who meet the eligibility requirements as set forth under the Policyholder's underlying Plan, except an individual or dependent who is listed in the Special Conditions and/or Limitations section of this Application or who is required to be disclosed in the Stop Loss disclosure statement - unless the individual is named on the Stop Loss disclosure statement and approved by the Company.

SCHEDULE OF STOP LOSS

Coverage under the Stop Loss Contract is applicable only during the Contract Period from 07/01/18 to 07/01/19 and is further subject to all terms and conditions of the Contract, unless specified below.

A. Aggregate Stop Loss ☒ Yes ☐ No

Benefit Period: Eligible Plan Losses

Incurred from 07/01/17 through 06/30/19, and

Paid from 07/01/18 through 06/30/19.

Losses Incurred prior to the Effective Date will be limited to \$ 229,440 per person.

Coverages applying to Aggregate Stop Loss include:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Prescription Drug Card Program |
| <input type="checkbox"/> Dental Care | <input checked="" type="checkbox"/> Mail Order Prescription Drug Card Program |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Weekly (Disability) Income |
| <input type="checkbox"/> Other _____ | |

Aggregate Percentage Reimbursable 100 %
(Excess of Annual Aggregate Attachment Point)

Monthly Aggregate Factors:

	Composite	Covered Person	Covered Person & Spouse	Covered Person & Child(ren)	Covered Person & Family
Medical	\$ _____	\$ 444.20	\$ _____	\$ _____	\$ 1,262.22
Dental	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vision	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Weekly Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

All coverages are combined for determination of Aggregate Stop Loss liability under the terms of the Contract.

Maximum Aggregate Benefit per Benefit Period \$ 1,000,000
(Excess of Annual Aggregate Attachment Point)

Maximum Plan Losses per person per Benefit Period \$ 100,000

Minimum Annual Aggregate Attachment Point \$ 1,529,603

Aggregate Premium per month: Composite \$ 7.79
 Covered Person Only \$ _____
 Covered Person & Spouse \$ _____
 Covered Person & Child(ren) \$ _____
 Covered Person & Family \$ _____

B. Specific Stop Loss ☒ Yes ☐ No

Benefit Period: Eligible Plan Losses

Incurred from 07/01/17 through 06/30/19, and

Paid from 07/01/18 through 06/30/19.

Losses Incurred prior to the Effective Date will be limited to \$ N/A per person.

Coverage applying to Specific Stop Loss include: (check all that apply):

- ☒ Medical ☒ Prescription Drug Card Program
☐ Dental Care ☒ Mail Order Prescription Drug Card Program
☐ Vision Care ☐ Weekly (Disability) Income
☐ Other _____

Specific Deductible per person \$ 100,000

Alternate Specific Deductible for the following persons. N/A

Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____

Aggregating Specific Deductible amount \$ 35,000

Specific Percentage Reimbursable (in excess of Deductible) 100 %

Lifetime Maximum Specific Benefit \$ Unlimited
(per person in excess of the Specific Deductible)

Specific Premium per month:	Composite	\$	
	Covered Person Only	\$	53.88
	Covered Person & Spouse	\$	
	Covered Person & Child(ren)	\$	
	Covered Person & Family	\$	140.43

Minimum Annual Specific Premium \$N/A

C. SPECIAL CONDITIONS AND/OR LIMITATIONS:

-Actively At Work is waived for those claimants disclosed

-Rates and factors shown above assume the current schedule of benefits

-All documentation provided for Disclosure is on file with AccuRisk Solutions, LLC.

-Reimbursement of savings fees will be limited to 25% of net realized savings.

-LCM Company = MedWatch

-Pre-cert Company = MedWatch

-RX Company = CVS/Caremark

-Jack Clark and Marc Bowers are accepted providing their claims are paid prior to 7/1/2018, otherwise each will have a 12/12 claims basis.

D. RIDERS ATTACHED TO AND MADE PART OF THE CONTRACT AT EFFECTIVE DATE OR AS OTHERWISE SPECIFIED:

Advanced Funding Rider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date: 07/01/2018	Premium: \$ N/A
Monthly Aggregate Accommodation Rider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Effective Date: MM/DD/YYYY	Premium: \$ _____ per Covered Unit per month
Aggregate Terminal Run-Out Rider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Effective Date: MM/DD/YYYY	Premium: \$ _____ per Covered Unit per month
Specific Terminal Run-Out Rider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Effective Date: MM/DD/YYYY	Premium: \$ N/A per Covered Unit per month

GENERAL CONDITIONS

It is understood and agreed that the following conditions must be satisfied prior to the approval of this Application:

- The Policyholder is financially sound, with sufficient capital and cash flow to accept the risks inherent in sponsoring the Plan;
- The Third-Party Administrator, if any, retained by the Policyholder will be considered the Policyholder's agent and not the Company's agent;
- All documentation requested by the Company must be submitted prior to any approval of this Application and must be received by the Company within thirty (30) days of the Effective Date;
- The Company will evaluate the Policyholder's risk, and may require adjustments of rates, factors and or special limitations to accommodate for abnormal risks;
- Premiums are not considered paid until the premium check is received by the Company at the rates set forth in the Schedule of Stop Loss.
- If the Policyholder has more than one business location, a representative of the Policyholder knowledgeable of the Covered Person at each location has reviewed and completed the Stop Loss disclosure statement.

In making this Application, the Policyholder represents that such information accurately reflects the true facts and that the undersigned has authority to bind the Policyholder to the Contract. Accordingly, this Application, including the disclosure statement, will be a part of the Stop Loss Contract if accepted by the Company.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Dated at AUBURN, INDIANA this 14 day of JUNE, 2018

Policyholder CITY OF AUBURN

Authorized Officer/Partner Norman E Yoder
Type or Print

Title Mayor Of Auburn

Signature Norman E Yoder

Tax ID # 35-8000943

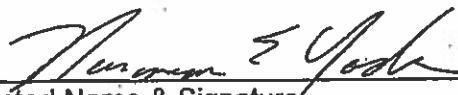
Witness Signature: DENNIS E. WRIGHT

Changes that will cause loss of Grandfathered Status

A group health plan will lose grandfathered status if any one of the following changes are made after March 23, 2010:

- Eliminating or cutting back significantly on the coverage for a particular condition
- Increasing an individual's coinsurance requirement.
- Increasing an individual's copayment, if the total increase is more than the greater of \$5 (adjusted annually for medical inflation) or medical inflation plus 15 percentage points.
- Increasing deductibles or out of pocket limits, if the total percentage increase exceeds medical inflation plus 15 percentage points.
- Increasing the share of the cost of coverage that must be paid by employee contributions (pretax or post-tax) by more than 5 percentage points.
- Making various changes in the plan's annual limits.

Our Plan did not make any of the above changes since 3/23/10 and should be considered Grandfathered Plan.


Printed Name & Signature

6-14-18
Date

Name of Plan

Our Plan did make changes (as circled above) and will be considered a Non Grandfathered Plan.

Printed Name & Signature

Date

Name of Plan

ADMINISTRATIVE SERVICES AGREEMENT

APPENDIX A – FEES & SERVICES

Renewal Effective Date: 7/1/18

City of Auburn

Any Claims Administrator service(s) selected by Plan Sponsor (below), not described in the Administrative Services Agreement of Effective Date April 1, 2012 (original Agreement), Appendixes and and/or Exhibits attached thereto, heretofore collectively referred to as the "Agreement", shall be accompanied by a description of the service, as well as terms and limitations applicable to the service(s). Any such description, manual, or terms applicable to service(s) purchased (below) will be deemed to be part of the Agreement. See the Agreement for additional details.

Payment for Claims Administrator services shall be due upon the 1st day of each Month. Funds will be advanced via check.

Disputes regarding fees, deadlines, and penalties will be resolved in accordance with the terms of the Administrative Services Agreement.

Service	Fee(s)
Claim, Eligibility and Billing Administration Medical	<u>\$18.75 PEPM</u>
CVS/Caremark	<u>As invoiced by Caremark</u>
PPO Access & Administration Name of PPO – Signature Care EPO/PPO Access and Reprice Fee	<u>\$5.20 PEPM</u>
Utilization Review Name of Utilization Review - MedWatch Utilization Review Case Management	<u>\$3.90 PEPM</u> <u>As billed</u>
Custom Reporting and/or Reports for Analysis	<u>\$150 Hr.</u>
Cost Reduction and Savings Programs Code Edit/Out of Network Claims/Claim Investigation Golden Triangle Specialty Network	<u>23% of Savings</u> <u>18% of Savings</u>
Subrogation	<u>10% of Recovery</u>

Consumer Benefit Account Administration

- ◆ Flexible Spending Account (FSA)

N/A

COBRA Administration

COBRA Actuarial Certification (upon request) \$600-\$2,000 Annual

\$1.50 PEPM

Independent Medical Reviews

As Billed

State Mandate Reporting

New York Pool (upon request)

Michigan Health Insurance Claims Assessment

\$100 Annual

\$150 Qt. + 1% of
claims (if applicable)

Plan Document/Summary Plan Description/Misc.

- ◆ Restated Plan Document (upon request)
- ◆ Printing Costs
- ◆ ID Cards (i.e. benefit or network change)
- ◆ Summary of Benefits & Coverage (upon request)
- ◆ Enrollment Packets (upon request)

\$1,000

As Billed

\$1.50 per card

\$300 initial; then \$75

\$5.00 per packet

Deb Eovaldi

On behalf of Claims Administrator – Deb Eovaldi
Employee Plans, LLC

6-13-18

Date

[Signature]

On behalf of Plan Sponsor
City of Auburn

6-14-18

Date

APPENDIX B – DISCLOSURE FORM

Agent (If Applicable): Eric Ward, Brown & Brown Insurance
Claims Administrator: Employee Plans, LLC

In conjunction with the sale of the group policy(ies) you have selected to purchase, this arrangement does not limit your Agent and/or Claims Administrator from marketing for other insurance companies or organizations.

The Agent and/or Claims Administrator may be entitled to commissions and/or marketing allowances on such contracts, expressed as a percentage of gross annual premium and/or a flat dollar amount, as follows:

AGENT

[8%] of Specific Premium
[8%] of Aggregate Premium
[10%] of Life and AD&D Premium

CLAIMS ADMINISTRATOR

[3%] of the Specific Premium
[3%] of the Aggregate Premium
[10%] of the Life and AD&D Premium

In addition to commissions, Agent and/or Claims Administrator may receive additional compensation in the form of cash bonus and/or certain travel bonuses awarded by the insurance carrier or other ancillary service providers. The bonus is developed and paid by the carrier or other ancillary service providers based on several aspects of Agent's/Claims Administrator's entire block of business with the carrier or other ancillary service providers.

In the event of a Broker/Agent of Record Change, the Claims Administrator reserves the right to modify/add fees as of the effective date of the Broker/Agent Record Change.

The undersigned acknowledges receipt of the various proposals and the statement prior to any purchase and approves this transaction on behalf of the Plan without receiving, either directly or indirectly, any personal compensation in connection with the purchase of policies under the Plan.

Deb Eovaldi
On behalf of Claims Administrator
Deb Eovaldi, Director of TPA Operations

6-13-18
Date

Thomas E. York
On behalf of Plan Sponsor
City of Auburn

6-14-18
Date

Effective: July 1, 2018