

## **AMENDMENT NO. 8 TO AGREEMENT NO. A-13188 BY AND BETWEEN COUNTY OF MONTEREY AND UNUM**

**THIS AMENDMENT** is made to the PROFESSIONAL SERVICES AGREEMENT for the provision of disability insurance by and between **UNUM**, hereinafter “CONTRACTOR,” and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as “County.”

**WHEREAS**, the County and CONTRACTOR wish to amend the AGREEMENT to change the ending term date.

**NOW THEREFORE**, the County and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

1. **Section 4.0 – “TERM OF AGREEMENT,” paragraph 4.1 shall be amended by removing** “The term shall commence February 1, 2015 through and including June 30, 2023, with the option to extend the AGREEMENT upon mutual consent. County is not required to state a reason if it elects not to renew this AGREEMENT.” **and replacing it with** “The term shall commence February 1, 2015 through and including June 30, 2025, with the option to extend the AGREEMENT upon mutual consent. County is not required to state a reason if it elects not to renew this AGREEMENT.”
2. Effective July 1, 2023, **EXHIBIT B-5 – COST** to the Agreement shall be deleted and replaced in its entirety by **EXHIBIT B-6 – COST** attached hereto.
3. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
4. A copy of this AMENDMENT shall be attached to the original AGREEMENT signed and dated by the County Contracts/Purchasing Officer on June 27, 2016.

*This space left blank intentionally*

**IN WITNESS WHEREOF**, the parties have executed this AMENDMENT on the day and year written below.

MONTEREY COUNTY

CONTRACTOR

\_\_\_\_\_  
Contracts/Purchasing Officer

By: \_\_\_\_\_  
Signature of Chair, President, or  
Vice-President

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Printed Name and Title

*Approved as to Fiscal Provisions:*

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Deputy Auditor/Controller

By: \_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO,  
Treasurer or Asst. Treasurer)\*

\_\_\_\_\_  
Dated:

*Approved as to Liability Provisions:*

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Risk Management

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Dated:

*Approved as to Form:*

\_\_\_\_\_  
Deputy County Counsel

\_\_\_\_\_  
Dated:

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

**EXHIBIT B-6 – COST**

All Fees and Premiums are guaranteed from July 1, 2023 to June 30, 2025.

Employer-Paid Fully-Insured Short-Term Disability Base Plan

- \$0.31 per \$10 of weekly benefit

Employer-Paid Fully-Insured Basic Long-Term Disability

- 0.38% of covered payroll

Employee-Paid Fully-Insured Voluntary Short-Term Disability Buy-up Supplemental Plan

- \$0.64 per \$10 of weekly benefit (on excess volume)

Employee-Paid Fully-Insured Voluntary Long-Term Disability

- Age-Rated as follows:

<b>Age</b>	<b>Rate (as a % of Covered Payroll)</b>
Up to 24	0.28
25 – 29	0.32
30 – 34	0.39
35 – 39	0.53
40 – 44	0.77
45 – 49	1.11
50 – 54	1.65
55 – 59	1.98
60 – 99	2.22