

**RENEWAL AND AMENDMENT #1
TO AGREEMENT No. A-13188 BY AND BETWEEN
COUNTY OF MONTEREY AND UNUM**

THIS RENEWAL AND AMENDMENT NO. 1 is made to the Agreement for 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 parties entered into the AGREEMENT for the provision by the CONTRACTOR of disability insurance; and

WHEREAS, the Agreement expired by its terms on January 31, 2017; and

WHEREAS, the COUNTY and CONTRACTOR wish to renew the AGREEMENT retroactive to February 1, 2017; and

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the term of the AGREEMENT and incorporate updated cost provisions in accordance with the insurance policy terms; and

NOW THEREFORE, the County and CONTRACTOR hereby agree as follows:

1. “TERM OF AGREEMENT”, shall be amended by removing “The initial term shall commence February 1, 2015 through and including January 31, 2017 (2 years), 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 January 31, 2018, with the option to extend the AGREEMENT for two (2) additional, one (1) year periods upon mutual written consent. The County is not required to state a reason if it elects not to renew in future periods.
2. “1.0 PERFORMANCE OF THE AGREEMENT” shall be amended to delete the last sentence “The component parts of this AGREEMENT include the following:
 - Self-Funded Short Term Disability Advice-to-Pay SUPPLEMENTAL AGREEMENT (See Exhibit A & B)
 - Employer Paid Long Term Disability SUPPLEMENTAL AGREEMENT (See Exhibit A & B)
 - Certificate of Liability Insurance (See Exhibit C)”,and replacing it with “The component parts of this AGREEMENT include the following:
 - Self-Funded Short Term Disability Advice-to-Pay SUPPLEMENTAL AGREEMENT (See Exhibit A & B-1)
 - Employer Paid Long Term Disability SUPPLEMENTAL AGREEMENT (See Exhibit A & B-1)
 - Certificate of Liability Insurance (See Exhibit C)”.

3. EXHIBIT B – COST to the Agreement is hereby deleted and replaced in its entirety and attached hereto as EXHIBIT B-1.
4. 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.
5. A copy of this RENEWAL AND AMENDMENT NO. 1 shall be attached to the original AGREEMENT executed by the County on June 21, 2016.

The remainder of this page is intentionally left blank.

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

MONTEREY COUNTY

CONTRACTOR

Contracts/Purchasing Officer

By: T.J. Gustafson MANAGING DIRECTOR
Signature of Chair, President, or
Vice-President

Dated: _____

T.J. Gustafson MANAGING DIRECTOR
Printed Name and Title

Approved as to Fiscal Provisions:

Dated: 2/9/17

Deputy Auditor/Controller

Dated: 3/8/17

By: EW Ay DIRECTOR OF MANAGEMENT
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)*

Approved as to Liability Provisions:

TRAVIS REYNOLDS DEPUTY COUNTY COUNSEL
Printed Name and Title

Risk Management

Dated: 2/23/17

Dated: _____

Approved as to Form:

Deputy County Counsel

Dated: 3-8-2017

*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-1 - COST

All Fees and Premiums are guaranteed for 12 months from 2/1/2017 – 1/31/2018.

Self-Funded Short-Term Disability Advice to Pay Services

- Monthly retainer: \$503.00 / month
- Initial claim adjudication: \$319.00 / claim
- Ongoing claim adjudication: \$149.00 / claim

Employer-Paid Fully-Insured Basic Long-Term Disability

- 0.38% of Covered Payroll

Employee-Paid Fully-Insured Voluntary Long-Term Disability

- Age-Rated as follows:

Age	Rate (as a % of Covered Payroll)
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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Willis of New York, Inc. CONTACT NAME: Willis Towers Watson Certificate Center. INSURER(S) AFFORDING COVERAGE: Travelers Property Casualty Insurance Company, Travelers Property Casualty Company of America, National Union Fire Insurance Company of Pittsburgh, Charter Oak Fire Insurance Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. AUTHORIZED REPRESENTATIVE: [Signature]

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
<p>POLICY TYPE: Workers Compensation & Employers Liability CARRIER: Travelers Property Casualty Insurance Company POLICY TERM: 12/31/2016 - 12/31/2017 POLICY NUMBER: TRJUB-9526B275-16</p>	<p>Per Statute E.L. Each Accident: \$1,000,000 E.L. Disease-Each Employee:\$1,000,000 E.L. Disease-Policy Limit: \$1,000,000</p>