



Monterey County Board of Supervisors

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Board Order

Agreement No. A-13502

Upon motion of Supervisor Salinas, seconded by Supervisor Adams and carried by those members present, the Board of Supervisors hereby:

Approved and authorized the Contracts/Purchasing Officer to sign Amendment No. 3 to the Agreement No. A-13502 between the County of Monterey and Metropolitan Life Insurance Company (MetLife) for the provision of Life and Accidental Death and Dismemberment Insurance, extending the term of the original agreement for one and a half additional years through June 30, 2020.

PASSED AND ADOPTED on this 24th day of April 2018, by the following vote, to wit:

AYES: Supervisors Alejo, Salinas, Phillips, Parker and Adams
NOES: None
ABSENT: None

I, Nicholas E. Chiulos, Acting Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 80 for the meeting April 24, 2018.

Dated: May 23, 2018
File ID: A 18-257

Nicholas E. Chiulos, Acting Clerk of the Board of Supervisors
County of Monterey, State of California

By *Danise Hancock*
Deputy

**AMENDMENT NO. 3
TO AGREEMENT NO. A-13502 BY AND BETWEEN COUNTY OF
MONTEREY & METROPOLITAN LIFE INSURANCE COMPANY (METLIFE)**

THIS AMENDMENT is made to the PROFESSIONAL SERVICES AGREEMENT for the provision of Employee Life and Accidental Death and Dismemberment Insurance by and between **METROPOLITAN LIFE INSURANCE COMPANY (METLIFE)**, 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 reflect the County's desire to extend the AGREEMENT through June 30, 2020.

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the AGREEMENT effective July 1, 2018 in the following manner:

1. **Section 4.0 – TERM OF AGREEMENT, paragraph 4.1 shall be amended by removing** "The initial term shall commence January 1, 2014 through and including December 31, 2018, unless sooner terminated pursuant to the terms of this Agreement." **and replacing it with** "The initial term shall commence January 1, 2014 through and including June 30, 2020, unless sooner terminated pursuant to the terms of this Agreement."
2. **Section 5.0 – COMPENSATION AND PAYMENTS, paragraph 5.1 shall be amended by removing** "It is mutually understood and agreed by both parties that CONTRACTOR shall be compensated under this AGREEMENT in accordance with Exhibit B." **and replacing it with** "It is mutually understood and agreed by both parties that CONTRACTOR shall be compensated under this AGREEMENT in accordance with Exhibit B2."
3. **EXHIBIT A – SCHEDULE OF COVERAGE** to the Agreement is hereby deleted and replaced in its entirety by **EXHIBIT A2 – SCHEDULE OF COVERAGE** attached hereto.
4. **EXHIBIT B – COST** to the Agreement is hereby deleted and replaced in its entirety by **EXHIBIT B2 – COST** attached hereto.
5. 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.
6. A copy of this AMENDMENT shall be attached to the original AGREEMENT dated September 18, 2014.

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

MONTEREY COUNTY


Contracts/Purchasing Officer

Dated: 6/6/18

Approved as to Fiscal Provisions:


Deputy Auditor/Controller

Dated: 6-5-18

Approved as to Liability Provisions:

Risk Management

Dated:

Approved as to Form:


Deputy County Counsel

Dated: May 22, 2018

CONTRACTOR

By: 

Signature of Chair, President, or
Vice-President

Rachel Downing, Assistant Vice President
Printed Name and Title

Dated: 4/3/18

By: 

(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)*

Lena Hallaj Client Service Consultant
Printed Name and Title

Dated: 4/3/2018

*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 A2 – SCHEDULE OF COVERAGE

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

Life Insurance Benefit:

Class A and B employees who contribute for Dependent coverage under County's medical plan:	\$10,000
Class A and B employees who do not contribute For Dependent coverage under County's medical plan:	\$35,000
Class M and N employees:	\$20,000
Class Q and V employees:	\$20,000
Class R employees:	\$20,000
Class F, H, J, K, P, S and Z employees:	\$20,000
Class C, D, E, G, L, O, X, XL and Y employees:	\$50,000

SCHEDULE OF AD&D INSURANCE

AD&D Insurance Benefit:

The amount of your AD&D Insurance Benefit is equal to the amount of your Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table of Losses.

Seat Belt Benefit:

The amount of the Seat Belt Benefit is the lesser of (1) \$25,000 or (2) 10% of the AD&D Insurance Benefit payable for Loss of your life.

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or foot	50%
c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b and c	100%
e. Thumb and index finger of the same hand	25%*
f. Quadriplegia	100%**
g. Hemiplegia	50%**
h. Paraplegia	50%**

No more than 100% of your AD&D Insurance benefit will be paid for all Losses resulting from one accident.

REDUCTIONS IN INSURANCE

Your insurance will not be reduced because of your age unless your insurance is subject to termination under the Waiver of Premium provision.

OTHER BENEFITS

Waiver of Premium:	Yes
Accelerated Benefit:	Yes

OTHER PROVISIONS

Leave of Absence Period:	60 days
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Insurance Eligible for Portability:

For you:

Life Insurance:	Yes
Minimum Amount:	\$10,000
Maximum Amount:	\$300,000

AD&D Insurance:	
Minimum Amount:	\$10,000
Maximum Amount:	\$300,000

EXHIBIT B2 - COST

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN

PLAN

Benefit Formula	Varies Based on class code
Minimum Benefit	\$10,000
Maximum Benefit	\$50,000
Guarantee Issue	Full Benefit
Employee Contribution	100%

COST

	Rate: Per \$1,000
Life	0.148
AD&D	0.020

- The County will be notified of renewal rate one hundred and twenty (120) days prior to the renewal effective date.
- The rates will be guaranteed unconditionally for 24 months (July 1, 2018 through June 30, 2020).
- A participant contract is provided.

WAIVER OF PREMIUM IS INCLUDED. Eligibility to age 60; end at age 65.

PLAN NOTES

- AD&D includes a Drug and Alcohol exclusion.
- Enhancement: A seat belt benefit is included.
- Enhancement: Portability of Insurance is included.

ADDITIONAL LIFE PLAN

PLAN – Not currently offered to employees. Benefit may be offered at a later date subject to minimum participation and rate guarantees.

SPOUSE DEPENDENTS ACCIDENTAL DEATH & DISMEMBERMENT

PLAN – Not currently offered to employees. Benefit may be offered at a later date subject to minimum participation and rate guarantees.

CHILD DEPENDENT LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN

PLAN – Not currently offered to employees. Benefit may be offered at a later date subject to minimum participation and rate guarantees.