

AMENDMENT NO. 4 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 add additional services.

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

1. **Section 1.0 – "PERFORMANCE OF THE AGREEMENT," paragraph 1.1 shall be amended to delete the last sentence** "The component parts of this AGREEMENT include the following:
 - Proposed Fully-Insured Short Term Disability Base Plan (See Exhibits A-1 & B-2)
 - Employer Paid Long Term Disability SUPPLEMENTAL AGREEMENT (See Exhibits A-1 & B-2)
 - Certificate of Liability Insurance, renewed every year (See Exhibit C)"**and replaced it with** "The component parts of this AGREEMENT include the following:
 - Proposed Fully-Insured Short Term Disability Base Plan (See Exhibits A-2 & B-3)
 - Proposed Fully-Insured Short Term Disability Buy-up Supplemental Plan (See Exhibits A-2 & B-3)
 - Employer Paid Long Term Disability SUPPLEMENTAL AGREEMENT (See Exhibits A-2 & B-3)
 - Certificate of Liability Insurance, renewed every year (See Exhibit C)".
2. **Section 3.0 – "SCOPE OF SERVICE," paragraph 3.1 shall be amended by removing** "CONTRACTOR shall provide a fully-insured employer-paid short-term disability plan for eligible County of Monterey employees, hereafter referred to as COVERED MEMBERS, as described in the attached SUPPLEMENTAL AGREEMENTS." **and replacing it with** "CONTRACTOR shall provide a fully-insured employer-paid short-term disability plan and a fully-insured voluntary employee-paid short-term disability buy-up supplemental plan for eligible County of Monterey employees, hereafter referred to as COVERED MEMBERS, as described in the attached SUPPLEMENTAL AGREEMENTS."
3. **EXHIBIT A-1, Supplemental Agreements**, to the Agreement is hereby deleted and replaced in its entirety by EXHIBIT A-2 attached hereto.
4. **EXHIBIT B-2, COST**, to the Agreement is hereby deleted and replaced in its entirety by EXHIBIT B-3 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 signed and dated by the County Contracts/Purchasing Officer on June 27, 2016.

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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: _____

Approved as to Fiscal Provisions:

Deputy Auditor/Controller

Dated: _____

Approved as to Liability Provisions:

Risk Management

Dated: _____

Approved as to Form:

Deputy County Counsel

Dated: _____

CONTRACTOR

By: Karen Stein / [Signature]
Signature of Chair, President, or
Vice-President

VP Benefits
Karen Stein
Printed Name and Title

Dated: 8/20/18

By: _____

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

Printed Name and Title

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 A-2 – Supplemental Agreements

SUPPLEMENT # 1 – Proposed Fully-Insured Short Term Disability Base Plan as reflected on Attachment No. 1 attached hereto. [Unchanged]

SUPPLEMENT # 2 – Proposed Fully-Insured Short Term Disability Buy-up Supplemental Plan as reflected on Attachment No. 2 attached hereto.

SUPPLEMENT # 3 – Employer-paid Fully-Insured Basic Long-Term Disability Agreement, Policy Number 101698001, effective 2/1/1995, drafted 11/1/2012, and including Amendment No. 12 dated 11/1/2012. [Unchanged]

SUPPLEMENT # 4 – Employee-paid Fully-Insured Voluntary Long-Term Disability Agreement, Policy Number 292871, effective 10/1/1993, and including Amendment No. 2 dated 10/7/1999. [Unchanged]

Attachment No. 1



County of Monterey

Proposed Fully-Insured Short Term Disability Base Plan:

	All Eligible Management Employees
Benefit Percent	66 2/3 %
Weekly Maximum	\$925
Elimination Period/Accident	28 days
Elimination Period/Sickness	28 days
Duration	52 weeks
Definition of Disability	Total
Contributory Status	Employer funded
Full Maternity	Yes
Pre-Existing Conditions	None
Coverage Type	Non-occupational
Benefit Option	Fully Insured
Claim Fiduciary	Yes

Rate & Cost Summary

Current Eligible	643
Rate	0.26 per \$10 of weekly benefit
Base Volume	589,749*
Annual Cost	\$184,002

* Approximate Volume

Attachment No. 2



County of Monterey

Proposed Fully-Insured Short Term Disability Buy-up Supplemental Plan:

Benefit Percent	66 2/3 %
Weekly Maximum	\$1,500
Elimination Period/Accident	7 days
Elimination Period/Sickness	7 days
Duration	52 weeks
Definition of Disability	Total
Contributory Status	Employee funded
Full Maternity	Yes
Pre-Existing Conditions	None
Coverage Type	Non-occupational
Benefit Option	Fully Insured
Claim Fiduciary	Yes

Rate & Cost Summary

Rate	0.351 per \$10 of weekly benefit
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* Minimum participation is 25% and cost will be based on participation.

EXHIBIT B-3 - COST

All Fees and Premiums are guaranteed from January 1, 2018 to June 30, 2020.

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

- \$0.26 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

- \$0.351 per \$10 of weekly benefit

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