



**STATE OF MICHIGAN**  
**ENTERPRISE PROCUREMENT**  
 Department of Technology, Management, and Budget  
 525 W. ALLEGAN ST., LANSING, MICHIGAN 48913  
 P.O. BOX 30026 LANSING, MICHIGAN 48909

**CONTRACT CHANGE NOTICE**

Change Notice Number 8  
 to  
 Contract Number 071B9200045

<b>CONTRACTOR</b>	Voluntary Benefits Solutions
	30150 Telegraph Road
	Bingham Farms, MI 48025
	Jim Evans
	248-526-9500 x -572
	jim_evans@ajg.com
	*****1971

<b>STATE</b>	Lauri Schmidt	CSC
	517-373-9211	
	schmidtli@michigan.gov	
	Joshua Wilson	DTMB
	(517) 284-7027	
	WilsonJ31@michigan.gov	

CONTRACT SUMMARY				
DESCRIPTION: Voluntary Benefits Administration Services				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW	
October 6, 2008	August 14, 2010	5 - 1 Year	August 14, 2016	
PAYMENT TERMS		DELIVERY TIMEFRAME		
N/A		N/A		
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MINIMUM DELIVERY REQUIREMENTS				
N/A				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>		<input checked="" type="checkbox"/>	4 Years	August 14, 2020
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$ 1.00		\$ 0.00	\$ 1.00	

DESCRIPTION: Effective August 15, 2016, this Contract is hereby extended for four (4) years. The revised Contract expiration date is August 14, 2020.

Please note that the Buyer/CA has been updated to Joshua Wilson (Section 2.002).

All other terms, conditions, specifications and pricing remain the same per contractor and agency agreement, and per DTMB procurement approval.

STATE OF MICHIGAN  
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
 PROCUREMENT  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 525 W. ALLEGAN, LANSING, MI 48933

**CHANGE NOTICE NO. 7**  
 to  
**CONTRACT NO. 071B9200045**  
 between  
**THE STATE OF MICHIGAN**  
 and

NAME & ADDRESS OF CONTRACTOR	PRIMARY CONTACT	EMAIL
Voluntary Benefits Solutions, A division of Gallagher Benefit Services, Inc. 30150 Telegraph Road Bingham Farms, MI 48025	Jim Evans	<a href="mailto:jim_evans@ajg.com">jim_evans@ajg.com</a>
	PHONE	VENDOR TAX ID # (LAST FOUR DIGITS ONLY)
	(248) 526-9500	1971

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
PROGRAM MANAGER	MCSC	Lauri Schmidt	517-373-9211	<a href="mailto:schmidtl@michigan.gov">schmidtl@michigan.gov</a>
CONTRACT ADMINISTRATOR	DTMB	Lance Kingsbury	517-284-7017	<a href="mailto:kingsburyl@michigan.gov">kingsburyl@michigan.gov</a>

CONTRACT SUMMARY			
<b>DESCRIPTION:</b> Voluntary Benefits Administration Services – Department of Civil Service			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
October 6, 2008	August 14, 2010	5, one year	August 14, 2015
PAYMENT TERMS	F.O.B.	SHIPPED TO	
N/A	N/A	N/A	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS			
N/A			

DESCRIPTION OF CHANGE NOTICE				
EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF EXTENSION/OPTION	EXPIRATION DATE AFTER CHANGE
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One year	August 14, 2016
CURRENT VALUE		VALUE/COST OF CHANGE NOTICE	ESTIMATED REVISED AGGREGATE CONTRACT VALUE	
\$1.00		\$0.00	\$1.00	

**DESCRIPTION:**  
 Effective August 15, 2015, this contract is hereby extended twelve months. The revised contract expiration date is August 14, 2016.

All other terms, conditions, specifications and pricing remain the same. Per contractor and agency agreement, and DTMB Procurement approval.

STATE OF MICHIGAN  
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
 PROCUREMENT  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

**CHANGE NOTICE NO. 6**  
 to  
**CONTRACT NO. 071B9200045**  
 between  
**THE STATE OF MICHIGAN**  
 and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
Voluntary Benefits Solutions, A division of Gallagher Benefit Services, Inc. 30150 Telegraph Road Bingham Farms, MI 48025	Jim Evans	<a href="mailto:jim_evans@ajg.com">jim_evans@ajg.com</a>
	TELEPHONE	CONTRACTOR #, MAIL CODE
	(248) 526-9500	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	MCSC	Lauri Schmidt	517-373-9211	<a href="mailto:schmidt1@michigan.gov">schmidt1@michigan.gov</a>
BUYER	DTMB	Lance Kingsbury	517-241-3768	<a href="mailto:kingsbury1@michigan.gov">kingsbury1@michigan.gov</a>

CONTRACT SUMMARY:			
DESCRIPTION: Voluntary Benefits Administration Services – Department of Civil Service			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
October 6, 2008	August 14, 2010	5, 1 Yr. Options	August 14, 2014
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	N/A	N/A	N/A
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS
<input type="checkbox"/> P-card	<input type="checkbox"/> Direct Voucher (DV)	<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS:			
N/A			

DESCRIPTION OF CHANGE NOTICE:				
EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Year	August 14, 2015
VALUE/COST OF CHANGE NOTICE:		ESTIMATED AGGREGATE CONTRACT VALUE REMAINS:		
\$0.00		\$1.00		

Effective August 19, 2014, this Contract is hereby utilizing the fifth option year. The new end date is August 14, 2015. .

All other terms, conditions, specifications, and pricing remain the same.

Per agency request, Contractor agreement, and DTMB Procurement approval.

STATE OF MICHIGAN  
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
 PROCUREMENT  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

August 5, 2013

**CHANGE NOTICE NO. 5**  
 to  
**CONTRACT NO. 071B9200045**  
 between  
**THE STATE OF MICHIGAN**  
 and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
Voluntary Benefits Solutions, A division of Gallagher Benefit Services, Inc. 30150 Telegraph Road Bingham Farms, MI 48025	Jim Evans	<a href="mailto:jim_evans@ajg.com">jim_evans@ajg.com</a>
	TELEPHONE	CONTRACTOR #, MAIL CODE
	(248) 526-9500	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR	MCSC	Lauri Schmidt	517-373-9211	<a href="mailto:schmidt1@michigan.gov">schmidt1@michigan.gov</a>
BUYER	DTMB	Lance Kingsbury	517-241-3768	<a href="mailto:kingsbury1@michigan.gov">kingsbury1@michigan.gov</a>

CONTRACT SUMMARY:			
DESCRIPTION: Voluntary Benefits Administration Services – Department of Civil Service			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
October 6, 2008	August 14, 2010	5, 1 Yr. Options	August 14, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	N/A	N/A	N/A
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MiDEAL PARTICIPANTS
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS:			
N/A			

DESCRIPTION OF CHANGE NOTICE:				
EXTEND CONTRACT EXPIRATION DATE	EXERCISE CONTRACT OPTION YEAR(S)	EXTENSION BEYOND CONTRACT OPTION YEARS	LENGTH OF OPTION/EXTENSION	EXPIRATION DATE AFTER CHANGE
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Year	August 14, 2014
VALUE/COST OF CHANGE NOTICE:		ESTIMATED AGGREGATE CONTRACT VALUE REMAINS:		
\$0.00		\$1.00		

Effective August 15, 2013, this Contract is hereby utilizing the fourth option year. The new end date is August 14, 2014. Please note the vendor's address changed.

All other terms, conditions, specifications, and pricing remain the same.

Per agency request, Contractor agreement, and DTMB Procurement approval.

STATE OF MICHIGAN  
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
 PROCUREMENT  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

July 20, 2012

**CHANGE NOTICE NO. 4**  
 to  
**CONTRACT NO. 071B9200045**  
 between  
**THE STATE OF MICHIGAN**  
 and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
Voluntary Benefits Solutions a division of Gallagher Benefit Services, Inc. 2800 Livernois, Suite 275 Troy, MI 48083	Jim Evans	<a href="mailto:jim_evans@ajg.com">jim_evans@ajg.com</a>
	TELEPHONE	CONTRACTOR #, MAIL CODE
	(248) 526-9500 x -572	

STATE CONTACTS	AGENCY	NAME	PHONE	EMAIL
CONTRACT COMPLIANCE INSPECTOR:	MCSC	Lauri Schmidt	(517) 373-9211	<a href="mailto:schmidtl@michigan.gov">schmidtl@michigan.gov</a>
BUYER:	DTMB	Lance Kingsbury	(517) 241-3768	<a href="mailto:kingsburyl@michigan.gov">kingsburyl@michigan.gov</a>

CONTRACT SUMMARY:			
DESCRIPTION: Voluntary Benefits Administration Services – Department of Civil Service			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	AVAILABLE OPTIONS	CURRENT EXPIRATION DATE
October 6, 2008	August 14, 2010	5, 1 Yr. Options	August 14, 2012
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	N/A	N/A	N/A
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MI DEAL PARTICIPANTS
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MINIMUM DELIVERY REQUIREMENTS:			
N/A			

DESCRIPTION OF CHANGE NOTICE:		
OPTION EXERCISED: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF YES, EFFECTIVE DATE OF CHANGE: August 15, 2012	NEW EXPIRATION DATE: August 14, 2013
Effective August 15, 2012, this Contract is hereby EXTENDED to August 14, 2013.		
All other terms, conditions, specifications, and pricing remain the same.		
Per agency request, Contractor agreement, and DTMB Procurement approval.		
VALUE/COST OF CHANGE NOTICE:	\$0	
ESTIMATED AGGREGATE CONTRACT VALUE REMAINS	\$1.00	

STATE OF MICHIGAN  
 DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
 PURCHASING OPERATIONS  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

June 14, 2011

**CHANGE NOTICE NO. 3  
 TO  
 CONTRACT NO. 071B9200045**

**between  
 THE STATE OF MICHIGAN  
 and**

NAME & ADDRESS OF CONTRACTOR		TELEPHONE (248) 526-9500 x572 <b>Jim Evans</b>
<b>Voluntary Benefits Solutions</b> <b>a division of Gallagher Benefit Services, Inc.</b> <b>2800 Livernois, Suite 275</b> <b>Troy, MI 48083</b>  <b>Email: jim_evans@ajg.com</b>		CONTRACTOR NUMBER/MAIL CODE
		BUYER/CA (517) 241-3768 <b>Lance Kingsbury</b>
CONTRACT COMPLIANCE INSPECTOR: Lauri Schmidt <b>Voluntary Benefits Administration Services– Department of Civil Service</b>		
CONTRACT PERIOD: From: <b>October 6, 2008</b>		To: <b>August 14, 2012</b>
TERMS	<b>N/A</b>	SHIPMENT <b>N/A</b>
F.O.B.	<b>N/A</b>	SHIPPED FROM <b>N/A</b>
ALTERNATE PAYMENT OPTIONS: <input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other		
MINIMUM DELIVERY REQUIREMENTS <b>N/A</b>		

**NATURE OF CHANGE(S):**

Effective August 15, 2011, this contract is hereby EXTENDED to August 14, 2012. Please also note that the CCI has been changed to Lauri Schmidt (phone: 517.373.9211; email: [schmidtl@michigan.gov](mailto:schmidtl@michigan.gov)) and buyer has been changed to Lance Kingsbury. All other terms, conditions, pricing and specifications remain the same.

**AUTHORITY/REASON:**

Per Agency/Contractor agreement and DTMB/Purchasing Operations' approval.

**TOTAL ESTIMATED CONTRACT VALUE REMAINS:                      \$1.00**

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**FOR THE VENDOR:**

**Voluntary Benefits Solutions**  
**a division of Gallagher Benefit Services, Inc.**

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Authorized Agent (Print or Type)

\_\_\_\_\_  
Date

**FOR THE STATE:**

\_\_\_\_\_  
Signature

**Lance Kingsbury, Buyer Manager**

\_\_\_\_\_  
Name

**Services Division, Purchasing Operations**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

STATE OF MICHIGAN  
 DEPARTMENT OF MANAGEMENT AND BUDGET  
 PURCHASING OPERATIONS  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

July 9, 2010

**CHANGE NOTICE NO. 2**  
**TO**  
**CONTRACT NO. 071B9200045**  
 (Supercedes Contract #071B5200360)  
**between**  
**THE STATE OF MICHIGAN**  
**and**

NAME & ADDRESS OF VENDOR		TELEPHONE Jim Evans (248) 526-9500 Ext. 572
<b>Voluntary Benefits Solutions</b> <b>a division of Gallagher Benefit Services, Inc.</b> <b>2800 Livernois, Suite 275</b> <b>Troy, MI 48083</b> Jim_Evans@AJG.com		(003)
		BUYER/CA (517) 241-3768 Lance Kingsbury
		Contract Compliance Inspector: Susan Kant (517) 335-3068 <b>Voluntary Benefits Administration Services– Department of Civil Service</b>
CONTRACT PERIOD: From: <b>October 6, 2008</b> To: <b>August 14, 2011</b>		
TERMS N/A	SHIPMENT N/A	
F.O.B. N/A	SHIPPED FROM N/A	
MINIMUM DELIVERY REQUIREMENTS N/A		

**NATURE OF CHANGE(S):**

Effective August 15, 2010, this contract is hereby EXTENDED to August 14, 2011. Please also note that the buyer has been changed to Lance Kingsbury. All other terms, conditions and specifications remain the same.

**AUTHORITY/REASON:**

Per agency request, contractor agreement and DTMB/Purchasing Operations' approval.

**CURRENT AUTHORIZED SPEND LIMIT REMAINS: \$1.00**

STATE OF MICHIGAN  
 DEPARTMENT OF MANAGEMENT AND BUDGET  
 PURCHASING OPERATIONS  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

March 4, 2009

**CHANGE NOTICE NO. 1**  
**TO**  
**CONTRACT NO. 071B9200045**  
 (Supercedes Contract #071B5200360)  
**between**  
**THE STATE OF MICHIGAN**  
**and**

NAME & ADDRESS OF VENDOR		TELEPHONE Jim Evans (248) 526-9500 Ext. 572
<b>Voluntary Benefits Solutions</b> <b>a division of Gallagher Benefit Services, Inc.</b> <b>2800 Livernois, Suite 275</b> <b>Troy, MI 48083</b> <span style="float: right;">Jim_Evans@AJG.com</span>		(003)
		BUYER/CA (517) 373-1080 <b>Melissa Castro</b>
		Contract Compliance Inspector: Susan Kant (517) 335-3068 <b>Voluntary Benefits Administration Services– Department of Civil Service</b>
CONTRACT PERIOD: From: <b>October 6, 2008</b> To: <b>August 14, 2010</b>		
TERMS <b>N/A</b>	SHIPMENT <b>N/A</b>	
F.O.B. <b>N/A</b>	SHIPPED FROM <b>N/A</b>	
MINIMUM DELIVERY REQUIREMENTS <b>N/A</b>		

**NATURE OF CHANGE(S):**

Effective immediately, the Vendor address is changed to (Mail Code 003):

**2800 Livernois, Suite 275**  
**Troy, MI 48083**

Additionally, Jim Evan's telephone extension is now Extension 572. All other terms, conditions, specifications, and pricing remain unchanged.

**AUTHORITY/REASON:**

Per Contractor request and DMB/Purchasing Operations' approval.

**CURRENT AUTHORIZED SPEND LIMIT REMAINS: \$1.00**

**STATE OF MICHIGAN**  
**DEPARTMENT OF MANAGEMENT AND BUDGET**  
**PURCHASING OPERATIONS**  
**P.O. BOX 30026, LANSING, MI 48909**  
 OR  
**530 W. ALLEGAN, LANSING, MI 48933**

October 16, 2008

**NOTICE**  
**TO**  
**CONTRACT NO. 071B9200045**  
 (Supercedes Contract #071B5200360)  
**between**  
**THE STATE OF MICHIGAN**  
**and**

<b>NAME &amp; ADDRESS OF VENDOR</b>  <b>Voluntary Benefits Solutions</b> <b>a division of Gallagher Benefit Services, Inc.</b> <b>1607 East Big Beaver Road, Suite 210</b> <b>Troy, MI 48083</b>		<b>TELEPHONE Jim Evans</b> <b>(248) 526-9500</b>
		<b>BUYER/CA (517) 373-1080</b> <b>Melissa Castro</b>
		<b>Contract Compliance Inspector: Susan Kant (517) 335-3068</b> <b>Voluntary Benefits Administration Services– Department of Civil Service</b>
<b>CONTRACT PERIOD: From: October 6, 2008 To: August 14, 2010</b>		
<b>TERMS</b> <p style="text-align: center;"><b>N/A</b></p>	<b>SHIPMENT</b> <p style="text-align: center;"><b>N/A</b></p>	
<b>F.O.B.</b> <p style="text-align: center;"><b>N/A</b></p>	<b>SHIPPED FROM</b> <p style="text-align: center;"><b>N/A</b></p>	
<b>MINIMUM DELIVERY REQUIREMENTS</b> <p style="text-align: center;"><b>N/A</b></p>		

**This Contract replaces Contract #071B5200306 as vendor has changed name and FEIN. No additional funds have been added.**

**Current Authorized Spend Limit: \$1.00**

**STATE OF MICHIGAN**  
**DEPARTMENT OF MANAGEMENT AND BUDGET**  
**PURCHASING OPERATIONS**  
**P.O. BOX 30026, LANSING, MI 48909**  
 OR  
**530 W. ALLEGAN, LANSING, MI 48933**

**CONTRACT NO. 071B9200045**  
 (Supercedes Contract #071B5200360)

**between**  
**THE STATE OF MICHIGAN**  
**and**

NAME & ADDRESS OF VENDOR  <b>Voluntary Benefits Solutions</b> <b>a division of Gallagher Benefit Services, Inc.</b> <b>1607 East Big Beaver Road, Suite 210</b> <b>Troy, MI 48083</b>	TELEPHONE Jim Evans <b>(248) 526-9500</b>  BUYER/CA (517) 373-1080 <b>Melissa Castro</b>
Contract Compliance Inspector: Susan Kant (517) 335-3068 <b>Voluntary Benefits Administration Services– Department of Civil Service</b>	
CONTRACT PERIOD: From: <b>October 6, 2008</b> To: <b>August 14, 2010</b>	
TERMS <p style="text-align: center;"><b>N/A</b></p>	SHIPMENT <p style="text-align: center;"><b>N/A</b></p>
F.O.B. <p style="text-align: center;"><b>N/A</b></p>	SHIPPED FROM <p style="text-align: center;"><b>N/A</b></p>
MINIMUM DELIVERY REQUIREMENTS <p style="text-align: center;"><b>N/A</b></p>	
MISCELLANEOUS INFORMATION:  <p><b>This Contract replaces Contract #071B5200306 as vendor has changed name and FEIN. No additional funds have been added.</b></p> <p><b>Current Authorized Spend Limit:      \$1.00</b></p>	

<b>FOR THE VENDOR:</b> <b>Voluntary Benefits Solutions</b> <b>a division of Gallagher Benefit Services, Inc.</b>	<b>FOR THE STATE:</b>
Firm Name	Signature
Authorized Agent Signature	<b>Melissa Castro, CPPB, Buyer Manager</b>
Authorized Agent (Print or Type)	Name
Date	<b>Services Division, Purchasing Operations</b>
	Title
	Date

STATE OF MICHIGAN  
DEPARTMENT OF MANAGEMENT AND BUDGET  
PURCHASING OPERATIONS  
P.O. BOX 30026, LANSING, MI 48909  
OR  
530 W. ALLEGAN, LANSING, MI 48933

October 2, 2008

**CHANGE NOTICE NO. 3**  
**TO**  
**CONTRACT NO. 071B5200360**  
**between**  
**THE STATE OF MICHIGAN**  
**and**

NAME & ADDRESS OF VENDOR		TELEPHONE Jim Evans <b>(313) 207-5136</b>	
<b>Voluntary Benefits Solution, LLC</b> <b>1607 East Big Beaver Road, Suite #210</b> <b>Troy, MI 48083</b>			
		BUYER/CA (517) 373-1080 <b>Melissa Castro</b>	
Contract Compliance Inspector: Susan Kant <b>Voluntary Optional Services Coverage – DMB/DCS</b>			
CONTRACT PERIOD: From: <b>August 15, 2005</b> To: <b>October 6, 2008</b>			
TERMS <b>N/A</b>		SHIPMENT <b>N/A</b>	
F.O.B. <b>N/A</b>		SHIPPED FROM <b>N/A</b>	
MINIMUM DELIVERY REQUIREMENTS <b>N/A</b>			

**NATURE OF CHANGE (S):**

Effective October 6, 2008, this Contract is hereby **CANCELLED** and **REPLACED** with Contract #071B9200045 due to vendor merger. All other terms, conditions, specifications, and pricing remain unchanged.

**AUTHORITY/REASON:**

Per vendor request and DMB/Purchasing Operations' approval.

**CURRENT AUTHORIZED SPEND LIMIT REMAINS: \$1.00**

STATE OF MICHIGAN  
DEPARTMENT OF MANAGEMENT AND BUDGET  
PURCHASING OPERATIONS  
P.O. BOX 30026, LANSING, MI 48909  
OR  
530 W. ALLEGAN, LANSING, MI 48933

October 9, 2007

**CHANGE NOTICE NO. 2**  
**TO**  
**CONTRACT NO. 071B5200360**  
**between**  
**THE STATE OF MICHIGAN**  
**and**

NAME & ADDRESS OF VENDOR		TELEPHONE Jim Evans <b>(313) 207-5136</b>	
<b>Voluntary Benefits Solution, LLC</b> <b>1607 East Big Beaver Road, Suite #210</b> <b>Troy, MI 48083</b>			
Contract Compliance Inspector: Susan Kant <b>Voluntary Optional Services Coverage – DMB/DCS</b>		BUYER/CA (517) 373-1080 <b>Melissa Castro</b>	
CONTRACT PERIOD: From: <b>August 15, 2005</b>		To: <b>August 14, 2010</b>	
TERMS	<b>N/A</b>	SHIPMENT	<b>N/A</b>
F.O.B.	<b>N/A</b>	SHIPPED FROM	<b>N/A</b>
MINIMUM DELIVERY REQUIREMENTS		<b>N/A</b>	

**NATURE OF CHANGE (S):**

Effective immediately, retired State of Michigan employees are hereby eligible to participate in the Optional Coverage Program. Additionally, the Contract Compliance Inspector is changed to Susan Kant (517) 335-3068. All other terms, conditions, specifications, and pricing remain unchanged.

**AUTHORITY/REASON:**

Per agency/vendor agreement and DMB/Purchasing Operations' approval.

STATE OF MICHIGAN  
 DEPARTMENT OF MANAGEMENT AND BUDGET  
 PURCHASING OPERATIONS  
 P.O. BOX 30026, LANSING, MI 48909  
 OR  
 530 W. ALLEGAN, LANSING, MI 48933

September 18, 2006

CHANGE NOTICE NO. 1  
 TO  
 CONTRACT NO. 071B5200360  
 between  
 THE STATE OF MICHIGAN  
 and

NAME & ADDRESS OF VENDOR		TELEPHONE Jim Evans <b>(313) 207-5136</b>	
<b>Voluntary Benefits Solution, LLC</b> <b>1607 East Big Beaver Road, Suite #210</b> <b>Troy, MI 48083</b>			
		BUYER/CA (517) 373-1080 <b>Melissa Castro</b>	
Contract Compliance Inspector: Peggy Moczul <b>Voluntary Optional Services Coverage – DMB/DCS</b>			
CONTRACT PERIOD:		From: <b>August 15, 2005</b>	To: <b>August 14, 2010</b>
TERMS	<b>N/A</b>	SHIPMENT	<b>N/A</b>
F.O.B.	<b>N/A</b>	SHIPPED FROM	<b>N/A</b>
MINIMUM DELIVERY REQUIREMENTS		<b>N/A</b>	

**NATURE OF CHANGE (S):**

The attached agreement is hereby incorporated into this Contract. **NOTE: Buyer is changed to Melissa Castro (517) 373-1080. All other terms, conditions and pricing remain unchanged.**

**AUTHORITY/REASON:**

**Per agency/vendor agreement and DMB/Purchasing Operations approval.**

## AGREEMENT

1. **Parties.** This is an Agreement among:
  - A. The State of Michigan (**State of Michigan**), including, but not limited to, the Michigan Department of Civil Service (**MDCS**) and the Michigan Civil Service Commission (**MCSC**).
  - B. The J. C. Walters Agency, Inc., Lansing, Michigan, a Michigan Corporation (**Walters**)
  - C. William Hettiger and Patricia Hettiger, jointly and severally, (**Party X**).
  - D. Voluntary Benefits Solutions, LLC, Troy, Michigan, a Michigan limited liability company (**VBS**).
2. **Background.**
  - A. Walters markets and sells accidental death and dismemberment insurance (**AD&D Insurance**) to employees of the State of Michigan (**State Employees**) under a "Group Accident Master Policy No. T66BA-50265" (**the Policy**) issued by Mutual of Omaha to the "State of Michigan" as policyholder. The Policy expires on August 22, 2008.
  - B. The State of Michigan collects premiums for AD&D Insurance from State Employees through the State of Michigan's payroll deduction system and sends the premium payments to Walters.
  - C. There is no written contract between the State of Michigan and Walters regarding AD&D Insurance or requiring the State of Michigan to permit the use of its payroll deduction system to collect AD&D Insurance premiums for Walters or Mutual of Omaha. Notwithstanding that the Policy issued by Mutual of Omaha is issued to the "State of Michigan," the State of Michigan is not the policyholder of the Policy.
  - D. In 2004, the State of Michigan solicited bids for a voluntary optional insurance and services program (**Optional Coverage Program**) for State Employees (ITB No. 07114001370). The Optional Coverage Program contemplates that the winning vendor will offer voluntary accidental death and dismemberment insurance to State Employees. Both VBS and Walters, among others, submitted bids to participate in the Optional Coverage Program. On May 19, 2005, VBS was recommended to be awarded the contract. On July 27, 2005, Walters filed a protest to the award recommendation with the Michigan Department of Management and Budget (**DMB**). On August 18, 2005, DMB denied the Walters protest. On August 18, 2005, VBS and the State of Michigan entered into Contract No. 071B5200360, under which VBS will provide Optional Coverage Program services to State Employees.
  - E. Under Contract No. 071B5200360, VBS is the exclusive broker/agent of record for the State of Michigan under the Optional Coverage Program to provide various types of voluntary insurance, including accidental death and dismemberment insurance, to State Employees.

F. Since the award of the Optional Coverage Program contract to VBS, the parties have discussed how to transition from the current AD&D Insurance program provided by Walters under the Policy to a new accidental death and dismemberment policy offered by VBS under the Optional Coverage Program. The parties have also discussed how and when to terminate the state payroll deduction of premiums under the Policy.

3. **Purpose.** The purposes of this Agreement are the following:

- A. To establish a date for terminating the Walters AD&D Insurance program and the payroll deduction of premiums under the Policy.
- B. To establish a plan for transitioning to new accidental death and dismemberment insurance under the Optional Coverage Program.
- C. To avoid claims and litigation among the parties and resolve all current and potential future disputes and claims between (1) Walters and Party X, jointly or severally, and (2) the State of Michigan and VBS, jointly or severally, regarding or arising out of any of the following:
  - 1) The solicitation of bids for the Optional Coverage Program for State Employees (ITB No. 07114001370).
  - 2) The award of Contract No. 071B5200360 to VBS to provide the Optional Coverage Program.
  - 3) The termination of the use of the state payroll deduction system to collect premiums for AD&D Insurance under the Policy after the first state pay date in August 2008.
  - 4) The termination of the use of state resources and equipment to assist Walters in marketing AD&D insurance to state employees after the first state pay date in August 2008.

4. **Continuation and Termination of Walters and Mutual of Omaha AD&D Insurance Program.** The current AD&D Insurance program for State Employees provided by Walters and Mutual of Omaha may continue under the following provisions:

- A. Walters is authorized to continue to offer AD&D Insurance to State Employees under the Policy through June 30, 2008. After June 30, 2008, no new State Employee enrollments in the AD&D Insurance under the Policy will be accepted.
- B. The State will continue to use resources and equipment adequate to assist Walters in marketing AD&D insurance to State Employees until June 30, 2008. Such assistance will include adequate written explanation to State Employees of the Walters AD&D Insurance program enrollment option(s), and exposure of the program on the civil service website (including continued enrollment referral to the Walters website in any State Employee benefits summary and new employee benefits checklist), consistent with current practices.

- C. State Employees may continue to pay AD&D Insurance premiums under the Policy to Walters through the State of Michigan payroll deduction system, up to and including the first state pay date in August 2008.
  - D. After the first state pay date in August 2008, all payroll deduction of State Employee premiums for the AD&D Insurance under the Policy will cease.
  - E. All accidental death and dismemberment insurance coverage for State Employees under the Policy will automatically expire on August 22, 2008.
  - F. Walters will not market other insurance products to State Employees until after August 22, 2008.
  - G. After August 22, 2008, Walters shall not represent or suggest that any insurance product marketed by Walters is affiliated with or endorsed by the State of Michigan, the MDCS, the MCSC, or VBS.
5. **Early Termination.** Walters or Mutual of Omaha may, consistent with applicable policy provisions and applicable law, terminate the AD&D Insurance program under the Policy at any time prior to August 22, 2008, upon 60 calendar days notice to the MDCS and VBS. In such case, the dates in ¶ 4 and ¶ 7 of this Agreement will be appropriately advanced to correspond to the early termination date.
6. **Insurance Continuation After Termination.** State employees with AD&D coverage under the Policy may obtain direct-pay individual continuation accidental death and dismemberment insurance through Walters and Mutual of Omaha after the termination of the Policy. Walters and Mutual of Omaha shall be wholly responsible for any communication with State Employees insured under the Policy regarding any such continuation insurance.
7. **Transition Activities.**
- A. The parties understand and acknowledge that VBS, if and when authorized by the MDCS under the Optional Coverage Program, may begin to market other accidental death and dismemberment insurance to State Employees as early as May 1, 2008. Beginning May 1, 2008, MDCS or VBS may communicate with State Employees, including State Employees who have existing AD&D Insurance under the Policy, to offer other voluntary accidental death and dismemberment insurance. However, any such other accidental death and dismemberment insurance under the Optional Coverage Program shall not be effective before August 22, 2008, and the MDCS shall not authorize payroll deduction of premiums for such accidental death and dismemberment insurance before the second state pay date in August 2008.
  - B. If VBS offers an accidental death and dismemberment option to become effective on August 22, 2008, each State Employee enrolled under the Group Accident Master Policy No. T66BA-50265 on August 22, 2008, shall automatically be eligible as of that date for the new accidental death and dismemberment insurance offered by VBS. To the extent permitted by law, a State Employee enrolled under the Group Accident Master Policy No. T66BA-50265 who does not notify the state to discontinue payroll deduction for voluntary accidental death and dismemberment insurance before the second state pay date in August 2008, will be automatically enrolled by VBS in the new

accidental death and dismemberment insurance offered by VBS, effective August 22, 2008, and the state will collect the premium for the new coverage by payroll deduction starting on the second state pay date in August 2008 until otherwise instructed by the State Employee.

- C. Walters shall cooperate and assist the State of Michigan and VBS in the transition in a commercially reasonable manner, at its own expense. Walters shall provide all necessary information regarding State Employee policyholders to the State of Michigan and VBS in a timely fashion.
8. **Agreement Not to Sue.** Walters and Party X agree not to bring or continue any claim, suit, or other action against the State of Michigan, its departments, divisions, agencies, sections, commissions, officers, employees, and agents, and Walters, Party X, and VBS agree not to bring or continue any claim, suit, or other action against any other party's officers, agents, and employees, jointly or severally, in tort, contract, or otherwise, arising out of in connection with any of the following:
- A. The solicitation of bids for the Optional Coverage Program for State Employees (ITB No. 07114001370).
  - B. The award of Contract No. 071B5200360 to VBS to provide the Optional Coverage Program.
  - C. The termination of the use of the state payroll deduction system to collect premiums for AD&D Insurance under the Policy, as provided in this Agreement.
  - D. The termination of the use of state resources and equipment to assist Walters in marketing AD&D Insurance to state employees, as provided in this Agreement.
  - E. The performance by VBS of any acts authorized in Contract No. 071B5200360 or this Agreement with respect to accidental death and dismemberment insurance for State Employees.
9. **Release and Hold Harmless.** Walters and Party X agree to release, hold harmless, and defend the State of Michigan, its departments, divisions, agencies, sections, commissions, officers, employees, and agents, and Walters, Party X, and VBS agree to release, hold harmless, and defend each other and each other's officers, agents, and employees, from all claims, suits, losses, liabilities, penalties, fines, damages (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties), due to any claim or suit by Walters, Party X, Mutual of Omaha, or other party arising out of or in connection with any of the following:
- A. The solicitation of bids for the Optional Coverage Program for State Employees (ITB No. 07114001370).
  - B. The award of Contract No. 071B5200360 to VBS to provide the Optional Coverage Program.

- C. Walters' use of the state payroll deduction system to collect premiums for AD&D Insurance under the Policy.
  - D. Walters' use of state resources and equipment to assist Walters in marketing AD&D Insurance to state employees.
  - E. The performance by VBS of any acts authorized in Contract No. 071B5200360 or this Agreement with respect to accidental death and dismemberment insurance for State Employees.
10. **Representation.** Walters and Party X represent and warrant that there are no other parties with a financial, contractual, or equitable interest in Walters' use of the state payroll system, state resources, and state equipment to market AD&D Insurance or to collect premiums from State Employees insured under the Policy.
11. **Modification of Agreement.** This Agreement is the complete agreement among the parties with respect to matters set forth and this Agreement may not be modified, amended, extended, or augmented except by a writing executed by all of the parties to be bound thereby, and any breach or default by a party shall not be waived or released other than in writing signed by the other parties.

**The State of Michigan:**

By: James D. Farrell  
James D. Farrell, State Personnel Director

Date: DEC 20, 2005

**J. C. Walters Agency, Inc.:**

By: Patrick Kenrick  
Patrick Kenrick, President

Date: DEC. 19, 2005

**Party X:**

By: William Hettiger  
William Hettiger

Date: Dec. 19, 2005

By: Patricia Hettiger  
Patricia Hettiger

Date: Dec 19, 2005

**Voluntary Benefits Solutions, LLC:**

By: James M. Evans  
Member

Date: Dec. 20, 2005

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STATE OF MICHIGAN  
DEPARTMENT OF MANAGEMENT AND BUDGET  
ACQUISITION SERVICES  
P.O. BOX 30026, LANSING, MI 48909  
OR  
530 W. ALLEGAN, LANSING, MI 48933

August 23, 2005

NOTICE  
TO  
CONTRACT NO. 071B5200360  
between  
THE STATE OF MICHIGAN  
and

NAME & ADDRESS OF VENDOR		TELEPHONE Jim Evans <b>(313) 207-5136</b>
<b>Voluntary Benefits Solution, LLC</b> <b>1607 East Big Beaver Road, Suite #210</b> <b>Troy, MI 48083</b>		
Contract Compliance Inspector: Peggy Moczul <b>Voluntary Optional Services Coverage – DMB/DCS</b>		BUYER/CA (517) 241-1647 <b>Irene Pena</b>
CONTRACT PERIOD: From: <b>August 15, 2005</b>		To: <b>August 14, 2010</b>
TERMS <b>N/A</b>	SHIPMENT <b>N/A</b>	
F.O.B. <b>N/A</b>	SHIPPED FROM <b>N/A</b>	
MINIMUM DELIVERY REQUIREMENTS <b>N/A</b>		

The terms and conditions of this Contract are those of ITB #071I4001370, this Contract Agreement and the vendor's quote dated September 9, 2004. In the event of any conflicts between the specifications, terms and conditions indicated by the State and those indicated by the vendor, those of the State take precedence.





**Voluntary Optional Services Coverage**

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**Parties.** This is an agreement ("Contract") between (1) the State of Michigan (the "State"), by the Department of Management and Budget and the Department of Civil Service, and (2) Voluntary Benefits Solutions, L.L.C., Troy, Michigan, a Michigan limited liability company (the "Contractor").

## **Article 1 – Statement of Work (SOW)**

### **1.0 Project Identification**

#### **1.001 PROJECT REQUEST**

This project ("Optional Coverage Program") is to provide for optional insurance and service related coverage for employees who may want to expand the insurance and services they are receiving through a group purchase opportunity that would potentially save employees premium costs. The Contractor shall serve as the State's exclusive broker/agent of record for all optional coverages listed in Appendix A. All expenses associated with this project are at the employees' expense.

#### **1.002 BACKGROUND**

The State does not currently provide or sponsor an Optional Coverage Program for State employees of State agencies. The proposed program would be sponsored by the State, but all premiums would be **paid entirely by the participants and would be entirely voluntary** (i.e., no costs, other than the cost of performing payroll deductions and certain program oversight functions, would be borne by the State).

The State employees who will be eligible for the Optional Coverage Program include the following:

- State Employees (including classified employees and Legislative Service Bureau employees)
- State Police Employees

There are approximately 54,000 active state employees, including active Legislative Service Bureau and State Police.

(Note: Active public school employees are NOT included in this Contract)

The following State employees may at a future date be covered by this Contract: Active members of the Judicial Branch of State Government; and active members of the Legislative Branch of State Government. At that time, notification will be provided to the Contractor, and a Change Notice will be created to include these other employees.

### **1.1 Scope of Work and Deliverables**

#### **1.101 IN SCOPE**

The objective of this Contract is to provide for the management and the administration of the Optional Coverage Program for the State. The objectives of the Optional Coverage Program are to:

- make available Optional Coverage opportunities to active employees as described in this Contract;
- obtain competitive pricing and effective management for Optional Coverage administration services;
- maintain a high level of member satisfaction with the program;
- obtain timely utilization reporting; and
- provide quality customer service and account service features, including performance guidelines.

#### **1.102 OUT OF SCOPE**

Failure to provide any of the services identified under Article 1.201 will cause the Contractor to be considered out of scope.



**1.103 TECHNICAL ENVIRONMENT**

The Contractor must have the ability to interface directly with the State’s personnel information system, through a secure access method implemented with the State. The State’s Human Resources Management Network (HRMN) is an Oracle based product.

**1.104 WORK AND DELIVERABLE**

The Contractor or, where appropriate, its subcontractors (including “Providers” as defined in Appendix A) shall provide services and staff and otherwise do all things necessary for or incidental to the performance of work, as set forth below and in Appendix A:

**1.2 Roles and Responsibilities**

**1.201 CONTRACTOR STAFF, ROLES, AND RESPONSIBILITIES**

The Contractor must meet the following requirements.

**1. Plan Design**

The Contractor will be asked to recommend coverage on all programs shown in Appendix A. The Contractor may propose implementation of these plans in phases so that all programs would not be implemented at the same time. Where applicable, the program will be federally qualified and HIPAA compliant.

Eligibility should include current active employees.

The effective date of the Contract will be the contract issue date.

The respective operational obligations of the Contractor and the Department of Civil Service are set forth in Appendix A.

**2. Covered Services**

Expected Optional Coverage programs are described in attached Appendix A.

**3. Administrative Services**

Administrative services must include, but need not be limited to, the following:

**Information Systems:**

- Ability to accept premium deduction and eligibility information from the State for active employee participants in the form of a secure electronic data exchange.
- Ability to administer eligibility and claims administration in accordance with the Optional Coverage Program.
- Confidentiality of all data by the Contractor.
- Maintenance of records for auditing and management information reporting and analysis.
- Monthly, quarterly, and annual reporting, on an accurate, timely basis, of plan activity and experience data to the State.

**Financial Arrangements:**

- Competitive rates, based on various applicable demographic factors, where appropriate.
- If possible, the ability to directly bill participants at no additional cost to participants.

**Participant Services:**

- Customized participant communications (with all communications subject to the approval of the Department of Civil Service).



- Customer service activities to include but not be limited to:
  - Access, at a minimum, for extended hours on business days and limited weekend hours on weekends,
  - a single front-end toll-free telephone number with touch-tone routing (if necessary) for member services to respond to requests for participating provider locations, authorizations for care, inquiries on claims, and complaints about provider practices and services,
  - a voice response system (if necessary) with a user-friendly menu that customers find easy to understand, and
  - availability of services through the Internet.
- Initial credentialing, monitoring, auditing, and re-credentialing of network participants.
- Comprehensive patient and provider education services.

**Account Management:**

- An assigned account representative, and assigned service representatives, responsive to inquiries, requests, and issues raised by the State.
- Where appropriate, a clinician (such as an RN or a MSW) available to provide a reasonable amount of clinical advice to the State.

**4. Subcontracting**

Provisions regarding use of subcontractors (including Providers as defined in Appendix A) are given in Appendix A. The State expects that all essential services associated with delivery of this program will be provided directly by the Contractor and the Contractor's "contracted" Providers.

**5. Funding**

The Optional Coverage Program will be funded entirely by the premium payments of the program participants. No expenses will be billed to the State.

**6. Eligibility**

Eligibility information will be maintained by the Contractor. Premium deduction and eligibility information for active employees will be transferred by the State via secure EDI, or the Internet no less frequently than on a bi-weekly basis. The Contractor must have the capabilities to accept electronic data transfer, and to administer membership information in compliance with HIPAA requirements. Individual plan participants may cancel participation in any of the optional coverage plans with a 15-day written notice to the Contractor, unless the particular optional coverage plan provides otherwise.

**7. Performance Standards**

The State requires the Contractor to contractually agree to Performance Standards. Failure to adhere to these standards, and to take corrective action to meet these standards, may result in termination of the Contract. The objective of these standards is to encourage an acceptable level of performance in key contract administration areas. These include:

- Eligibility,
- Claim turnaround time,
- Claim payment accuracy on both a dollar and per occurrence basis,
- Member satisfaction,
- Inquiry handling, and
- Issue resolution.

**a. Eligibility**

The Contractor will update (i.e., additions, deletions, corrections of addresses, names, social security numbers, etc.) eligibility files with the State eligibility input within 2 business days of receipt.



b. Claim Turnaround Time

1. The maximum time period between date of receipt of billings by the Contractor and the date of payment (or denial) is expected to be no greater than 10 business days for 85% of all claims, and 20 business days for 99%. Requests for additional data from either the beneficiary or the provider shall be within the same standards.
2. The Contractor must ensure that the performance guarantees are measurable using the Contractor's standard systems in place. The State and the Contractor will agree on the standards before the implementation of the Contract.

c. Claims Accuracy

The State shall audit the Contractor's administration of claims for accuracy. The State's approach has been to audit two (2) Plan Years at one time, conducted within 12 months of the end of the second year audited. This approach may change without prior notice.

The Contractor will not be liable for errors caused by the State, nor will the State be liable for errors caused by the Contractor. The errors will be established by using statistically significant sampling methods resulting in a 95% confidence level. The State will include adjustments made up to four months after the close of the audited year.

Financial Payment Accuracy: measures the dollar value of errors. Calculated as total audited paid dollars minus the absolute value of over- and underpayments, divided by total audited paid dollars. The acceptable error rate for the Contract will be no more than 1% (i.e., a 99% accuracy rate).

The acceptable error value is the acceptable error rate multiplied by net paid claims during the review period. The standards are as shown below:

**EXPECTED FINANCIAL PAYMENT ACCURACY**

<b>Review Period</b>	<b>Error Standard as a % of Dollars Paid</b>
Year One	1.0% of net claims
Year Two	0.75% of net claims
Year Three and Thereafter	0.5% of net claims

Payment Incidence Accuracy: Measures the incidence of claims processed without payment error. It is defined as the percentage of audited claims process without payment error. The definition of error includes any type of error (e.g., coding, procedural, system, payment, etc.) that results in a payment error. It is calculated as the total number of audited claims minus the number of claims processed with "payment" errors, divided by the total number of audited claims. The acceptable error rate for the Contract will be 3% (97% accuracy rate).

Claims Processing Accuracy: Measures the overall claims processing accuracy, based on whether or not the claims were processed without an error. Claims processing accuracy is calculated as the total number of audited claims minus the number of claims with errors, divided by the total number of audited claims. The acceptable error rate for the first year of the Contract will be 5% (95% accuracy rate), and 3% (97% accuracy rate) for subsequent contract years.

d. Inquiry Handling

95% of written inquiries that the Contractor receives either from the State or members will be answered within 5 business days, and 99% within 10 business days. The response time is calculated from the date of receipt by the Contractor to final resolution.

99% of phone inquiries will be returned within 24 hours.

The inquiry telephone line for members will have no more than 5% lost calls.



The inquiry telephone system must maintain sufficient staffing to respond to telephone calls by not allowing in excess of 30 seconds on hold for more than 90% of the calls received.

At least 85% of participants must be satisfied with the Contractor's customer service.

## 8. Systems and Reporting Requirements

### a. Claim Information

Maintenance of detailed claims information is necessary to facilitate claims review and cost containment functions. It is also essential to produce reports to be submitted to the State for use in effectively administering the program.

Data collected on behalf of the Optional Coverage Program is not to be distributed to any party without the written consent of the Department of Civil Service and is not to be used by the Contractor for any purposes unless specifically approved by the Department of Civil Service. All data identifying specific enrollees or their dependents are highly confidential and are to be treated accordingly.

### b. Vendor/State Interface

The following are additional Contractor requirements related to the necessary systems interface between the Contractor and the State.

1. Capability to accept the State's computerized enrollment files and process change transactions to maintain up-to-date information for claims certification.
2. A staff of systems professionals to provide timely programming required to implement system changes and produce reports.
3. Designation of a high-level management staff member to serve as liaison for systems related matters.
4. Ability to interface directly with the State's personnel information system, through a secure access method implemented with the State. The State's Human Resources Management Network (HRMN) is an Oracle based product.

### c. Reports.

The State expects that the following reports will be available upon request or on a scheduled basis, for no additional cost:

- Premiums collected by type of participant and plan type.
- Number (age, gender) of enrollees by eligible class. Additionally, for employees by each geographic location.
- Number of applicants denied coverage.
- Number, type, and amount of claims payments (separate new and continuing claims) by type of participant.
- Closed claims.
- Information on claims that were denied, including appeals made.
- Number of enrollees whose coverage has lapsed.
- Detail on all administrative charges or expenses.
- A full financial reconciliation.
- Utilization of case management services.

The State expects to receive the Contractor's standard report package and those reports described below.

- Monthly reports, including:
  - A brief summary (in letter form) of significant activities, issues or problems identified or addressed during the month, or anticipated in subsequent months,
  - Number of participants in claimant status, by plan option,
  - Claims Report, showing claims paid in the month, charges, and plan payments, by plan option,
  - Number of participants covered, by plan option,
  - Produced within 30 calendar days of the end of the month.



- Quarterly reports, including:
  - Quarterly and YTD summaries of Monthly Claims Report.
  - Produced within 30 calendar days of the end of the quarter.
- Annual Report (results through September 30th), including:
  - Management summary,
  - Full financial and enrollment experience, including the items shown in monthly and quarterly reports, summarized to an annual basis,
  - Produced within 60 calendar days of the end of the year.

#### 9. Network Match

The Contractor shall provide a network of Optional Coverage providers in areas where State employees reside.

#### 10. Communication Materials

The Contractor will be expected to implement a comprehensive and effective plan to market this program to employees. This process is expected to include focused marketing efforts, including flyers, brochures, mail-outs, posters, articles for inclusion in regular State newsletters, etc. It is also expected that educational meetings directed at active employees will be held throughout the State (up to 20). The State will provide suitable meeting spaces.

Within this communications process, it may be expected that communications materials and market targeting will differ somewhat for the different State agencies, such as State employees, State Police and Judges.

The Contractor will prepare and cover the cost of all announcements, letters, notices, brochures, forms, postage and other supplies and services for U.S. mail distribution to employees.

All information/material must be approved by the Department of Civil Service prior to use, and must comply with all applicable laws, regulations, and requirements of the State of Michigan and the Department of Civil Service.

#### 11. Audits

It is the State's intention to periodically (no less often than once every three years) perform audits of plan contracted participants. The Contractor will make records associated with the administration of the State plan available to, and must cooperate with, such auditors and audits as the State may designate. The State's current approach has been to audit two (2) Plan Years at one time, conducted within 12 months of the end of the second year audited. This approach may change without prior notice.

#### 12. Administrative Requirements Checklist

In summary, the following are considered to be required services:

- A. Communications
  - Highlights Brochure for eligible coverage
  - Coverage Description Booklet for enrollees
  - Enrollment Meeting Materials
  - Internet or Intranet site customized for SOM, including enrollment
  - Video for Employees
  - Training of Benefits Staff
  - Interactive Voice Response enrollment
- B. Toll free line for potential enrollees and for insureds
- C. Enrollment Assistance
  - Meet with employees in (up to 20) major work locations at specified locations (all in Michigan)
  - Answer employee questions
  - Mail all materials (including enrollment material) to the homes of employees



- D. Directly accept all enrollment forms
- E. Check applicant eligibility and confirm with the State if necessary
- F. Notify applicants of acceptance or denial decisions
- G. Notify new hires on an ongoing basis of their right to enroll in the plan
- H. Claims services
  - Eligibility Verification
  - Claims Payment
  - Claims Tracking
  - Review of Claims Appeals
- I. Advise the State of the amount to deduct from payroll for each enrollee
- J. Data reports
- K. Direct Billing and Reminder Notices to:
  - Employees on unpaid leave
  - Terminated employees

**1.202 STATE STAFF, ROLES, AND RESPONSIBILITIES**

The Contractor will provide these services under the direction and control of the Department of Civil Service. State staff will have virtually no other role in the program, except as provided in Appendix A.

**1.203 OTHER ROLES AND RESPONSIBILITIES**

The Contractor will be responsible for interfacing with the State of Michigan Human Resources Management Network (HRMN) in order to establish premium deductions from the State’s payroll system.

**1.3 Project Plan**

**1.301 [RESERVED]**

**1.302 REPORTS**

The State expects to receive the Contractor’s standard report package and those reports described below:

- Monthly reports, including:
  - A brief summary (in letter form) of significant activities, issues or problems identified or addressed during the month, or anticipated in subsequent months,
  - Number of participants in claimant status, by plan option,
  - Claims Report, showing claims paid in the month, charges, and plan payments, by plan option,
  - Number of participants covered, by plan option,
  - Produced within 30 calendar days of the end of the month.
- Quarterly reports, including:
  - Quarterly and YTD summaries of Monthly Claims Report.
  - Produced within 30 calendar days of the end of the quarter.
- Annual Report (results through September 30th), including:
  - Management summary,
  - Full financial and enrollment experience, including the items shown in monthly and quarterly reports, summarized to an annual basis,
  - Produced within 60 calendar days of the end of the year.

The Contractor will submit, as part of the monthly report, brief written summaries of significant activities during the month, issues or problems, real or anticipated, which should be brought to the attention of the client agency’s project director, and significant activities anticipated for subsequent months.



**1.4 Project Management**

**1.401 ISSUE MANAGEMENT**

Although there will be continuous liaison with the Contractor team, the contract director will meet quarterly during the first contract year as a minimum, with the Contractor's project manager for the purpose of reviewing progress and providing necessary guidance to the Contractor in solving problems which arise.

**1.402 RISK MANAGEMENT**

It is not anticipated that any risk management activities other than those identified above will be required.

**1.403 CHANGE MANAGEMENT**

Change management protocols will be developed as the need arises.

**1.5 Acceptance**

**1.501 CRITERIA**

The following criteria will be used by the State to determine Acceptance of the Services and/or Deliverables provided under this SOW.

The State will require the Contractor to contractually agree to Performance Standards (see above). Failure to adhere to these standards, and to take corrective action to meet these standards, may result in termination of the Contract. The objective of these standards is to encourage an acceptable level of performance in key contract administration areas. These include:

- Eligibility,
- Claim turnaround time,
- Claim payment accuracy on both a dollar and per occurrence basis,
- Member satisfaction,
- Inquiry handling, and
- Issue resolution.

**1.502 [RESERVED]**

**1.6 Compensation and Payment**

State shall not pay the Contractor for any activities necessary for or incidental to the performance of work as set forth in this SOW. All costs associated with this project will be included in the premium costs for the various coverage options provided and will be paid by the employees enrolling in the various options.

**1.7 Additional Terms and Conditions Specific to this SOW**

None

**Article 2 – General Terms and Conditions**

**2.0 Introduction**

**2.001 GENERAL PURPOSE**

The purpose of this Contract is to provide optional employee insurance and service coverage for employees of the State of Michigan, elected voluntarily by eligible employees and paid for by them either directly or through payroll deduction.



All costs of services will be included in the premium cost, and borne entirely by the employees electing to purchase the services offered under the Contract. Programming and other special costs incurred by the State of Michigan in implementing the agreed upon contract will be reimbursed by the Contractor.

## 2.002 ISSUING OFFICE AND CONTRACT ADMINISTRATOR

The Contract is issued by Acquisition Services, State of Michigan, Department of Management and Budget, hereinafter known as Acquisition Services, for the Michigan Department of Civil Service. Where actions are a combination of those of Acquisition Services and the Department of Civil Service, the authority will be known as the State.

Acquisition Services is the sole point of contact in the State with regard to all procurement and contractual matters relating to the services described herein. Acquisition Services is the only office authorized to negotiate, change, modify, amend, alter, and clarify the specifications, terms, and conditions of the Contract. Acquisition Services will remain the SOLE POINT OF CONTACT throughout the procurement process.

**Contractor proceeds at its own risk if it takes negotiation, changes, modification, alterations, amendments, clarification, etc., of the specifications, terms, or conditions of the Contract from any individual or office other than Acquisition Services and the listed contract administrator**

All communications covering this procurement must be addressed to contract administrator indicated below:

Department of Management and Budget  
Acquisition Services  
Attn: *Irene Pena, CPPB*  
2nd Floor, Mason Building  
P.O. Box 30026  
Lansing, Michigan 48909  
(517) 241-1647  
*Penai1@michigan.gov*

## 2.003 CIVIL SERVICE COMMISSION AND STATE PERSONNEL DIRECTOR

Notwithstanding this Contract, the Michigan Civil Service Commission and the State Personnel Director retain the plenary authority granted in Article 11, §5 of the Michigan Constitution. No provision of this Contract is intended to, or may be interpreted to, delegate, rescind, limit, or modify the authority of the Civil Service Commission or the State Personnel Director. In the event of any conflict between this Contract and the authority of the Civil Service Commission, the Civil Service Commission or the State Personnel Director may take any appropriate action to cure the conflict.

Pursuant to Article 11, §5, of the Michigan Constitution, the Civil Service Commission is required to regulate all terms and conditions of employment in the classified service. Therefore, notwithstanding this Contract, the Civil Service Commission retains the exclusive authority to permit the Contractor to provide services under this Contract to the state classified workforce and to permit payroll deduction of premiums by state classified employees. At the time of the execution of this Contract, the Civil Service Commission has, in Civil Service Rule 5-11.1(f)(2), delegated to the State Personnel Director the discretionary authority to authorize payroll deduction of premiums for other insurance and benefit programs for state classified employees if the employee pays 100 percent of the total cost. However, this Contract does not limit the quasi-legislative authority of the Civil Service Commission to amend its rules at any time.

## 2.003 NOTICE

Any notice given to a party under this Contract must be written and shall be deemed effective, if addressed to such party as addressed below upon (i) delivery, if hand delivered; (ii) receipt of a confirmed transmission by facsimile if a copy of the notice is sent by another means specified in this section; (iii) the third (3rd) Business Day after being sent by U.S. mail, postage pre-paid, return receipt requested; or (iv) the next Business Day after being sent by a nationally recognized overnight express courier with a reliable tracking system.

**2.004 CONTRACT TERM**

The term of this Contract will be for five (5) years and will commence with the execution of this Contract.

**Option.** The State reserves the right to exercise up to 5 one-year renewal options, at the sole option of the State. Contractor performance, quality of products, price, cost savings, and the Contractor's ability to deliver on time are some of the criteria that may be used as a basis for any decision by Acquisition Services to exercise an option year.

Written notice will be provided to the Contractor within 30 days, provided that the State gives the Contractor a preliminary written notice of its intent to extend at least 90 days before the Contract expires. The preliminary notice does not commit the State to an extension. If the State exercises this option, the extended contract shall be considered to include this option clause.

**2.005 GOVERNING LAW**

The Contract shall in all respects be governed by, and construed in accordance with, the laws of the State of Michigan. By signing this agreement, Contractor consents to personal jurisdiction in the state of Michigan. Any dispute arising herein shall be resolved in the State of Michigan.

**2.006 APPLICABLE STATUTES**

The following statutes, rules, and laws are applicable to the performance of this Contract; some statutes are reflected in the clauses of this Contract. This list is NOT exhaustive.

MI Uniform Commercial Code (MIUCC) MCL 440. (All sections unless otherwise altered by agreement)

MI OSHA MCL §§ 408.1001 – 408.1094

Freedom of Information Act (FIOA) MCL §§ 15.231, et seq.

Natural Resources and Environmental Protection Act MCL §§ 324.101, et seq.

MI Consumer Protection Act MCL §§ 445.901 – 445.922

Laws relating to wages, payments of wages, and fringe benefits on state projects MCL §§ 408.551 – 408.558, 408.471 – 408.490, 1965 PA 390.

Department of Civil Service Rules and regulations

Elliot Larsen Civil Rights Act MCL §§ 37.2201, et seq.

Persons with disabilities Civil Rights Act MCL §§ 37.1101, et seq.

MCL §§ 423.321, et seq.

MCL § 18.1264 (law regarding debarment)

Davis-Bacon Act (DBA) 40 USCU §§ 276(a), et seq.

Contract Work Hours and Safety Standards Act (CWHSAA) 40 USCS § 327, et seq.

Business Opportunity Act for Persons with Disabilities MCL §§ 450.791 – 450.795

Rules and regulations of the Environmental Protection Agency

Internal Revenue Code

Rules and regulations of the Equal Employment Opportunity Commission (EEOC)

The Civil Rights Act of 1964, USCS Chapter 42

Title VII, 42 USCS §§ 2000e et seq.

The Americans with Disabilities Act (ADA), 42 USCS §§ 12101 et seq.

The Age Discrimination in Employment Act of 1967 (ADEA), 29 USCS §§ 621, 623 et seq.

The Old Workers Benefit and Protection Act of 1990 (OWBPA), 29 USCS §§ 626, et seq.

The Family Medical Leave Act of 1993 (FMLA), 29 USC §§ 651 et seq.

The Fair Labor Standards Act (FLSA), 29 USC §§ 201 et seq.

Pollution Prevention Act of 1990 (PPA) 42 U.S.C. §13106

Sherman Act, 15 U.S.C.S. § 1 et seq.

Robinson-Patman Act, 15 U.S.C.S. § 13 et seq.

Clayton Act, 15 U.S.C.S. § 14 et seq.

Michigan Civil Service Commission Rules

**2.007 RELATIONSHIP OF THE PARTIES**

The relationship between the State and the Contractor is that of client and independent Contractor. No agent, employee, or servant of the Contractor or any of its subcontractors shall be or shall be deemed to be an employee, agent, or servant of the State for any reason. The Contractor will be solely and entirely responsible for its acts and the acts of its agents, employees, servants, and subcontractors during the performance of this Contract.

**2.008 HEADINGS**

Captions and headings used in the Contract are for information and organization purposes. Captions and headings, including inaccurate references, do not, in any way, define or limit the requirements or terms and conditions of this Contract.

**2.009 MERGER**

This document constitutes the complete, final, and exclusive agreement between the parties. All other prior writings and negotiations are ineffective.

**2.010 SEVERABILITY**

Each provision of the Contract shall be deemed to be severable from all other provisions of the Contract and, if one or more of the provisions of the Contract shall be declared invalid, the remaining provisions of the Contract shall remain in full force and effect.

**2.011 SURVIVORSHIP**

Any provisions of the Contract that impose continuing obligations on the parties including, but not limited to the Contractor's indemnity and other obligations shall survive the expiration or cancellation of the Contract for any reason.

**2.012 NO WAIVER OF DEFAULT**

The failure of a party to insist upon strict adherence to any term of the Contract shall not be considered a waiver or deprive the party of the right thereafter to insist upon strict adherence to that term or any other term of the Contract.

**2.013 PURCHASE ORDERS**

There will be no purchases by departments or agencies of the State of Michigan. All costs associated with the purchase of voluntary coverage options will be included in the premiums paid by employees selecting the various options.

**2.1 Contractor Obligations****2.101 ACCOUNTING RECORDS**

The Contractor and all subcontractors shall maintain all pertinent financial and accounting records and evidence pertaining to the Contract in accordance with generally accepted principles of accounting and other procedures specified by the State of Michigan. Financial and accounting records shall be made available, upon request, to the State of Michigan, its designees, or the Michigan Auditor General at any time during the Contract period and any extension thereof, and for three years from expiration date and final payment on the Contract or extension thereof.

**2.102 NOTIFICATION OF OWNERSHIP**

The Contractor shall make the following notifications in writing:

1. When the Contractor becomes aware that a change in its ownership or officers has occurred, or is certain to occur, that could result in changes in the valuation of its capitalized assets in the accounting records, the Contractor shall notify Acquisition Services within 30 days.



2. The Contractor shall also notify the Acquisition Services within 30 days whenever changes to asset valuations or any other cost changes have occurred or are certain to occur as a result of a change in ownership or officers.

The Contractor shall:

1. Maintain current, accurate, and complete inventory records of assets and their costs;
2. Provide Acquisition Services or designated representative ready access to the records upon request;
3. Ensure that all individual and grouped assets, their capitalized values, accumulated depreciation or amortization, and remaining useful lives are identified accurately before and after each of the Contractor's ownership or officer changes; and
4. Retain and continue to maintain depreciation and amortization schedules based on the asset records maintained before each Contractor ownership or officer change.

### 2.103 [RESERVED]

### 2.104 IT STANDARDS

1. EXISTING TECHNOLOGY STANDARDS. The Contractor will adhere to all existing standards as described within the comprehensive listing of the State's existing technology standards at <http://michigan.gov/dit>.
2. PM METHODOLOGY STANDARDS. The State has adopted a standard documented Project Management Methodology (PMM) for use on all Information Technology (IT) based projects. This policy is referenced in the document titled "Project Management Methodology" – DMB Administrative Guide Procedure 1380.02 issued June 2000. Vendors may obtain a copy of this procedure, as well as the State of Michigan Project Management Methodology, from the Department of Information Technology's website at <http://www.michigan.gov/projectmanagement>.

The Contractor shall use the State's PPM to manage State of Michigan Information Technology (IT) based projects. The Requesting agency will provide the applicable documentation and internal agency processes for the methodology. If the Contractor requires training on the methodology, those costs shall be the responsibility of the Contractor, unless otherwise stated.

3. ADHERENCE TO PORTAL TECHNOLOGY TOOLS. The State of Michigan, Department of Information Technology, has adopted the following tools as its Portal Technology development efforts:
  - Vignette Content Management and personalization Tool
  - Inktomi Search Engine
  - E-Pay Payment Processing Module
  - Websphere Commerce Suite for e-Store applications

**Contractors must use the Portal Technology Tools to implement web content management and deployment efforts for agencies. Tools used for web-based application development must work in conjunction with Vignette and Inktomi. The interaction with Vignette and Inktomi must be coordinated with the Department of Information Technology, Enterprise Application Services Office, e-Michigan Web Development team.**

Under special circumstances Contractors that are compelled to use alternate tools must submit an exception request to the Department of Information Technology, Enterprise Application Services Office, e-Michigan Web Development team, for evaluation and approval of each alternate tool prior to proposal evaluation by the State.

### 2.105 [RESERVED]



## **2.106 PREVAILING WAGE**

The rates of wages and fringe benefits to be paid each class of individuals employed by the Contractor, its subcontractors, their subcontractors, and all persons involved with the performance of this Contract in privity of contract with the Contractor shall not be less than the wage rates and fringe benefits established by the Michigan Department of Consumer and Industry Service, Bureau of Safety and Regulation, Wage/Hour Division schedule of occupational classification and wage rates and fringe benefits for the local where the work is to be performed. The term Contractor shall include all general contractors, prime contractors, project managers, trade contractors, and all of their contractors or subcontractors and persons in privity of contract with them.

The Contractor, its subcontractors, their subcontractors, and all persons involved with the performance of this Contract in privity of contract with the Contractor shall keep posted on the work site, in a conspicuous place, a copy of all wage rates and fringe benefits as prescribed in the contract. You must also post, in a conspicuous place, the address and telephone number of the Michigan Department of Consumer and Industry Services, the office responsible for enforcement of the wage rates and fringe benefits. You shall keep an accurate record showing the name and occupation of the actual wage and benefits paid to each individual employed in connection with this contract. This record shall be available to the State upon request for reasonable inspection.

If any trade is omitted from the list of wage rates and fringe benefits to be paid to each class of individuals by the Contractor, it is understood that the trades omitted shall also be paid not less than the wage rate and fringe benefits prevailing in the local where the work is to be performed.

## **2.107 PAYROLL AND BASIC RECORDS**

Payrolls and basic records relating to the performance of this contract shall be maintained by the Contractor during the course of the work and preserved for a period of 3 years thereafter for all laborers and mechanics working at the site of the work. Such records shall contain the name, address, and social security number of each such worker, his or her correct classification, hourly rates of wages paid (including rates of contributions or costs anticipated for bona fide fringe benefits or cash equivalents thereof of the types described in section 1(b)(2)(B) of the Davis-Bacon Act), daily and weekly number of hours worked, deductions made, and actual wages paid. Contractors employing apprentices or trainees under approved programs shall maintain written evidence of the registration of apprenticeship programs and certification of trainee programs, the registration of the apprentices and trainees, and the ratios and wage rates prescribed in the applicable programs.

The Contractor shall submit a copy of all payrolls to the Contract Administrator upon request. The payrolls submitted shall set out accurately and completely all of the information required to be maintained as indicated above.

The Prime Contractor is responsible for the submission of copies of payrolls by all subcontractors upon request from the Contract Administrator

The Contractor or subcontractor shall permit the Contract Administrator or representatives of the Contract Administrator or the State of Michigan to interview employees during working hours on the job.

If the Contractor or subcontractor fails to submit required records or to make them available, the Contract Administrator may, after written notice to the Contractor, take such action as may be necessary to cause the suspension of any further payment. Furthermore, failure to submit the required records upon request or to make such records available may be grounds for debarment.

## **2.108 COMPETITION IN SUB-CONTRACTING**

The Contractor shall select subcontractors (including Providers as defined in Appendix A) on a competitive basis to the maximum practical extent consistent with the objectives and requirements of the Contract.



## **2.109 CALL CENTER DISCLOSURE**

Contractor and all subcontractors or Providers involved in the performance of this Contract providing call or contact center services to the State of Michigan must disclose the location of its call or contact center services to the Department of Civil Service. Hours of call center operations shall be compatible with normal working hours for State of Michigan employees.

## **2.2 Contract Performance**

### **2.201 TIME IS OF THE ESSENCE**

Contractor is on notice that time is of the essence in the performance of this Contract. Late performance will be considered a material breach of this Contract, giving the State a right to invoke all remedies available to it under this Contract.

### **2.202 [RESERVED]**

### **2.203 [RESERVED]**

### **2.204 [RESERVED]**

### **2.205 ELECTRONIC PAYMENT AVAILABILITY**

Electronic transfer of funds is available to State contractors. Contractor is required register with the State of Michigan Office of Financial Management so the State can make payments related to this Contract electronically at [www.cpexpress.state.mi.us](http://www.cpexpress.state.mi.us).

### **2.206 PERFORMANCE OF WORK BY CONTRACTOR**

The Contractor shall perform on the site, and with its own organization, according to the statement of work of this Contract. All of the work to be performed under the Contract shall be provided by the Contractor, with voluntary coverage options being provided by subcontractors or Providers under agreement with the Contractor. This percentage may be reduced by a supplemental agreement to this Contract if, during performing the work, the Contractor requests a reduction and the Contract Administrator determines that the reduction would be to the advantage of the State.

## **2.3 Contract Rights and Obligations**

### **2.301 INCURRING COSTS**

The State of Michigan is not liable for any cost incurred by the Contractor prior to or after the execution of the Contract. Total liability of the State is limited to terms and conditions of the Contract.

### **2.302 CONTRACTOR RESPONSIBILITIES**

The Contractor will be required to assume responsibility for all contractual activities in Appendix A, whether or not that Contractor performs them. Further, the State will consider the Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the anticipated Contract. If any part of the work is to be subcontracted, the Contract must include a list of subcontractors, including firm name and address, contact person and a complete description of work to be subcontracted. The State reserves the right to approve subcontractors and to require the Contractor to replace subcontractors found to be unacceptable. The Contractor is totally responsible for adherence by the subcontractor to all provisions of the Contract. Any change in subcontractors must be approved by the Department of Civil Service, in writing, prior to such change.



### 2.303 ASSIGNMENT AND DELEGATION

The Contractor shall not have the right to assign this Contract, to assign its rights under this Contract, or delegate any of its duties or obligations under the Contract to any other party (whether by operation of law or otherwise), without the prior written consent of the Department of Civil Service. Any purported assignment in violation of this Section shall be null and void. Further, the Contractor may not assign the right to receive money due under the Contract without the prior written consent of the Director of Acquisition Services.

The Contractor shall not delegate any duties or obligations under the Contract to a subcontractor other than a subcontractor named and approved in the bid or approved by the Department of Civil Service unless the Director of Acquisition Services has given written consent to the delegation.

**Contractor must obtain the approval of the Director of Acquisition Services before using a place of performance that is different from the address that bidder provided in the bid.**

### 2.304 TAXES

Sales Tax: For purchases made directly by the State of Michigan, the State is exempt from State and Local Sales Tax. Prices shall not include such taxes. Exemption Certificates for State Sales Tax will be furnished upon request.

Federal Excise Tax: The State of Michigan may be exempt from Federal Excise Tax, or such taxes may be reimbursable, if articles purchased under this Contract are used for the State's exclusive use. Certificates exclusive use for the purposes of substantiating a tax-free or tax-reimbursable sale will be sent to the Contractor upon request. If a sale is tax exempt or tax reimbursable under the Internal Revenue Code, prices shall not include the Federal Excise Tax.

The State's Tax Exempt Certification is available for Contractor viewing upon request to the Contract Administrator.

### 2.305 INDEMNIFICATION

#### General Indemnification

To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless the State, its departments, divisions, agencies, sections, commissions, officers, employees and agents, from and against all losses, liabilities, penalties, fines, damages and claims (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties), arising from or in connection with any of the following:

1. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or resulting from (1) the Optional Coverage Program or (2) performance of the work, duties, responsibilities, actions or omissions of the Contractor or any of its subcontractors under this Contract.
2. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or resulting from a breach by the Contractor of any representation or warranty made by the Contractor in the Contract;
3. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or related to occurrences that the Contractor, subcontractor, or insurer is required to insure against as provided for in this Contract or the Optional Coverage Program;



4. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents arising out of or resulting from the death or bodily injury of any person, or the damage, loss or destruction of any real or tangible personal property, in connection with the performance of services by the Contractor, by any of its subcontractors, by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable; provided, however, that this indemnification obligation shall not apply to the extent, if any, that such death, bodily injury or property damage is caused solely by the negligence or reckless or intentional wrongful conduct of the State;
5. Any claim, demand, action, citation or legal proceeding against the State, its employees and agents which results from an act or omission of the Contractor or any of its subcontractors in its or their capacity as an employer of a person.

Patent/Copyright Infringement Indemnification

To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless the State, its employees and agents from and against all losses, liabilities, damages (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties) incurred in connection with any action or proceeding threatened or brought against the State to the extent that such action or proceeding is based on a claim that any piece of equipment, software, commodity or service supplied by the Contractor or its subcontractors, or the operation of such equipment, software, commodity or service, or the use or reproduction of any documentation provided with such equipment, software, commodity or service infringes any United States or foreign patent, copyright, trade secret or other proprietary right of any person or entity, which right is enforceable under the laws of the United States. In addition, should the equipment, software, commodity, or service, or the operation thereof, become or in the Contractor's opinion be likely to become the subject of a claim of infringement, the Contractor shall at the Contractor's sole expense (i) procure for the State the right to continue using the equipment, software, commodity or service or, if such option is not reasonably available to the Contractor, (ii) replace or modify the same with equipment, software, commodity or service of equivalent function and performance so that it becomes non-infringing, or, if such option is not reasonably available to Contractor, (iii) accept its return by the State with appropriate credits to the State against the Contractor's charges and reimburse the State for any losses or costs incurred as a consequence of the State ceasing its use and returning it.

Code Indemnification

To the extent permitted by law, the Contractor shall indemnify, defend, and hold harmless the State from any claim, loss, or expense arising from Contractor's breach of the No Surreptitious Code Warranty.

Indemnification Obligation Not Limited

In any and all claims against the State of Michigan, or any of its agents or employees, by any employee of the Contractor or any of its subcontractors, the indemnification obligation under the Contract shall not be limited in any way by the amount or type of damages, compensation or benefits payable by or for the Contractor or any of its subcontractors under worker's disability compensation acts, disability benefits acts, or other employee benefits acts. This indemnification clause is intended to be comprehensive. Any overlap in sub clauses, or the fact that greater specificity is provided as to some categories of risk, is not intended to limit the scope of indemnification under any other sub clause.

Continuation of Indemnification Obligation

The duty to indemnify will continue in full force and affect notwithstanding the expiration or early termination of the Contract with respect to any claims based on facts or conditions, which occurred prior to termination.



### Indemnification Procedures

The procedures set forth below shall apply to all indemnity obligations under this Contract.

- (a) After receipt by the State of notice of the action or proceeding involving a claim in respect of which it will seek indemnification, the State shall promptly notify Contractor of such claim in writing and take or assist Contractor in taking, as the case may be, any reasonable action to avoid the imposition of a default judgment against Contractor. No failure to so notify Contractor shall relieve Contractor of its indemnification obligations except to the extent that Contractor can demonstrate damages attributable to such failure. Within ten (10) days following receipt of written notice from the State relating to any claim, Contractor shall notify the State in writing whether Contractor agrees to assume control of the defense and settlement of that claim (a "Notice of Election"). After notifying Contractor of a claim and prior to the State receiving Contractor's Notice of Election, the State shall be entitled to defend against the claim, at Contractor's expense, and Contractor will be responsible for any reasonable costs incurred by the State in defending against the claim during such period.
- (b) If Contractor delivers a Notice of Election relating to any claim: (i) the State shall be entitled to participate in the defense of such claim and to employ counsel at its own expense to assist in the handling of such claim and to monitor and advise the State about the status and progress of the Defense; (ii) Contractor shall, at the request of the State, demonstrate to the reasonable satisfaction of the State, Contractor's financial ability to carry out its defense and indemnity obligations under this Contract; (iii) Contractor shall periodically advise the State about the status and progress of the defense and shall obtain the prior written approval of the State before entering into any settlement of such claim or ceasing to defend against such claim and (iv) to the extent that any principles of Michigan governmental or public law may be involved or challenged, the State shall have the right, at its own expense, to control the defense of that portion of such claim involving the principles of Michigan governmental or public law. Notwithstanding the foregoing, the State may retain control of the defense and settlement of a claim by written notice to Contractor given within ten (10) days after the State's receipt of Contractor's information requested by the State pursuant to clause (ii) of this paragraph if the State determines that Contractor has failed to demonstrate to the reasonable satisfaction of the State Contractor's financial ability to carry out its defense and indemnity obligations under this Section. Any litigation activity on behalf of the State of Michigan, or any of its subdivisions pursuant to this Section, must be coordinated with the Department of Attorney General. In the event the insurer's attorney represents the State pursuant to this Section, the insurer's attorney may be required to be designated as a Special Assistant Attorney General by the Attorney General of the State of Michigan.
- (c) If Contractor does not deliver a Notice of Election relating to any claim of which it is notified by the State as provided above, the State shall have the right to defend the claim in such manner as it may deem appropriate, at the cost and expense of Contractor. If it is determined that the claim was one against which Contractor was required to indemnify the State, upon request of the State, Contractor shall promptly reimburse the State for all such reasonable costs and expenses.

### **2.306 LIMITATION OF LIABILITY**

Except as set forth herein, neither the Contractor nor the State shall be liable to the other party for indirect or consequential damages, even if such party has been advised of the possibility of such damages. Such limitation as to indirect or consequential damages shall not apply to claims for infringement of United States patent, copyright, trademarks or trade secrets; to claims for personal injury or damage to property caused by the gross negligence or willful misconduct of the Contractor; to claims covered by other specific provisions of this Contract calling for liquidated damages; to Contractor's indemnification obligations (2.305); or to court costs or attorney's fees awarded by a court in addition to damages after litigation based on this Contract.

### **2.307 CONTRACT DISTRIBUTION**

Acquisition Services shall retain the sole right of Contract distribution to all State agencies and local units of government unless other arrangements are authorized by Acquisition Services.



**2.308 FORM, FUNCTION, AND UTILITY**

If the Contract is for use of more than one State agency and if the good or service provided under this Contract do not meet the form, function, and utility required by a State agency, that agency may, subject to State purchasing policies, procure the good or service from another source.

**2.309 ASSIGNMENT OF ANTITRUST CAUSE OF ACTION**

For and in consideration of the opportunity to submit a quotation and other good and valuable consideration, the bidder hereby assigns, sells and transfers to the State of Michigan all rights, title and interest in and to all causes of action it may have under the antitrust laws of the United States or this State for price fixing, which causes of action have accrued prior to the date of payment and which relate solely to the particular goods, commodities, or services purchased or procured by this State pursuant to this transaction.

**2.310 [RESERVED]**

**2.311 TRANSITION ASSISTANCE**

If this Contract is not renewed at the end of this term, or is canceled prior to its expiration, for any reason, the Contractor must provide for up to one year after the expiration or cancellation of this Contract, all reasonable transition assistance requested by the State, to allow for the expired or canceled portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such services to the State or its designees. Such transition assistance will be deemed by the parties to be governed by the terms and conditions of this Contract, (notwithstanding this expiration or cancellation) except for those Contract terms or conditions that do not reasonably apply to such transition assistance.

**2.312 [RESERVED]**

**2.313 [RESERVED]**

**2.314 WEBSITE INCORPORATION**

State expressly states that it will not be bound by any content on the Contractor’s website, even if the Contractor’s documentation specifically referenced that content and attempts to incorporate it into any other communication, unless the State has actual knowledge of such content and has expressly agreed to be bound by it in a writing that has been manually signed by an authorized representation of the State.

**2.4 Contract Review and Evaluation**

**2.401 CONTRACT COMPLIANCE INSPECTOR**

Upon receipt at Acquisition Services of the properly executed Contract, the person named below will be allowed to oversee the Contract performance on a day-to-day basis during the term of the Contract. However, overseeing the Contract implies **no authority to negotiate, change, modify, clarify, amend, or otherwise alter the terms, conditions, and specifications of such Contract. That authority is retained by Acquisition Services.** The Contract Compliance Inspector for this project is:

The State Personnel Director or the Director’s designee  
 Department of Civil Service  
 Capitol Commons Center, 2nd Floor  
 P.O. Box 30002, Lansing, MI 48909

At the time of the execution of the Contract, the State Personnel Director has named the following designee:

Peggy Moczul  
 Department of Civil Service  
 Employee Benefits Division  
 Capitol Commons Center, 4<sup>th</sup> Floor  
 PO Box 30002, Lansing, MI 48909  
 moczulp2@michigan.gov  
 800-505-5011



## 2.402 PERFORMANCE REVIEWS

The Department of Civil Service may review with the Contractor its performance under the Contract. Performance reviews shall be conducted quarterly, semi-annually or annually depending on Contractor's past performance with the State. Performance reviews shall include, but not limited to, quality of products/services being delivered and provided, timeliness of delivery, percentage of completion of orders, the amount of back orders, status of such orders, accuracy of billings, customer service, completion and submission of required paperwork, the number of substitutions and the reasons for substitutions, and other requirements of the Contract.

Upon a finding of poor performance, the Contractor shall be given an opportunity to respond and take corrective action. If corrective action is not taken in a reasonable amount of time as determined by the Department of Civil Service, the Contract may be canceled for default.

## 2.403 AUDIT OF CONTRACT COMPLIANCE/ RECORDS AND INSPECTIONS

The Contractor agrees to cooperate with the State during the audit and produce all records and documentation that verifies compliance with the Contract requirements.

- (a) Inspection of Work Performed. The State's authorized representatives shall at all reasonable times and with ten (10) days prior written request, have the right to enter Contractor's premises, or any other places, where the Services are being performed, and shall have access, upon reasonable request, to interim drafts of Deliverables or work-in-progress. Upon ten (10) Days prior written notice and during business hours, the State's representatives shall be allowed to inspect, monitor, or otherwise evaluate the work being performed and to the extent that such access will not interfere or jeopardize the safety or operation of the systems or facilities. Contractor must provide all reasonable facilities and assistance for the State's representatives, so long as no security, labor relations policies, and propriety information policies are violated.
- (b) Examination of Records. No more than once per year, Contractor agrees that the State, including its duly authorized representatives, until the expiration of seven (7) years following the creation of the material (collectively, the "Audit Period"), shall, upon twenty (20) days prior written notice, have access to and the right to examine and copy any of Contractor's books, records, documents and papers pertinent to establishing Contractor's compliance with the terms and conditions of the Contract and with applicable laws and rules, including the State's procurement rules, regulations and procedures, and actual performance of the Contract for the purpose of conducting an audit, examination, excerpt and/or transcription but the State shall not have access to any information deemed confidential to Contractor to the extent such access would require such confidential information to become publicly available. This provision also applies to the books, records, accounts, documents, and papers, in print or electronic form, of any parent, affiliated or subsidiary organization of Contractor, or any Subcontractor of Contractor performing services in connection with the Contract.
- (c) Retention of Records. Contractor shall maintain at least until the end of the Audit Period all pertinent financial and accounting records (including time sheets and payroll records, and information pertaining to the Contract and to the Services, equipment, and commodities provided under the Contract) pertaining to the Contract in accordance with generally accepted accounting principles and other procedures specified in this Section. Financial and accounting records shall be made available, upon request, to the State at any time during the Audit Period. If an audit, litigation, or other action involving Contractor's records is initiated before the end of the Audit Period, the records must be retained until all issues arising out of the audit, litigation, or other action are resolved or until the end of the Audit Period, whichever is later.
- (d) Audit Resolution. If necessary, the Contractor and the State shall meet to review each audit report promptly after issuance. The Contractor will respond to each audit report in writing within thirty (30) days from receipt of such report, unless a shorter response time is specified in such report. The Contractor and the State shall develop and agree upon an action plan to promptly address and resolve any deficiencies, concerns, and/or recommendations in such audit report.



1. Errors. If the audit demonstrates any errors in the statements provided to the State, then the amount in error shall be reflected as a credit or debit on the next invoice and in subsequent invoices until the amount is paid or refunded in full. However, a credit or debit may not be carried for more than four (4) quarterly statements. If a balance remains after four (4) quarterly statements, then the remaining amount will be due as a payment or refund within forty-five (45) days of the last quarterly statement that the balance appeared on or termination of the Contract, whichever is earlier.
2. In addition to other available remedies, the difference between the payment received and the correct payment amount is greater than ten (10%), then the Contractor shall pay all of the reasonable costs of the audit.

**2.5 Quality and Warranties**

**2.501 PROHIBITED PRODUCTS**

N/A

**2.502 [RESERVED]**

**2.503 [RESERVED]**

**2.504 [RESERVED]**

**2.505 CONTRACTOR WARRANTIES**

The Contract will contain customary representations and warranties by the Contractor, including, without limitation, the following:

1. The Contractor will perform all services in accordance with high professional standards in the industry;
2. The Contractor will use adequate numbers of qualified individuals with suitable training, education, experience and skill to perform the services;
3. The Contractor will use its best efforts to use efficiently any resources or services necessary to provide the services that are separately chargeable to the State;
4. The Contractor will use its best efforts to perform the services in the most cost effective manner consistent with the required level of quality and performance;
5. The Contractor will perform the services in a manner that does not infringe the proprietary rights of any third party;
6. The Contractor will perform the services in a manner that complies with all applicable laws and regulations;
7. The Contractor has duly authorized the execution, delivery and performance of the Contract;
8. The Contractor is capable in all respects of fulfilling and shall fulfill all of its obligations under this Contract.
9. The Contract appendices, attachments, and exhibits identify all equipment and software services necessary for the deliverable(s) to perform and operate in compliance with the Contract's requirements.
10. The Contractor is the lawful owner or licensee of any Deliverable licensed or sold to the state by Contractor or developed by Contractor under this Contract, and Contractor has all of the rights necessary to convey to the state the ownership rights or license use, as applicable, of any and all Deliverables.



11. If, under this Contract, Contractor procures any equipment, software or other Deliverable for the State (including equipment, software and other Deliverables manufactured, re-marketed or otherwise sold by Contractor under Contractor's name), then in addition to Contractor's other responsibilities with respect to such items as set forth in this Contract, Contractor shall assign or otherwise transfer to the State or its designees, or afford the State the benefits of, any manufacturer's warranty for the Deliverable.
12. The Contract signatory has the power and authority, including any necessary corporate authorizations, necessary to enter this Contract, on behalf of Contractor.
13. The Contractor is qualified and registered to transact business in all locations where required.
14. Neither the Contractor nor any Affiliates, nor any employee of either, has, shall have, or shall acquire, any contractual, financial, business, or other interest, direct or indirect, that would conflict in any manner or degree with Contractor's performance of its duties and responsibilities to the State under this Contract or otherwise create an appearance of impropriety with respect to the award or performance of this Agreement. Contractor shall notify the State within two (2) days of any such interest that may be incompatible with the interests of the State.
15. All financial statements, reports, and other information furnished by Contractor to the State as part of its response to the ITB or otherwise in connection with the award of this Contract fairly and accurately represent the business, properties, financial condition, and results of operations of Contractor as of the respective dates, or for the respective periods, covered by such financial statements, reports, other information. Since the respective dates or periods covered by such financial statements, reports, or other information, there have been no material adverse changes in the business, properties, financial condition, or results of operations of Contractor. All written information furnished to the State by or behalf of Contractor in connection with this Contract, including its bid, it true, accurate, and complete, and contains no untrue statement of material fact or omits any material fact necessary to make such information not misleading.

**2.506 STAFF**

Staff should include systems professionals to provide timely programming required to implement system changes and produce reports. In addition, there should be the designation of a high-level management staff member to serve as liaison for systems related matters.

The Contractor will introduce to representatives of the Department of Civil Service, personnel responsible to manage the Optional Coverage Program and will identify other employees involved in the day to day operation of the Optional Coverage Program. The State reserves the right to approve the Contractor's assignment of Key Personnel to this project and to recommend reassignment of personnel deemed unsatisfactory by the State.

The Contractor shall not remove or reassign, without the prior written approval of the Department of Civil Service any of the Key Personnel until such time as the Key Personnel have completed all of their planned and assigned responsibilities in connection with performance of the Contractor's obligations under this Contract. The Contractor agrees that the continuity of Key Personnel is critical and agrees to the continuity of Key Personnel. Removal of Key Personnel without the written consent of the Department of Civil Service may be considered by the State to be a material breach of this Contract. The prohibition against removal or reassignment shall not apply where Key Personnel must be replaced for reasons beyond the reasonable control of the Contractor including but not limited to illness, disability, resignation, or termination of the Key Personnel's employment.

**2.507 [RESERVED]**

**2.508 [RESERVED]**

**2.509 [RESERVED]**

**2.6 Breach of Contract**



## **2.601 BREACH DEFINED**

Failure to comply with articles, sections, or subsections of this Contract, or making any false statement in this agreement will be considered a material breach of this Contract giving the state authority to invoke any and all remedies available to it under this agreement.

## **2.602 NOTICE AND THE RIGHT TO CURE**

In the event of a curable breach by the Contractor, the State shall provide the Contractor written notice of the breach and a time period to cure said breach described in the notice. This section requiring notice and an opportunity to cure shall not be applicable in the event of successive or repeated breaches of the same nature or if the State determines in its sole discretion that the breach poses a serious and imminent threat to the health or safety of any person or the imminent loss, damage or destruction of any real or tangible personal property.

## **2.603 EXCUSABLE FAILURE**

1. Neither party shall be liable for any default or delay in the performance of its obligations under the Contract if and to the extent such default or delay is caused, directly or indirectly, by: fire, flood, earthquake, elements of nature or acts of God; riots, civil disorders, acts of terror, rebellions or revolutions in any country; the failure of the other party to perform its material responsibilities under the Contract (either itself or through another contractor); injunctions (provided the injunction was not issued as a result of any fault or negligence of the party seeking to have its default or delay excused); or any other cause beyond the reasonable control of such party; provided the non-performing party and its subcontractors are without fault in causing such default or delay, and such default or delay could not have been prevented by reasonable precautions and cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means, including disaster recovery plans. In such event, the non-performing party will be excused from any further performance or observance of the obligation(s) so affected for as long as such circumstances prevail and such party continues to use its best efforts to recommence performance or observance whenever and to whatever extent possible without delay provided such party promptly notifies the other party in writing of the inception of the excusable failure occurrence, and also of its abatement or cessation.
2. If any of the above enumerated circumstances substantially prevent, hinder, or delay performance of the services necessary for the performance of the State's functions for more than 14 consecutive days, and the State determines that performance is not likely to be resumed within a period of time that is satisfactory to the State in its reasonable discretion, then at the State's option: (a) the State may procure the affected services from an alternate source, and the State shall not be liable for payments for the unperformed services under the Contract for so long as the delay in performance shall continue; (b) the State may cancel any portions of the Contract so affected and the charges payable hereunder shall be equitably adjusted to reflect those services canceled; or (c) the Contract will be canceled without liability of the State to the Contractor as of the date specified by the State in a written notice of cancellation to the Contractor. The Contractor will not have the right to any additional payments from the State as a result of any excusable failure occurrence or to payments for services not rendered as a result of the excusable failure condition. Defaults or delays in performance by the Contractor which are caused by acts or omissions of its subcontractors will not relieve the Contractor of its obligations under the Contract except to the extent that a subcontractor is itself subject to any excusable failure condition described above and the Contractor cannot reasonably circumvent the effect of the subcontractor's default or delay in performance through the use of alternate sources, workaround plans or other means.

## **2.7 Remedies**

### **2.701 CANCELLATION**

The State may cancel this Contract without further liability or penalty to the State, its departments, divisions, agencies, offices, commissions, officers, agents, and employees for any of the following reasons:



1. Material Breach by the Contractor. In the event that the Contractor breaches any of its material duties or obligations under the Contract, which are either not capable of or subject to being cured, or are not cured within the time period specified in the written notice of breach provided by the State, or pose a serious and imminent threat to the health and safety of any person, or the imminent loss, damage or destruction of any real or tangible personal property, the State may, having provided written notice of cancellation to the Contractor, cancel this Contract in whole or in part, for cause, as of the date specified in the notice of cancellation.

In the event that this Contract is cancelled for cause, in addition to any legal remedies otherwise available to the State by law or equity, the Contractor shall be responsible for all costs incurred by the State in canceling the Contract, including but not limited to, State administrative costs, attorneys fees and court costs, and any additional costs the State may incur to procure the services required by this Contract from other sources. All excess re-procurement costs and damages shall not be considered by the parties to be consequential, indirect, or incidental, and shall not be excluded by any other terms otherwise included in the Contract.

In the event the State chooses to partially cancel this Contract for cause charges payable under this Contract will be equitably adjusted to reflect those services that are cancelled.

In the event this Contract is cancelled for cause pursuant to this section, and it is therefore determined, for any reason, that the Contractor was not in breach of contract pursuant to the provisions of this section, that cancellation for cause shall be deemed to have been a cancellation for convenience, effective as of the same date, and the rights and obligations of the parties shall be limited to that otherwise provided in the Contract for a cancellation for convenience.

2. Cancellation For Convenience By the State. The State may cancel this Contract for its convenience, in whole or part, if the State determines that such a cancellation is in the State's best interest. Reasons for such cancellation shall be left to the sole discretion of the State and may include, but not limited to (a) the State no longer needs the services or products specified in the Contract, (b) relocation of office, program changes, changes in laws, rules, or regulations make implementation of the Contract services no longer practical or feasible, and (c) unacceptable prices for additional services requested by the State. The State may cancel the Contract for its convenience, in whole or in part, by giving the Contractor written notice 30 days prior to the date of cancellation. If the State chooses to cancel this Contract in part, the charges payable under this Contract shall be equitably adjusted to reflect those services that are cancelled.
3. Non-Appropriation. In the event that funds to enable the State to effect continued payment under this Contract are not appropriated or otherwise made available. The Contractor acknowledges that, if this Contract extends for several fiscal years, continuation of this Contract is subject to appropriation or availability of funds for this project. If funds are not appropriated or otherwise made available, the State shall have the right to cancel this Contract at the end of the last period for which funds have been appropriated or otherwise made available by giving written notice of cancellation to the Contractor. The State shall give the Contractor written notice of such non-appropriation or unavailability within 30 days after it receives notice of such non-appropriation or unavailability.
4. Criminal Conviction. In the event the Contractor, an officer of the Contractor, or an owner of a 25% or greater share of the Contractor, is convicted of a criminal offense incident to the application for or performance of a State, public or private Contract or subcontract; or convicted of a criminal offense including but not limited to any of the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, attempting to influence a public employee to breach the ethical conduct standards for State of Michigan employees; convicted under State or federal antitrust statutes; or convicted of any other criminal offense which in the sole discretion of the State, reflects upon the Contractor's business integrity.
5. Approvals Rescinded. The State may terminate this Contract without further liability or penalty in the event any final administrative or judicial decision or adjudication disapproves a previously approved request for purchase of personal services pursuant to Constitution 1963, Article 11, section 5, and Civil Service Rule 7. Termination may be in whole or in part and may be immediate as of the date of the written notice to Contractor or may be effective as of the date stated in such written notice.

**2.702 RIGHTS UPON CANCELLATION**

**Termination Assistance.** If this Contract (or any Statement of Work issued under it) is terminated for any reason prior to completion, Contractor agrees to provide for up to six (6) months after the termination all reasonable termination assistance requested by the State to facilitate the orderly transfer of such Services to the State or its designees in a manner designed to minimize interruption and adverse effect. Such termination assistance will be deemed by the parties to be governed by the terms and conditions of this Contract (notwithstanding its termination) other than any terms or conditions that do not reasonably apply to such termination assistance. Such termination assistance shall be at no additional charge to the State if the termination is for Contractor's Default pursuant to Section 2.602; otherwise the State shall compensate Contractor for such termination assistance on a time and materials basis in accordance with the Amendment Labor Rates identified within this Contract agreement.

**2.703 [RESERVED]****2.704 STOP WORK**

1. The State may, at any time, by written stop work order to the Contractor, require that the Contractor stop all, or any part, of the work called for by this Contract for a period of up to 90 days after the stop work order is delivered to the Contractor, and for any further period to which the parties may agree. The stop work order shall be specifically identified as such and shall indicate that it is issued under this section. Upon receipt of the stop work order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the stop work order during the period of work stoppage. Within the period of the stop work order, the State shall either:
  - a) Cancel the stop work order; or
  - b) Cancel the work covered by the stop work order as provided in the cancellation section of this Contract.
2. If a stop work order issued under this section is canceled or the period of the stop work order or any extension thereof expires, the Contractor shall resume work. The State shall make an equitable adjustment in the delivery schedule, the contract price, or both, and the Contract shall be modified, in writing, accordingly, if:
  - a) The stop work order results in an increase in the time required for, or in the Contractor's costs properly allocable to the performance of any part of this Contract; and
  - b) The Contractor asserts its right to an equitable adjustment within 30 days after the end of the period of work stoppage; provided, that if the State decides the facts justify the action, the State may receive and act upon a proposal submitted at any time before final payment under this Contract.
3. If the stop work order is not canceled and the work covered by the stop work order is canceled for reasons other than material breach, the State shall allow reasonable costs resulting from the stop work order in arriving at the cancellation settlement.
4. If a stop work order is not canceled and the work covered by the stop work order is canceled for material breach, the State shall not allow, by equitable adjustment or otherwise, reasonable costs resulting from the stop work order.

An appropriate equitable adjustment may be made in any related contract of the Contractor that provides for adjustment and is affected by any stop work order under this section. The State shall not be liable to the Contractor for loss of profits because of a stop work order issued under this section.

**2.705 SUSPENSION OF WORK**

The State Personnel Director may order the Contractor, in writing, to suspend, delay, or interrupt all or any part of the work of this Contract for the period of time that the State Personnel Director determines appropriate for the convenience of the Government.



## 2.8 Changes, Modifications, and Amendments

### 2.801 APPROVALS

The Contract may not be modified, amended, extended, or augmented except by a writing executed by the parties hereto, and any breach or default by a party shall not be waived or released other than in writing signed by the other party.

### 2.802 TIME EXTENSIONS

Time extensions for Contract changes will depend upon the extent, if any, by which the changes cause delay in the completion of the various elements of performance as described in the statement of work. The change order granting the time extension may provide that the Contract completion date will be extended only for those specific elements related to the changed work and that the remaining Contract completion dates for all other portions of the work will not be altered. The change order also may provide an equitable readjustment of liquidated damages under the new completion schedule.

### 2.803 [RESERVED]

### 2.804 AUDIT AND RECORDS UPON MODIFICATION

DEFINITION: records includes books, documents, accounting procedures and practices, and other data, regardless of whether such items are in written form, electronic form, or in any other form.

Contractor shall be required to submit cost or pricing data with the pricing of any modification of this Contract to the Contract Administrator in Acquisition Services. Data may include accounting records, payroll records, employee time sheets, and other information the state deems necessary to perform a fair evaluation of the modification proposal. Contract Administrator or authorized representative of the state shall have the right to examine and audit all of the Contractor's records, including computations and projections, related to:

1. The proposal for modification;
2. The discussions conducted on the proposal, including those related to negotiation;
3. Pricing of the modification; or
4. Performance of the modification.

Contractor shall make available at its office at all reasonable times the materials described in the paragraphs above. If this Contract is completely or partially terminated, the records relating to the work terminated shall be made available for 3 years after any resulting final termination settlement.

### 2.805 CHANGES

- (a) The Contract Administrator may, at any time, without notice to the sureties, if any, by written order designated or indicated to be a change order, make changes in the work within the general scope of the Contract, including changes:
  - (1) In the specifications (including drawings and designs);
  - (2) In the method or manner of performance of the work;
  - (3) In the Government-furnished facilities, equipment, materials, services, or site; or
  - (4) Directing acceleration in the performance of the work.
- (b) Any other written or oral order (which, as used in this paragraph (b), includes direction, instruction, interpretation, or determination) from the Contract Administrator that causes a change shall be treated as a change order under this clause; Provided, that the Contractor gives the Contract Administrator written notice stating:
  - (1) The date, circumstances, and source of the order; and
  - (2) That the Contractor regards the order as a change order.
- (c) Except as provided in this clause, no order, statement, or conduct of the Contract Administrator shall be treated as a change under this clause or entitle the Contractor to an equitable adjustment.



**Appendix A – Operational Obligations**

1. **Contractor's Obligations.** Following execution of the Contract, the Contractor's obligations with respect to the Optional Coverage Program are as follows:
  - A. Evaluate and recommend to the Department of Civil Service one or more companies ("Providers") to provide voluntary employee benefits for state employees as part of the Optional Coverage Program. Voluntary employee benefits include, but are not limited to, the following:
    - (1) Personal Lines Insurance (including, but not limited to, Automobile Insurance, Home Owner's Insurance, Renter's Insurance, RV Insurance, Boat Insurance, and Snowmobile Insurance).
    - (2) Life Insurance.
    - (3) Legal Plan.
    - (4) Critical Illness Insurance.
    - (5) Discount Programs.
    - (6) Pet Insurance.
    - (7) Accidental Death and Dismemberment Insurance.
    - (8) Concierge Services.
  - B. Develop, recommend, and manage administrative services for the Optional Coverage Program, subject to the approval of the Department of Civil Service.
  - C. Report accurately and timely to the Department of Civil Service on employee participation in the Optional Coverage Program.
  - D. Provide employees with quality customer service and account service features.
  - E. Provide the Department of Civil Service with information to permit the Department of Civil Service to accurately deduct the cost of voluntary employee benefits from the pay of an employee electing voluntary benefits.
  - F. Receive all monies deducted from employee pay for the Optional Coverage Program and pay it (less Contractor's commissions) to the Providers for the voluntary employee benefits.
  - G. Promptly refund to an employee any money improperly withheld from employee pay as a result of an error by the Contractor or a Provider.



**2. Department of Civil Service Duties.** The Department of Civil Service is obligated to do the following with respect to the Optional Coverage Program:

- A. Approve or disapprove any recommendation by the Contractor regarding voluntary employee benefits or Providers. The determination of the Department of Civil Service regarding any recommendation of the Contractor is final and not subject to further review.
- B. Review all agreements between the Contractor and any Provider regarding the Optional Coverage Program.
- C. Review and approve all administrative and operational procedures for the Optional Converge Program.
- D. If an employee elects one or more voluntary employee benefits offered under the Optional Coverage Program, withhold from employee's pay the cost of the elected benefits and transmit the money to the Contractor.
- E. Facilitate the Contractor's educational and marketing efforts with state employees.
- F. Promptly refund to an employee any money improperly withheld from employee pay as a result of an error by the Department of Civil Service.

**3. Employee Complaints.**

If an employee has a complaint regarding any matter related to the Optional Coverage Program, the employee must complain directly to the Contractor or the Provider, as appropriate. The Department of Civil Service technical, complaint, and grievance processes are not generally available for employee complaints regarding the Optional Coverage Program.

Voluntary Benefits Solutions

**STATE OF MICHIGAN PRICING SUMMARY**

<b>Provider</b>	<b>Product</b>	<b>Monthly Expense</b>	<b>Comments</b>
MetLife	Legal Plan	\$18	With payroll deduction under MetLife's Custom Plan
MetLife	AD&D	-	Employee census needed for pricing (Age or DOB, Gender, Salary)
MetLife	Pet Insurance	\$6.38 +	Underwritten by VPI, as low as \$6.38 per month, see attached for more details
Next Jump	Discount & Concierge	\$0 / \$5	Access to standard discounts (no charge), Premium discounts are \$60 annually
Liberty Mutual	Auto / Home	Varies	Pricing varies, average annual savings per employee is approx. \$300
Trustmark	Term Life	Attached	No additional information required
Trustmark	Critical Illness	Attached	No additional information required
Trustmark	Universal Life	Attached	No additional information required

**Trustmark Insurance Company**  
**Trustmark Protector Term Alternative**  
10 Year Projected Level  
10 Year Term Guarantee  
Non-Smoker 52 pay premium rate  
**EMPLOYEE RATES**

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
18	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
19	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
20	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
21	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
22	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
23	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
24	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
25	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
26	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
27	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
28	N/A	N/A	N/A	3.69	4.58	6.35	8.12	9.88
29	N/A	N/A	N/A	3.71	4.60	6.38	8.15	9.93
30	N/A	N/A	N/A	3.71	4.60	6.38	8.15	9.93
31	N/A	N/A	N/A	3.72	4.62	6.40	8.19	9.98
32	N/A	N/A	N/A	3.74	4.63	6.43	8.23	10.03
33	N/A	N/A	N/A	3.75	4.65	6.46	8.27	10.08
34	N/A	N/A	N/A	3.76	4.67	6.49	8.31	10.13
35	N/A	N/A	N/A	3.78	4.69	6.52	8.35	10.17
36	N/A	N/A	3.03	4.02	5.02	7.01	9.00	10.99
37	N/A	N/A	3.22	4.31	5.40	7.59	9.77	11.95
38	N/A	N/A	3.44	4.64	5.85	8.25	10.65	13.06
39	N/A	N/A	3.68	5.00	6.33	8.97	11.62	14.26
40	N/A	N/A	3.95	5.41	6.87	9.78	12.69	15.61
41	N/A	N/A	4.24	5.84	7.44	10.64	13.85	17.05
42	N/A	N/A	4.56	6.32	8.08	11.60	15.12	18.63
43	N/A	N/A	4.91	6.85	8.79	12.66	16.54	20.41
44	N/A	3.17	5.30	7.43	9.56	13.82	18.08	22.34
45	N/A	3.38	5.71	8.05	10.38	15.06	19.73	24.40
46	N/A	3.57	6.10	8.63	11.15	16.21	21.27	26.33
47	N/A	3.78	6.52	9.26	12.00	17.48	22.96	28.44
48	N/A	4.01	6.98	9.95	12.92	18.87	24.81	30.75
49	N/A	4.26	7.49	10.72	13.94	20.39	26.85	33.30
50	N/A	4.54	8.05	11.55	15.06	22.07	29.08	36.09
51	N/A	4.85	8.66	12.48	16.29	23.91	31.54	39.16
52	N/A	5.19	9.35	13.50	17.65	25.96	34.27	42.58
53	N/A	5.57	10.10	14.63	19.15	28.21	37.27	46.33
54	3.01	5.98	10.91	15.85	20.79	30.66	40.54	50.41
55	3.19	6.42	11.81	17.19	22.58	33.35	44.12	54.88
56	3.32	6.74	12.43	18.13	23.83	35.22	46.62	58.01
57	3.45	7.07	13.11	19.14	25.17	37.24	49.31	61.38
58	3.60	7.45	13.86	20.26	26.67	39.49	52.31	65.13
59	3.77	7.86	14.67	21.49	28.31	41.94	55.58	69.21
60	3.94	8.30	15.57	22.83	30.10	44.63	59.15	73.68
61	4.14	8.80	16.56	24.32	32.08	47.60	63.12	78.63
62	4.36	9.33	17.63	25.92	34.21	50.80	67.38	83.97
63	4.59	9.92	18.81	27.69	36.58	54.35	72.12	89.88
64	4.85	10.57	20.11	29.64	39.17	58.24	77.31	96.38
65	5.14	11.29	21.54	31.79	42.04	62.54	83.04	103.54
66	5.54	12.30	23.56	34.82	46.08	68.60	91.12	113.63
67	5.99	13.42	25.80	38.18	50.56	75.32	100.08	124.84
68	6.49	14.66	28.29	41.91	55.54	82.79	110.04	137.29
69	7.04	16.04	31.05	46.05	61.06	91.07	121.08	151.09
70	7.65	17.57	34.11	50.64	67.17	100.24	133.31	166.38

**Trustmark Insurance Company**  
**Trustmark Protector Term Alternative**  
 10 Year Projected Level  
 10 Year Term Guarantee  
 Smoker 52 pay premium rate  
**EMPLOYEE RATES**

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
18	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
19	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
20	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
21	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
22	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
23	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
24	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
25	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
26	N/A	N/A	3.83	5.22	6.62	9.40	12.19	14.98
27	N/A	N/A	3.85	5.25	6.65	9.46	12.27	15.08
28	N/A	N/A	3.88	5.29	6.71	9.55	12.38	15.22
29	N/A	N/A	3.91	5.35	6.79	9.66	12.54	15.41
30	N/A	N/A	3.96	5.42	6.88	9.81	12.73	15.65
31	N/A	N/A	4.04	5.54	7.04	10.04	13.04	16.04
32	N/A	N/A	4.13	5.67	7.21	10.30	13.38	16.47
33	N/A	N/A	4.23	5.83	7.42	10.62	13.81	17.00
34	N/A	N/A	4.36	6.01	7.67	10.99	14.31	17.63
35	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
36	N/A	N/A	4.85	6.75	8.65	12.46	16.27	20.08
37	N/A	3.14	5.24	7.34	9.44	13.64	17.85	22.05
38	N/A	3.37	5.69	8.02	10.35	15.00	19.65	24.31
39	N/A	3.61	6.18	8.75	11.33	16.47	21.62	26.76
40	N/A	3.88	6.73	9.58	12.42	18.12	23.81	29.50
41	N/A	4.19	7.34	10.49	13.63	19.93	26.23	32.53
42	N/A	4.52	8.00	11.48	14.96	21.92	28.88	35.85
43	N/A	4.88	8.72	12.56	16.40	24.09	31.77	39.45
44	N/A	5.27	9.51	13.75	17.98	26.45	34.92	43.39
45	N/A	5.71	10.38	15.04	19.71	29.05	38.38	47.72
46	3.07	6.11	11.18	16.25	21.33	31.47	41.62	51.76
47	3.24	6.55	12.06	17.57	23.08	34.10	45.12	56.13
48	3.44	7.03	13.03	19.02	25.02	37.01	49.00	60.99
49	3.65	7.56	14.09	20.61	27.13	40.18	53.23	66.28
50	3.88	8.14	15.25	22.36	29.46	43.67	57.88	72.10
51	4.14	8.78	16.53	24.27	32.02	47.51	63.00	78.49
52	4.42	9.50	17.95	26.41	34.87	51.78	68.69	85.61
53	4.73	10.27	19.51	28.75	37.98	56.45	74.92	93.39
54	5.07	11.13	21.21	31.30	41.38	61.56	81.73	101.90
55	5.45	12.06	23.08	34.10	45.12	67.15	89.19	111.23
56	5.67	12.61	24.18	35.75	47.33	70.47	93.62	116.76
57	5.91	13.22	25.39	37.57	49.75	74.11	98.46	122.82
58	6.18	13.88	26.73	39.58	52.42	78.12	103.81	129.50
59	6.47	14.62	28.19	41.77	55.35	82.50	109.65	136.81
60	6.79	15.41	29.79	44.16	58.54	87.29	116.04	144.79
61	7.14	16.29	31.54	46.79	62.04	92.54	123.04	153.54
62	7.52	17.25	33.45	49.66	65.87	98.28	130.69	163.11
63	7.94	18.30	35.56	52.82	70.08	104.60	139.12	173.63
64	8.41	19.46	37.88	56.29	74.71	111.55	148.38	185.22
65	8.92	20.73	40.42	60.12	79.81	119.19	158.58	197.96
66	9.69	22.67	44.31	65.94	87.58	130.85	174.12	217.38
67	10.55	24.83	48.62	72.40	96.19	143.77	191.35	238.92
68	11.51	27.21	53.38	79.56	105.73	158.08	210.42	262.77
69	12.57	29.87	58.69	87.52	116.35	174.00	231.65	289.31
70	13.74	32.80	64.56	96.32	128.08	191.60	255.12	318.63

**Trustmark Insurance Company**  
**Trustmark Protector Term Alternative**  
10 Year Projected Level  
10 Year Term Guarantee  
Non-Smoker 52 pay premium rate  
**EMPLOYEE RATES**

Issue Age	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00
18	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
19	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
20	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
21	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
22	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
23	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
24	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
25	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
26	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
27	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
28	55,435	83,696	111,957	140,217	168,478	196,739	225,000	N/A	N/A	N/A
29	55,135	83,243	111,351	139,459	167,568	195,676	223,784	N/A	N/A	N/A
30	55,135	83,243	111,351	139,459	167,568	195,676	223,784	N/A	N/A	N/A
31	54,839	82,796	110,753	138,710	166,667	194,624	222,581	N/A	N/A	N/A
32	54,545	82,353	110,160	137,968	165,775	193,583	221,390	249,198	N/A	N/A
33	54,255	81,915	109,574	137,234	164,894	192,553	220,213	247,872	N/A	N/A
34	53,968	81,481	108,995	136,508	164,021	191,534	219,048	246,561	N/A	N/A
35	53,684	81,053	108,421	135,789	163,158	190,526	217,895	245,263	N/A	N/A
36	49,275	74,396	99,517	124,638	149,758	174,879	200,000	225,121	N/A	N/A
37	44,934	67,841	90,749	113,656	136,564	159,471	182,379	205,286	228,194	N/A
38	40,800	61,600	82,400	103,200	124,000	144,800	165,600	186,400	207,200	228,000
39	37,091	56,000	74,909	93,818	112,727	131,636	150,545	169,455	188,364	207,273
40	33,663	50,825	67,987	85,149	102,310	119,472	136,634	153,795	170,957	188,119
41	30,631	46,246	61,862	77,477	93,093	108,709	124,324	139,940	155,556	171,171
42	27,869	42,077	56,284	70,492	84,699	98,907	113,115	127,322	141,530	155,738
43	25,310	38,213	51,117	64,020	76,923	89,826	102,730	115,633	128,536	141,439
44	23,025	34,763	46,501	58,239	69,977	81,716	93,454	105,192	116,930	128,668
45	20,988	31,687	42,387	53,086	63,786	74,486	85,185	95,885	106,584	117,284
46	19,392	29,278	39,163	49,049	58,935	68,821	78,707	88,593	98,479	108,365
47	17,895	27,018	36,140	45,263	54,386	63,509	72,632	81,754	90,877	100,000
48	16,505	24,919	33,333	41,748	50,162	58,576	66,990	75,405	83,819	92,233
49	15,201	22,951	30,700	38,450	46,200	53,949	61,699	69,449	77,198	84,948
50	13,992	21,125	28,258	35,391	42,524	49,657	56,790	63,923	71,056	78,189
51	12,863	19,420	25,977	32,535	39,092	45,649	52,207	58,764	65,322	71,879
52	11,806	17,824	23,843	29,861	35,880	41,898	47,917	53,935	59,954	65,972
53	10,828	16,348	21,868	27,389	32,909	38,429	43,949	49,469	54,989	60,510
54	N/A	14,995	20,058	25,122	30,185	35,248	40,312	45,375	50,438	55,501
55	N/A	13,750	18,393	23,036	27,679	32,321	36,964	41,607	46,250	50,893
56	N/A	12,996	17,384	21,772	26,160	30,549	34,937	39,325	43,713	48,101
57	N/A	12,271	16,414	20,558	24,701	28,845	32,988	37,131	41,275	45,418
58	N/A	11,553	15,454	19,355	23,256	27,157	31,058	34,959	38,860	42,761
59	N/A	10,860	14,528	18,195	21,862	25,529	29,196	32,863	36,530	40,197
60	N/A	10,192	13,633	17,075	20,516	23,958	27,399	30,841	34,282	37,723
61	N/A	N/A	12,763	15,985	19,207	22,429	25,651	28,872	32,094	35,316
62	N/A	N/A	11,942	14,957	17,971	20,986	24,000	27,014	30,029	33,043
63	N/A	N/A	11,147	13,961	16,775	19,589	22,403	25,216	28,030	30,844
64	N/A	N/A	10,388	13,011	15,633	18,255	20,877	23,500	26,122	28,744
65	N/A	N/A	N/A	12,101	14,540	16,979	19,418	21,857	24,296	26,735
66	N/A	N/A	N/A	11,016	13,237	15,457	17,677	19,898	22,118	24,338
67	N/A	N/A	N/A	10,019	12,039	14,058	16,078	18,097	20,117	22,136
68	N/A	N/A	N/A	N/A	10,939	12,773	14,608	16,443	18,278	20,113
69	N/A	N/A	N/A	N/A	N/A	11,599	13,265	14,931	16,597	18,263
70	N/A	N/A	N/A	N/A	N/A	10,526	12,038	13,550	15,063	16,575



**Trustmark Insurance Company**  
**Trustmark Protector Term Alternative**  
 10 Year Projected Level  
 10 Year Term Guarantee  
 Aggregate-Spouse 52 pay premium rate  
**SPOUSE RATES**

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
18	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
19	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
20	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
21	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
22	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
23	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
24	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
25	N/A	N/A	4.50	6.23	7.96	11.42	14.88	18.35
26	N/A	N/A	4.51	6.25	7.98	11.45	14.92	18.39
27	N/A	N/A	4.51	6.25	7.98	11.45	14.92	18.39
28	N/A	N/A	4.52	6.26	8.00	11.48	14.96	18.44
29	N/A	N/A	4.53	6.27	8.02	11.51	15.00	18.49
30	N/A	N/A	4.54	6.29	8.04	11.54	15.04	18.54
31	N/A	N/A	4.56	6.32	8.08	11.60	15.12	18.63
32	N/A	N/A	4.58	6.35	8.12	11.65	15.19	18.73
33	N/A	N/A	4.60	6.38	8.15	11.71	15.27	18.83
34	N/A	N/A	4.62	6.40	8.19	11.77	15.35	18.92
35	N/A	N/A	4.64	6.45	8.25	11.86	15.46	19.07
36	N/A	N/A	4.92	6.87	8.81	12.69	16.58	20.46
37	N/A	3.14	5.24	7.34	9.44	13.64	17.85	22.05
38	N/A	3.31	5.59	7.86	10.13	14.68	19.23	23.78
39	N/A	3.50	5.97	8.44	10.90	15.84	20.77	25.70
40	N/A	3.72	6.39	9.07	11.75	17.11	22.46	27.82
41	N/A	3.95	6.87	9.78	12.69	18.52	24.35	30.17
42	N/A	4.20	7.37	10.53	13.69	20.02	26.35	32.67
43	N/A	4.48	7.92	11.37	14.81	21.69	28.58	35.46
44	N/A	4.79	8.54	12.29	16.04	23.54	31.04	38.54
45	N/A	5.13	9.21	13.30	17.38	25.56	33.73	41.90
46	N/A	5.54	10.04	14.54	19.04	28.04	37.04	46.04
47	3.02	6.00	10.95	15.91	20.87	30.78	40.69	50.61
48	3.22	6.50	11.95	17.41	22.87	33.78	44.69	55.61
49	3.44	7.04	13.04	19.04	25.04	37.04	49.04	61.04
50	3.68	7.64	14.24	20.84	27.44	40.64	53.85	67.05
51	3.94	8.29	15.55	22.80	30.06	44.57	59.08	73.59
52	4.23	9.01	16.99	24.97	32.94	48.89	64.85	80.80
53	4.54	9.80	18.57	27.33	36.10	53.63	71.15	88.68
54	4.89	10.67	20.30	29.93	39.56	58.82	78.08	97.34
55	5.27	11.62	22.19	32.77	43.35	64.50	85.65	106.81
56	5.49	12.16	23.28	34.40	45.52	67.76	90.00	112.24
57	5.72	12.75	24.46	36.17	47.88	71.31	94.73	118.15
58	5.98	13.40	25.77	38.13	50.50	75.23	99.96	124.69
59	6.27	14.12	27.19	40.27	53.35	79.50	105.65	131.81
60	6.58	14.90	28.77	42.63	56.50	84.23	111.96	139.69
61	6.93	15.77	30.51	45.25	59.98	89.45	118.92	148.39
62	7.32	16.73	32.42	48.12	63.81	95.19	126.58	157.96
63	7.74	17.79	34.55	51.30	68.06	101.57	135.08	168.59
64	8.21	18.97	36.89	54.82	72.75	108.61	144.46	180.32
65	8.73	20.27	39.50	58.73	77.96	116.42	154.88	193.35
66	9.51	22.22	43.39	64.57	85.75	128.11	170.46	212.82
67	10.37	24.36	47.68	71.00	94.33	140.97	187.62	234.26
68	11.31	26.71	52.38	78.06	103.73	155.08	206.42	257.77
69	12.34	29.28	57.53	85.77	114.02	170.51	227.00	283.49
70	13.47	32.11	63.17	94.24	125.31	187.44	249.58	311.71



State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Homeowners		There will be 2 quotes for each zip code location depending on the deductible.										
Single Family Dwelling Deductible of: Credit Rating Values:	\$	250	Good Location:		Fair		Poor		PRICING		Expanded Dwelling Replacement Cost.	
			48842	49015	48917	48705	48502	49503	48858	48154	48034	48226
\$ 75,000	Wood	280	334	564	515	443	577	309	292	890	851	
\$ 100,000	Brick	288	346	584	497	458	597	321	302	922	909	
\$ 150,000	Wood	379	457	774	708	608	791	423	399	1,222	1,170	
\$ 200,000	Brick	463	559	947	806	743	970	519	487	1,496	1,475	
\$ 300,000	Brick	644	781	1,321	1,126	1,037	1,353	723	680	2,090	2,060	
<b>Multiple Family Dwelling</b>		<b>Quotes include Personal Property Replacement Cost and Expanded Dwelling Replacement Cost.</b>										
\$ 75,000	Wood	280	334	564	515	443	577	309	292	890	851	
\$ 100,000	Brick	288	346	584	497	458	597	321	302	922	909	
\$ 150,000	Wood	379	457	774	708	608	791	423	399	1,222	1,170	
\$ 200,000	Brick	463	559	947	806	743	970	519	487	1,496	1,475	
\$ 300,000	Brick	644	781	1,321	1,126	1,037	1,353	723	680	2,090	2,060	

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Single Family Dwelling Deductible of Credit Rating Values:	Structure:	Good Location: 48842	Fair 49015	Poor 48917	PRICING						
					Fair 48705	Good 48502	Poor 49503	Good 48858	Fair 48154	Poor 48034	Good 48243
\$ 75,000	Wood	\$ 250	\$ 296	\$ 497	\$ 455	\$ 389	\$ 509	\$ 276	\$ 261	\$ 783	\$ 749
\$ 100,000	Brick	\$ 258	\$ 305	\$ 514	\$ 438	\$ 404	\$ 527	\$ 285	\$ 270	\$ 812	\$ 800
\$ 150,000	Wood	\$ 334	\$ 403	\$ 682	\$ 624	\$ 535	\$ 698	\$ 374	\$ 351	\$ 1,106	\$ 1,052
\$ 200,000	Brick	\$ 408	\$ 493	\$ 834	\$ 711	\$ 654	\$ 853	\$ 456	\$ 430	\$ 1,380	\$ 1,358
\$ 300,000	Brick	\$ 568	\$ 687	\$ 1,204	\$ 1,007	\$ 919	\$ 1,236	\$ 636	\$ 598	\$ 1,973	\$ 1,943
<b>Multiple Family Dwelling</b>		<b>Quotes include Personal Property Replacement Cost and Expanded Dwelling Replacement Cost.</b>									
\$ 75,000	Wood	\$ 250	\$ 296	\$ 497	\$ 455	\$ 389	\$ 509	\$ 276	\$ 261	\$ 783	\$ 749
\$ 100,000	Brick	\$ 258	\$ 305	\$ 514	\$ 438	\$ 404	\$ 527	\$ 285	\$ 270	\$ 812	\$ 800
\$ 150,000	Wood	\$ 334	\$ 403	\$ 682	\$ 624	\$ 535	\$ 698	\$ 374	\$ 351	\$ 1,106	\$ 1,052
\$ 200,000	Brick	\$ 408	\$ 493	\$ 834	\$ 711	\$ 654	\$ 853	\$ 456	\$ 430	\$ 1,380	\$ 1,358
\$ 300,000	Brick	\$ 568	\$ 687	\$ 1,204	\$ 1,007	\$ 919	\$ 1,236	\$ 636	\$ 598	\$ 1,973	\$ 1,943

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Renters Insurance Deductible of Credit Rating	Structure:	PRICING											
		Good	Fair	Poor	Fair	Good	Poor	Good	Fair	Poor	Good	Fair	Poor
\$ 25,000	Wood	\$ 247	\$ 247	\$ 247	\$ 247	\$ 260	\$ 293	\$ 223	\$ 227	\$ 210	\$ 386	\$ 472	
\$ 50,000	Wood	\$ 336	\$ 336	\$ 336	\$ 336	\$ 355	\$ 400	\$ 305	\$ 308	\$ 287	\$ 526	\$ 644	
\$ 100,000	Wood	\$ 497	\$ 497	\$ 497	\$ 497	\$ 527	\$ 593	\$ 451	\$ 459	\$ 425	\$ 780	\$ 953	
\$ 150,000	Brick	\$ 658	\$ 658	\$ 658	\$ 658	\$ 698	\$ 766	\$ 596	\$ 605	\$ 563	\$ 1,031	\$ 1,262	
\$ 200,000	Brick	\$ 819	\$ 819	\$ 819	\$ 819	\$ 869	\$ 977	\$ 743	\$ 756	\$ 700	\$ 1,286	\$ 1,570	
<b>Renters Insurance</b> Deductible of:		<b>Quotes include Personal Property Replacement Cost.</b>											
\$ 250	Structure:												
	Location:												
\$ 25,000	Wood	\$ 213	\$ 213	\$ 213	\$ 213	\$ 226	\$ 253	\$ 193	\$ 195	\$ 181	\$ 333	\$ 407	
\$ 50,000	Wood	\$ 288	\$ 288	\$ 288	\$ 288	\$ 306	\$ 345	\$ 262	\$ 267	\$ 248	\$ 453	\$ 555	
\$ 100,000	Wood	\$ 428	\$ 428	\$ 428	\$ 428	\$ 453	\$ 510	\$ 389	\$ 395	\$ 366	\$ 671	\$ 822	
\$ 150,000	Brick	\$ 567	\$ 567	\$ 567	\$ 567	\$ 601	\$ 677	\$ 514	\$ 523	\$ 485	\$ 889	\$ 1,088	
\$ 200,000	Brick	\$ 706	\$ 706	\$ 706	\$ 706	\$ 748	\$ 842	\$ 640	\$ 651	\$ 604	\$ 1,107	\$ 1,354	

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Automobile	Type	Year	Value	Location	Drivers Age	Miles	Driving Records	Credit	PRICE	Incl Liability/UM
		Coverage's: Liability - 20/40/10, UM - 20/40, Basic PIP, Comprehensive and Collision - \$500 deductibles								
(Statutory Minimums)										
	Oldsmobile Cutlass 2 dr	1975	5,000	48243	M 35 *	F 33	20,000	No violations	Good	\$ 1,226 \$1,364
	Buick LeSabre 2 dr	1985	7,000	48917	45	44	5,000	No violations	Fair	\$ 1,696 \$1,699
	Chrysler Concorde 2 dr	1995	10,000	48502			15,000	1 speeding (2 yrs old)	Good	\$ 1,812 \$1,944
	Ford F150 Pickup	2000	15,000	48034	30		18,000	1 OUI (1 year old)	Fair	Decline Decline
	Buick Regal 4 dr	2002	17,000	49015	55 *	50	30,000	No violations	Good	\$ 1,853 \$1,948
	Chrysler Town & Country	2004	20,000	48705	43	38 *	20,000	No violations	Poor	\$ 2,549 \$2,683
	Nissan Armada 4 dr	2005	40,000	49503	48	45 *	15,000	No violations	Good	\$ 1,740 \$1,784
	Ford Taurus 4 dr	2004	18,000	48933	30 *	26	20,000	No violations	Good	\$ 1,050 \$1,102
*, primary driver	Honda Accord 2 dr	2003	15,000	48837	24		18,000	No violations	Poor	\$ 1,922 \$2,006

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Life Insurance	Type	Value					Average Age	Gender		PRICE	PRICE	PRICE	PRICE
		\$ 25,000	\$ 50,000	\$ 100,000	200,000	\$ 100,000		M	F				
Supplemental Life	Term Life	200	150	100	50	40	75%	25%	2.49	3.95	6.87	12.69	
	Whole Life	100	50	20	5	45	75%	25%	6.60	12.29	23.65	46.38	
	Universal Life	110	60	40	30	45	75%	25%	Weekly Premiums Quoted				
	Dependent Life												
	Term Life	100	80	60	40	35	40%	60%	5.25	9.59	18.25	35.58	
Critical Care (including cancer coverage)	Whole Life	30	20	10	0	40	40%	60%	Weekly Premiums Quoted				
	Universal Life	50	30	20	5	40	40%	60%	Weekly Premiums Quoted				
	Employee								3.61	8.27	18.25	35.58	
Life Services (estimated service rates)	Spouse					43	40%	60%	3.52	7.49	17.61	31.22	
	Other								7.13	15.76	35.86	66.8	
	Concierge								Weekly Premiums Quoted				
Life Services (estimated service rates)	Discounts	Quality Voluntary Concierge is difficult to find. Next Jump is negotiating with a major concierge company to add their product to the Next Jump Platform but an agreement cannot be guaranteed at this point.											
	Child / Adult Care	Basic Discount (No Charge), Premium Discount (\$60 annual charge) If the State already has Child/Adult Care, Next Jump would add them to the platform, otherwise Next Jump would try and negotiate											

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Lask Surgery	new contracts with Child and Adult Care centers Next Jump has Lask discounts although none in Michigan, they could add them with 2 months notice
Fitness / Weight Loss	The Next Jump Program has a category for Health and Beauty, which includes a variety of health and beauty products and services. The primary focus of this category is health and fitness centers. A majority of the major chains are represented including over 1500 gyms around the country offering reduced sign up fees, discounted monthly fees, transferable memberships and month to month contracts. We can add additional gyms in Michigan with 2 months notice if required.
Additional Information: (Add additional sheet if needed )	
<b>VADD ( per \$1,000):</b>	
Emp \$ 036	
Fam \$ 044	



**TRUSTMARK CRITICAL ILLNESS - DEFINED BENEFIT  
PREMIER SELECT -- CI2 -- Standard.**

(Does Not Include Coverage For Cancer)

**NON-TOBACCO RATES**

**50/50 BLEND**

**PAYMODE = 52**

**EMPLOYEE ONLY COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3.11	\$3.44	\$3.77
21-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3.22	\$3.56	\$3.90
26-30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3.32	\$3.67	\$4.02
31-35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3.34	\$3.75	\$4.16
36-40	N/A	N/A	N/A	N/A	\$3.24	\$3.79	\$4.34	\$4.88	\$5.43	\$5.98
41-45	N/A	N/A	N/A	\$3.76	\$4.57	\$5.39	\$6.20	\$7.02	\$7.83	\$8.64
46-50	N/A	N/A	\$3.75	\$4.63	\$5.52	\$6.40	\$7.28	\$8.16	\$9.04	\$9.92
51-55	N/A	\$3.51	\$5.02	\$6.52	\$8.03	\$9.54	\$11.04	\$12.55	\$14.06	\$15.56
56-60	N/A	\$4.37	\$6.30	\$8.23	\$10.17	\$12.10	\$14.03	\$15.97	\$17.90	\$19.83
61-65	\$3.05	\$5.60	\$8.15	\$10.70	\$13.25	\$15.80	\$18.35	\$20.90	\$23.45	\$26.00
66-70	\$3.87	\$7.24	\$10.62	\$13.99	\$17.36	\$20.73	\$24.10	\$27.48	\$30.85	\$34.22

**EMPLOYEE AND SPOUSE COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	N/A	\$3.34	\$3.74	\$4.14	\$4.55
21-25	N/A	N/A	N/A	N/A	N/A	N/A	\$3.26	\$3.72	\$4.18	\$4.65
26-30	N/A	N/A	N/A	N/A	\$3.31	\$3.87	\$4.44	\$5.00	\$5.55	\$6.11
31-35	N/A	N/A	N/A	\$3.54	\$4.31	\$5.07	\$5.83	\$6.59	\$7.36	\$8.11
36-40	N/A	N/A	\$3.60	\$4.64	\$5.68	\$6.72	\$7.75	\$8.78	\$9.82	\$10.86
41-45	N/A	\$3.74	\$5.35	\$6.98	\$8.59	\$10.21	\$11.83	\$13.45	\$15.06	\$16.68
46-50	N/A	\$5.00	\$7.24	\$9.48	\$11.74	\$13.98	\$16.22	\$18.47	\$20.72	\$22.96
51-55	\$3.61	\$6.71	\$9.81	\$12.91	\$16.02	\$19.13	\$22.23	\$25.34	\$28.44	\$31.54
56-60	\$4.56	\$8.62	\$12.68	\$16.73	\$20.80	\$24.86	\$28.91	\$32.98	\$37.03	\$41.09
61-65	\$5.84	\$11.17	\$16.51	\$21.85	\$27.19	\$32.52	\$37.86	\$43.20	\$48.53	\$53.87
66-70	\$7.57	\$14.65	\$21.73	\$28.81	\$35.88	\$42.96	\$50.03	\$57.11	\$64.19	\$71.26

**EMPLOYEE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	N/A	\$3.37	\$3.78	\$4.19	\$4.61
21-25	N/A	N/A	N/A	N/A	N/A	N/A	\$3.04	\$3.46	\$3.88	\$4.30
26-30	N/A	N/A	N/A	N/A	N/A	\$3.26	\$3.73	\$4.16	\$4.64	\$5.10
31-35	N/A	N/A	N/A	N/A	N/A	\$3.45	\$3.94	\$4.44	\$4.93	\$5.42
36-40	N/A	N/A	N/A	\$3.14	\$3.60	\$4.06	\$4.52	\$5.00	\$5.48	\$5.96
41-45	N/A	N/A	\$3.16	\$4.06	\$4.94	\$5.83	\$6.72	\$7.61	\$8.50	\$9.38
46-50	N/A	N/A	\$3.90	\$5.03	\$6.17	\$7.30	\$8.43	\$9.56	\$10.70	\$11.83
51-55	N/A	\$3.82	\$5.49	\$7.15	\$8.81	\$10.48	\$12.14	\$13.80	\$15.47	\$17.13
56-60	N/A	\$4.54	\$6.55	\$8.56	\$10.59	\$12.60	\$14.61	\$16.64	\$18.65	\$20.67
61-65	\$3.16	\$5.82	\$8.48	\$11.14	\$13.80	\$16.46	\$19.12	\$21.78	\$24.44	\$27.10
66-70	\$3.97	\$7.43	\$10.91	\$14.37	\$17.84	\$21.30	\$24.77	\$28.24	\$31.71	\$35.17

**EMPLOYEE, SPOUSE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	\$3.43	\$3.92	\$4.41	\$4.89	\$5.39
21-25	N/A	N/A	N/A	N/A	N/A	\$3.21	\$3.76	\$4.30	\$4.84	\$5.39
26-30	N/A	N/A	N/A	\$3.18	\$3.85	\$4.52	\$5.20	\$5.86	\$6.52	\$7.19
31-35	N/A	N/A	\$3.05	\$3.88	\$4.74	\$5.58	\$6.43	\$7.28	\$8.13	\$8.97
36-40	N/A	N/A	\$3.94	\$5.09	\$6.24	\$7.39	\$8.53	\$9.68	\$10.83	\$11.98
41-45	N/A	\$3.89	\$5.57	\$7.25	\$8.96	\$10.65	\$12.35	\$14.04	\$15.73	\$17.42
46-50	N/A	\$5.10	\$7.39	\$9.68	\$11.99	\$14.28	\$16.57	\$18.87	\$21.17	\$23.46
51-55	\$3.77	\$7.02	\$10.28	\$13.54	\$16.80	\$20.07	\$23.33	\$26.59	\$29.85	\$33.11
56-60	\$4.64	\$8.79	\$12.93	\$17.06	\$21.22	\$25.36	\$29.49	\$33.65	\$37.78	\$41.93
61-65	\$5.95	\$11.39	\$16.84	\$22.29	\$27.74	\$33.18	\$38.63	\$44.08	\$49.52	\$54.97
66-70	\$7.67	\$14.84	\$22.02	\$29.19	\$36.36	\$43.52	\$50.70	\$57.87	\$65.05	\$72.21

Note: Benefit is 50% for the first year of coverage



**TRUSTMARK CRITICAL ILLNESS - DEFINED BENEFIT  
PREMIER SELECT -- CI2 -- Standard.**

(Does Not Include Coverage For Cancer)

**TOBACCO RATES**

**60/50 BLEND**

**PAYMODE = 52**

**EMPLOYEE ONLY COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3.16	\$3.49	\$3.82
21-25	N/A	N/A	N/A	N/A	N/A	N/A	\$3.06	\$3.43	\$3.79	\$4.16
26-30	N/A	N/A	N/A	N/A	N/A	N/A	\$3.30	\$3.70	\$4.10	\$4.50
31-35	N/A	N/A	N/A	N/A	\$3.20	\$3.74	\$4.26	\$4.82	\$5.35	\$5.89
36-40	N/A	N/A	N/A	\$3.70	\$4.50	\$5.30	\$6.10	\$6.90	\$7.70	\$8.50
41-45	N/A	\$3.12	\$4.43	\$5.73	\$7.04	\$8.35	\$9.66	\$10.97	\$12.28	\$13.58
46-50	N/A	\$4.26	\$6.14	\$8.02	\$9.90	\$11.78	\$13.66	\$15.54	\$17.42	\$19.30
51-55	\$3.24	\$5.98	\$8.72	\$11.46	\$14.20	\$16.94	\$19.68	\$22.42	\$25.16	\$27.90
56-60	\$4.22	\$7.93	\$11.65	\$15.37	\$19.08	\$22.80	\$26.52	\$30.23	\$33.95	\$37.67
61-65	\$5.50	\$10.50	\$15.50	\$20.50	\$25.50	\$30.50	\$35.50	\$40.50	\$45.50	\$50.50
66-70	\$7.12	\$13.74	\$20.36	\$26.98	\$33.60	\$40.21	\$46.83	\$53.45	\$60.07	\$66.69

**EMPLOYEE AND SPOUSE COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	N/A	\$3.40	\$3.83	\$4.24	\$4.66
21-25	N/A	N/A	N/A	N/A	N/A	\$3.47	\$3.96	\$4.45	\$4.94	\$5.44
26-30	N/A	N/A	N/A	\$3.16	\$3.82	\$4.49	\$5.15	\$5.82	\$6.48	\$7.14
31-35	N/A	N/A	\$3.68	\$4.74	\$5.80	\$6.86	\$7.92	\$8.97	\$10.02	\$11.08
36-40	N/A	\$3.71	\$5.31	\$6.92	\$8.52	\$10.13	\$11.73	\$13.34	\$14.94	\$16.55
41-45	\$3.23	\$5.97	\$8.70	\$11.42	\$14.16	\$16.89	\$19.63	\$22.36	\$25.09	\$27.82
46-50	\$4.56	\$8.62	\$12.69	\$16.75	\$20.81	\$24.87	\$28.93	\$33.00	\$37.06	\$41.12
51-55	\$6.44	\$12.37	\$18.31	\$24.25	\$30.19	\$36.12	\$42.06	\$48.00	\$53.94	\$59.87
56-60	\$8.67	\$16.84	\$25.01	\$33.18	\$41.34	\$49.52	\$57.69	\$65.85	\$74.03	\$82.20
61-65	\$11.50	\$22.49	\$33.49	\$44.48	\$55.48	\$66.47	\$77.47	\$88.46	\$99.46	\$110.45
66-70	\$15.13	\$29.77	\$44.40	\$59.03	\$73.67	\$88.29	\$102.92	\$117.55	\$132.19	\$146.82

**EMPLOYEE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	N/A	\$3.32	\$3.74	\$4.14	\$4.54
21-25	N/A	N/A	N/A	N/A	N/A	\$3.04	\$3.46	\$3.89	\$4.30	\$4.73
26-30	N/A	N/A	N/A	N/A	N/A	\$3.48	\$3.97	\$4.47	\$4.97	\$5.46
31-35	N/A	N/A	N/A	N/A	\$3.58	\$4.19	\$4.81	\$5.42	\$6.03	\$6.64
36-40	N/A	N/A	\$3.21	\$4.12	\$5.02	\$5.93	\$6.83	\$7.74	\$8.64	\$9.55
41-45	N/A	\$3.26	\$4.64	\$6.01	\$7.39	\$8.77	\$10.15	\$11.53	\$12.91	\$14.28
46-50	N/A	\$4.35	\$6.28	\$8.21	\$10.13	\$12.06	\$13.99	\$15.91	\$17.84	\$19.77
51-55	\$3.38	\$6.27	\$9.15	\$12.04	\$14.92	\$17.80	\$20.69	\$23.57	\$26.45	\$29.34
56-60	\$4.32	\$8.14	\$11.96	\$15.79	\$19.60	\$23.43	\$27.25	\$31.07	\$34.89	\$38.72
61-65	\$5.63	\$10.76	\$15.90	\$21.03	\$26.16	\$31.29	\$36.43	\$41.56	\$46.69	\$51.82
66-70	\$7.25	\$14.00	\$20.74	\$27.49	\$34.24	\$40.98	\$47.73	\$54.47	\$61.22	\$67.97

**EMPLOYEE, SPOUSE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-20	N/A	N/A	N/A	N/A	N/A	\$3.42	\$3.90	\$4.41	\$4.89	\$5.38
21-25	N/A	N/A	N/A	N/A	\$3.26	\$3.81	\$4.36	\$4.91	\$5.45	\$6.01
26-30	N/A	N/A	N/A	\$3.55	\$4.30	\$5.07	\$5.82	\$6.59	\$7.35	\$8.10
31-35	N/A	N/A	\$3.91	\$5.04	\$6.18	\$7.31	\$8.45	\$9.57	\$10.70	\$11.83
36-40	N/A	\$3.92	\$5.62	\$7.34	\$9.04	\$10.76	\$12.46	\$14.18	\$15.88	\$17.60
41-45	\$3.30	\$6.11	\$8.91	\$11.70	\$14.51	\$17.31	\$20.12	\$22.92	\$25.72	\$28.52
46-50	\$4.61	\$8.71	\$12.83	\$16.94	\$21.04	\$25.15	\$29.26	\$33.37	\$37.48	\$41.59
51-55	\$6.58	\$12.66	\$18.74	\$24.83	\$30.91	\$36.98	\$43.07	\$49.15	\$55.23	\$61.31
56-60	\$8.77	\$17.05	\$25.32	\$33.60	\$41.86	\$50.15	\$58.42	\$66.69	\$74.97	\$83.25
61-65	\$11.63	\$22.75	\$33.89	\$45.01	\$56.14	\$67.26	\$78.40	\$89.52	\$100.65	\$111.77
66-70	\$15.26	\$30.03	\$44.78	\$59.54	\$74.31	\$89.06	\$103.82	\$118.57	\$133.34	\$148.10

Note: Benefit is 50% for the first year of coverage



**TRUSTMARK CRITICAL ILLNESS - DEFINED BENEFIT  
PREMIER SELECT -- C12 -- Standard.**

(Does Not Include Coverage For Cancer)

**NON-TOBACCO RATES**

**50/50 BLEND**

**PAYMODE = 52**

**EMPLOYEE ONLY COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$4.10	\$4.42	\$4.75	\$5.08	\$5.40	\$5.73	\$6.06	\$6.38	\$6.71	\$7.04
21-25	\$4.23	\$4.57	\$4.91	\$5.25	\$5.59	\$5.93	\$6.27	\$6.61	\$6.95	\$7.29
26-30	\$4.37	\$4.73	\$5.08	\$5.43	\$5.78	\$6.14	\$6.49	\$6.84	\$7.19	\$7.54
31-35	\$4.97	\$5.37	\$5.78	\$6.19	\$6.59	\$7.00	\$7.40	\$7.81	\$8.22	\$8.62
36-40	\$6.53	\$7.07	\$7.62	\$8.17	\$8.72	\$9.27	\$9.81	\$10.36	\$10.91	\$11.46
41-45	\$9.46	\$10.27	\$11.09	\$11.90	\$12.72	\$13.53	\$14.35	\$15.16	\$15.97	\$16.79
46-50	\$12.41	\$13.50	\$14.58	\$15.66	\$16.75	\$17.83	\$18.91	\$20.00	\$21.08	\$22.16
51-55	\$17.07	\$18.57	\$20.06	\$21.55	\$23.04	\$24.53	\$26.02	\$27.51	\$29.00	\$30.49
56-60	\$21.77	\$23.70	\$25.64	\$27.57	\$29.50	\$31.44	\$33.37	\$35.30	\$37.24	\$39.17
61-65	\$28.55	\$31.10	\$33.65	\$36.20	\$38.75	\$41.30	\$43.85	\$46.40	\$48.95	\$51.50
66-70	\$37.59	\$40.96	\$44.34	\$47.71	\$51.08	\$54.45	\$57.82	\$61.19	\$64.57	\$67.94

**EMPLOYEE AND SPOUSE COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$4.96	\$5.36	\$5.77	\$6.18	\$6.57	\$6.98	\$7.39	\$7.79	\$8.20	\$8.61
21-25	\$5.56	\$6.02	\$6.48	\$6.94	\$7.40	\$7.86	\$8.32	\$8.78	\$9.24	\$9.70
26-30	\$6.67	\$7.24	\$7.80	\$8.36	\$8.92	\$9.49	\$10.05	\$10.61	\$11.17	\$11.73
31-35	\$8.88	\$9.63	\$10.40	\$11.17	\$11.92	\$12.69	\$13.44	\$14.21	\$14.97	\$15.73
36-40	\$11.89	\$12.92	\$13.96	\$15.00	\$16.03	\$17.07	\$18.10	\$19.14	\$20.17	\$21.21
41-45	\$16.30	\$19.92	\$21.54	\$23.15	\$24.78	\$26.39	\$28.02	\$29.63	\$31.24	\$32.87
46-50	\$25.21	\$27.46	\$29.71	\$31.95	\$34.20	\$36.45	\$38.69	\$40.94	\$43.19	\$45.43
51-55	\$34.65	\$37.75	\$40.86	\$43.96	\$47.06	\$50.17	\$53.27	\$56.38	\$59.49	\$62.58
56-60	\$45.16	\$49.21	\$53.26	\$57.33	\$61.39	\$65.46	\$69.51	\$73.57	\$77.63	\$81.69
61-65	\$59.21	\$64.54	\$69.88	\$75.22	\$80.56	\$85.89	\$91.23	\$96.57	\$101.90	\$107.24
66-70	\$78.33	\$85.41	\$92.49	\$99.57	\$106.64	\$113.71	\$120.79	\$127.86	\$134.95	\$142.02

**EMPLOYEE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$5.02	\$5.42	\$5.84	\$6.25	\$6.65	\$7.07	\$7.48	\$7.88	\$8.30	\$8.71
21-25	\$5.14	\$5.56	\$5.98	\$6.41	\$6.83	\$7.25	\$7.67	\$8.10	\$8.52	\$8.94
26-30	\$5.56	\$6.02	\$6.48	\$6.94	\$7.40	\$7.87	\$8.32	\$8.78	\$9.24	\$9.70
31-35	\$5.91	\$6.40	\$6.89	\$7.39	\$7.88	\$8.37	\$8.86	\$9.35	\$9.85	\$10.33
36-40	\$7.76	\$8.42	\$9.08	\$9.74	\$10.40	\$11.06	\$11.72	\$12.38	\$13.04	\$13.70
41-45	\$10.27	\$11.16	\$12.05	\$12.94	\$13.83	\$14.71	\$15.61	\$16.49	\$17.38	\$18.27
46-50	\$12.96	\$14.10	\$15.23	\$16.36	\$17.50	\$18.63	\$19.76	\$20.89	\$22.02	\$23.15
51-55	\$18.79	\$20.45	\$22.12	\$23.78	\$25.44	\$27.10	\$28.76	\$30.43	\$32.09	\$33.75
56-60	\$22.69	\$24.70	\$26.73	\$28.74	\$30.75	\$32.78	\$34.79	\$36.80	\$38.83	\$40.84
61-65	\$29.76	\$32.42	\$35.08	\$37.74	\$40.40	\$43.06	\$45.72	\$48.38	\$51.04	\$53.70
66-70	\$38.64	\$42.10	\$45.58	\$49.04	\$52.51	\$55.97	\$59.44	\$62.90	\$66.38	\$69.84

**EMPLOYEE, SPOUSE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$5.88	\$6.36	\$6.86	\$7.35	\$7.82	\$8.32	\$8.81	\$9.29	\$9.79	\$10.28
21-25	\$6.47	\$7.01	\$7.55	\$8.10	\$8.64	\$9.18	\$9.72	\$10.27	\$10.81	\$11.35
26-30	\$7.86	\$8.53	\$9.20	\$9.87	\$10.54	\$11.22	\$11.88	\$12.55	\$13.22	\$13.89
31-35	\$9.62	\$10.66	\$11.51	\$12.37	\$13.21	\$14.06	\$14.90	\$15.75	\$16.60	\$17.44
36-40	\$13.12	\$14.27	\$15.42	\$16.57	\$17.71	\$18.86	\$20.01	\$21.16	\$22.30	\$23.45
41-45	\$19.11	\$20.81	\$22.50	\$24.19	\$25.89	\$27.57	\$29.26	\$30.96	\$32.65	\$34.35
46-50	\$25.76	\$28.06	\$30.36	\$32.65	\$34.95	\$37.25	\$39.54	\$41.83	\$44.13	\$46.42
51-55	\$36.37	\$39.63	\$42.90	\$46.15	\$49.41	\$52.67	\$55.93	\$59.20	\$62.46	\$65.71
56-60	\$46.08	\$50.21	\$54.37	\$58.50	\$62.64	\$66.80	\$70.93	\$75.07	\$79.22	\$83.36
61-65	\$60.42	\$65.86	\$71.31	\$76.76	\$82.21	\$87.65	\$93.10	\$98.55	\$103.99	\$109.44
66-70	\$79.36	\$86.55	\$93.73	\$100.90	\$108.07	\$115.23	\$122.41	\$129.57	\$136.76	\$143.92

Total coverage in excess of \$50,000 requires additional underwriting questions

Note: Benefit is 50% for the first year of coverage

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15-Sep-04

**TRUSTMARK CRITICAL ILLNESS - DEFINED BENEFIT  
PREMIER SELECT -- CI2 -- Standard.**

(Does Not Include Coverage For Cancer)

**TOBACCO RATES**

**50/50 BLEND**

**PAYMODE = 52**

**EMPLOYEE ONLY COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$4.15	\$4.49	\$4.82	\$5.15	\$5.48	\$5.81	\$6.15	\$6.48	\$6.81	\$7.14
21-25	\$4.53	\$4.89	\$5.26	\$5.62	\$5.99	\$6.36	\$6.72	\$7.09	\$7.45	\$7.82
26-30	\$4.90	\$5.30	\$5.70	\$6.10	\$6.50	\$6.90	\$7.30	\$7.70	\$8.10	\$8.50
31-35	\$6.43	\$6.97	\$7.51	\$8.05	\$8.59	\$9.13	\$9.67	\$10.21	\$10.75	\$11.29
36-40	\$9.30	\$10.10	\$10.90	\$11.69	\$12.49	\$13.29	\$14.09	\$14.89	\$15.69	\$16.49
41-45	\$14.89	\$16.20	\$17.51	\$18.82	\$20.13	\$21.43	\$22.74	\$24.05	\$25.36	\$26.67
46-50	\$21.17	\$23.05	\$24.93	\$26.81	\$28.69	\$30.57	\$32.45	\$34.33	\$36.21	\$38.09
51-55	\$30.65	\$33.39	\$36.13	\$38.87	\$41.61	\$44.35	\$47.09	\$49.83	\$52.57	\$55.31
56-60	\$41.38	\$45.10	\$48.82	\$52.53	\$56.25	\$59.97	\$63.68	\$67.40	\$71.12	\$74.83
61-65	\$55.50	\$60.50	\$65.50	\$70.50	\$75.50	\$80.50	\$85.50	\$90.49	\$95.49	\$100.49
66-70	\$73.31	\$79.93	\$86.55	\$93.17	\$99.79	\$106.40	\$113.02	\$119.64	\$126.26	\$132.88

**EMPLOYEE AND SPOUSE COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$5.07	\$5.49	\$5.91	\$6.32	\$6.73	\$7.15	\$7.57	\$7.98	\$8.40	\$8.81
21-25	\$5.94	\$6.43	\$6.92	\$7.41	\$7.91	\$8.41	\$8.90	\$9.39	\$9.88	\$10.38
26-30	\$7.81	\$8.47	\$9.14	\$9.80	\$10.47	\$11.13	\$11.80	\$12.46	\$13.12	\$13.79
31-35	\$12.14	\$13.20	\$14.26	\$15.32	\$16.38	\$17.44	\$18.50	\$19.56	\$20.62	\$21.68
36-40	\$18.15	\$19.76	\$21.36	\$22.96	\$24.56	\$26.17	\$27.77	\$29.38	\$30.98	\$32.59
41-45	\$30.55	\$33.28	\$36.02	\$38.75	\$41.48	\$44.21	\$46.94	\$49.68	\$52.41	\$55.14
46-50	\$45.17	\$49.23	\$53.30	\$57.36	\$61.42	\$65.48	\$69.54	\$73.61	\$77.67	\$81.73
51-55	\$65.82	\$71.76	\$77.70	\$83.63	\$89.57	\$95.51	\$101.45	\$107.38	\$113.32	\$119.26
56-60	\$90.36	\$98.53	\$106.71	\$114.87	\$123.04	\$131.22	\$139.38	\$147.55	\$155.72	\$163.89
61-65	\$121.45	\$132.44	\$143.44	\$154.43	\$165.43	\$176.42	\$187.42	\$198.40	\$209.40	\$220.39
66-70	\$161.45	\$176.09	\$190.72	\$205.35	\$219.98	\$234.61	\$249.24	\$263.88	\$278.51	\$293.14

**EMPLOYEE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$4.94	\$5.35	\$5.76	\$6.16	\$6.56	\$6.96	\$7.37	\$7.77	\$8.18	\$8.58
21-25	\$5.16	\$5.58	\$6.00	\$6.42	\$6.85	\$7.27	\$7.69	\$8.12	\$8.54	\$8.96
26-30	\$5.99	\$6.46	\$6.95	\$7.45	\$7.94	\$8.44	\$8.94	\$9.43	\$9.93	\$10.43
31-35	\$7.26	\$7.87	\$8.49	\$9.10	\$9.72	\$10.33	\$10.95	\$11.56	\$12.18	\$12.79
36-40	\$10.45	\$11.38	\$12.26	\$13.16	\$14.06	\$14.97	\$15.87	\$16.77	\$17.68	\$18.58
41-45	\$15.66	\$17.04	\$18.42	\$19.80	\$21.18	\$22.55	\$23.93	\$25.31	\$26.69	\$28.07
46-50	\$21.68	\$23.61	\$25.54	\$27.46	\$29.39	\$31.31	\$33.24	\$35.17	\$37.09	\$39.02
51-55	\$32.23	\$35.12	\$38.00	\$40.88	\$43.77	\$46.65	\$49.54	\$52.42	\$55.30	\$58.19
56-60	\$42.53	\$46.38	\$50.18	\$54.00	\$57.82	\$61.65	\$65.46	\$69.28	\$73.11	\$76.92
61-65	\$66.95	\$72.09	\$77.22	\$82.35	\$87.48	\$92.62	\$97.75	\$102.87	\$108.00	\$113.13
66-70	\$74.72	\$81.47	\$88.21	\$94.96	\$101.71	\$108.45	\$115.20	\$121.94	\$128.69	\$135.44

**EMPLOYEE, SPOUSE AND CHILDREN COVERAGE**

Issue Age	Benefit Amount:									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
18-20	\$5.86	\$6.35	\$6.85	\$7.33	\$7.81	\$8.30	\$8.79	\$9.27	\$9.77	\$10.25
21-25	\$6.57	\$7.12	\$7.66	\$8.21	\$8.77	\$9.32	\$9.87	\$10.42	\$10.97	\$11.52
26-30	\$8.87	\$9.63	\$10.39	\$11.15	\$11.91	\$12.67	\$13.44	\$14.19	\$14.95	\$15.72
31-35	\$12.97	\$14.10	\$15.24	\$16.37	\$17.51	\$18.64	\$19.78	\$20.91	\$22.05	\$23.18
36-40	\$19.30	\$21.02	\$22.72	\$24.43	\$26.13	\$27.85	\$29.55	\$31.26	\$32.97	\$34.68
41-45	\$31.32	\$34.12	\$36.93	\$39.73	\$42.53	\$45.33	\$48.13	\$50.94	\$53.74	\$56.54
46-50	\$45.68	\$49.79	\$53.91	\$58.01	\$62.12	\$66.22	\$70.33	\$74.45	\$78.55	\$82.66
51-55	\$67.40	\$73.49	\$79.57	\$85.64	\$91.73	\$97.81	\$103.90	\$109.97	\$116.05	\$122.14
56-60	\$91.51	\$99.79	\$108.07	\$116.34	\$124.61	\$132.89	\$141.16	\$149.43	\$157.71	\$165.98
61-65	\$122.90	\$134.03	\$145.16	\$156.28	\$167.41	\$178.54	\$189.67	\$200.78	\$211.91	\$223.03
66-70	\$162.86	\$177.63	\$192.38	\$207.14	\$221.91	\$236.66	\$251.42	\$266.18	\$280.94	\$295.70

Total coverage in excess of \$50,000 requires additional underwriting questions

Note: Benefit is 50% for the first year of coverage



## TRUSTMARK CRITICAL ILLNESS - MONEY PURCHASE BENEFIT AMOUNTS PREMIER SELECT -- CI2 -- Standard.

(Does Not Include Coverage For Cancer)

### NON-TOBACCO RATES

50/50 BLEND

PAYMODE = 52

#### EMPLOYEE ONLY COVERAGE

Issue Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15
18-20	\$38,247	\$53,545	\$68,844	\$84,142	\$99,441	N/A							
21-25	\$36,817	\$51,543	\$66,270	\$80,997	\$95,724	N/A							
26-30	\$35,490	\$49,686	\$63,882	\$78,078	\$92,274	N/A							
31-35	\$30,777	\$43,067	\$55,358	\$67,708	\$80,019	\$92,330	N/A						
36-40	\$22,815	\$31,941	\$41,067	\$50,193	\$59,319	\$68,445	\$77,571	\$86,697	\$95,823	N/A	N/A	N/A	N/A
41-45	\$15,348	\$21,488	\$27,627	\$33,766	\$39,906	\$46,045	\$52,184	\$58,323	\$64,463	\$70,602	\$76,741	\$82,881	\$89,020
46-50	\$11,541	\$16,158	\$20,774	\$25,391	\$30,007	\$34,624	\$39,240	\$43,857	\$48,473	\$53,089	\$57,706	\$62,322	\$66,939
51-55	\$8,299	\$11,619	\$14,939	\$18,258	\$21,578	\$24,898	\$28,218	\$31,537	\$34,857	\$38,177	\$41,496	\$44,816	\$48,136
56-60	\$6,488	\$9,051	\$11,637	\$14,223	\$16,809	\$19,395	\$21,981	\$24,567	\$27,153	\$29,739	\$32,325	\$34,911	\$37,498
61-65	N/A	\$6,862	\$8,823	\$10,784	\$12,745	\$14,706	\$16,666	\$18,627	\$20,587	\$22,548	\$24,509	\$26,470	\$28,431
66-70	N/A	\$5,190	\$6,673	\$8,156	\$9,638	\$11,121	\$12,604	\$14,087	\$15,570	\$17,053	\$18,535	\$20,018	\$21,501

#### EMPLOYEE AND SPOUSE COVERAGE

Issue Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15
18-20	\$30,857	\$42,200	\$55,542	\$67,885	\$80,228	\$92,571	N/A						
21-25	\$27,168	\$38,036	\$48,903	\$59,770	\$70,637	\$81,505	\$92,372	N/A	N/A	N/A	N/A	N/A	N/A
26-30	\$22,256	\$31,159	\$40,062	\$48,964	\$57,867	\$66,769	\$75,672	\$84,575	\$93,477	N/A	N/A	N/A	N/A
31-35	\$16,414	\$22,980	\$29,545	\$36,111	\$42,677	\$49,242	\$55,808	\$62,374	\$68,939	\$75,505	\$82,071	\$88,636	\$95,202
36-40	\$12,072	\$16,900	\$21,729	\$26,558	\$31,386	\$36,215	\$41,044	\$45,872	\$50,701	\$55,530	\$60,358	\$65,187	\$70,016
41-45	\$7,724	\$10,814	\$13,904	\$16,993	\$20,083	\$23,173	\$26,263	\$29,352	\$32,442	\$35,532	\$38,622	\$41,711	\$44,801
46-50	\$5,564	\$7,790	\$10,015	\$12,241	\$14,467	\$16,692	\$18,918	\$21,144	\$23,369	\$25,595	\$27,821	\$30,046	\$32,272
51-55	N/A	\$5,837	\$7,248	\$8,659	\$10,069	\$12,080	\$13,891	\$15,301	\$16,812	\$18,523	\$20,133	\$21,744	\$23,354
56-60	N/A	N/A	\$5,543	\$6,774	\$8,006	\$9,238	\$10,469	\$11,701	\$12,933	\$14,165	\$15,396	\$16,628	\$17,860
61-65	N/A	N/A	N/A	\$5,153	\$6,089	\$7,026	\$7,963	\$8,900	\$9,837	\$10,774	\$11,710	\$12,647	\$13,584
66-70	N/A	N/A	N/A	N/A	N/A	\$5,300	\$6,006	\$6,713	\$7,419	\$8,126	\$8,833	\$9,539	\$10,246

#### EMPLOYEE AND CHILDREN COVERAGE

Issue Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15
18-20	\$30,459	\$42,643	\$54,827	\$67,010	\$79,194	\$91,378	N/A						
21-25	\$29,620	\$41,467	\$53,315	\$65,163	\$77,011	\$88,859	N/A						
26-30	\$27,168	\$38,036	\$48,903	\$59,770	\$70,637	\$81,505	\$92,372	N/A	N/A	N/A	N/A	N/A	N/A
31-35	\$25,415	\$35,582	\$45,748	\$55,914	\$66,080	\$76,246	\$86,413	\$96,579	N/A	N/A	N/A	N/A	N/A
36-40	\$18,939	\$26,515	\$34,091	\$41,667	\$49,242	\$56,818	\$64,394	\$71,970	\$79,545	\$87,121	\$94,697	N/A	N/A
41-45	\$14,089	\$19,897	\$25,325	\$30,952	\$36,580	\$42,208	\$47,835	\$53,463	\$59,091	\$64,719	\$70,346	\$75,974	\$81,602
46-50	\$11,035	\$15,449	\$19,862	\$24,276	\$28,690	\$33,104	\$37,518	\$41,932	\$46,346	\$50,760	\$55,174	\$59,587	\$64,001
51-55	\$7,518	\$10,525	\$13,532	\$16,539	\$19,547	\$22,554	\$25,561	\$28,568	\$31,575	\$34,582	\$37,590	\$40,597	\$43,604
56-60	\$6,197	\$8,676	\$11,155	\$13,634	\$16,113	\$18,592	\$21,071	\$23,550	\$26,029	\$28,507	\$30,986	\$33,465	\$35,944
61-65	N/A	\$6,579	\$8,458	\$10,338	\$12,218	\$14,097	\$15,977	\$17,856	\$19,736	\$21,616	\$23,495	\$25,375	\$27,255
66-70	N/A	\$5,047	\$6,490	\$7,932	\$9,374	\$10,816	\$12,258	\$13,700	\$15,142	\$16,584	\$18,027	\$19,469	\$20,911

#### EMPLOYEE, SPOUSE AND CHILDREN COVERAGE

Issue Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15
18-20	\$25,580	\$35,813	\$46,045	\$56,277	\$66,509	\$76,741	\$86,974	\$97,206	N/A	N/A	N/A	N/A	N/A
21-25	\$25,037	\$32,252	\$41,467	\$50,682	\$59,897	\$69,112	\$78,327	\$87,542	\$96,757	N/A	N/A	N/A	N/A
26-30	\$18,670	\$26,138	\$33,606	\$41,074	\$48,542	\$56,010	\$63,478	\$70,946	\$78,414	\$85,883	\$93,351	N/A	N/A
31-35	\$14,754	\$20,656	\$26,558	\$32,459	\$38,361	\$44,263	\$50,165	\$56,066	\$61,968	\$67,870	\$73,771	\$79,673	\$85,575
36-40	\$10,892	\$15,249	\$19,606	\$23,963	\$28,320	\$32,677	\$37,034	\$41,391	\$45,748	\$50,105	\$54,462	\$58,819	\$63,176
41-45	\$7,386	\$10,341	\$13,295	\$16,250	\$19,205	\$22,159	\$25,114	\$28,068	\$31,023	\$33,977	\$36,932	\$39,886	\$42,841
46-50	\$5,444	\$7,621	\$9,799	\$11,976	\$14,154	\$16,331	\$18,508	\$20,686	\$22,863	\$25,041	\$27,218	\$29,396	\$31,573
51-55	N/A	\$5,367	\$6,900	\$8,433	\$9,967	\$11,500	\$13,033	\$14,567	\$16,100	\$17,633	\$19,167	\$20,700	\$22,233
56-60	N/A	N/A	\$5,431	\$6,638	\$7,845	\$9,051	\$10,258	\$11,465	\$12,672	\$13,879	\$15,086	\$16,293	\$17,499
61-65	N/A	N/A	N/A	\$5,048	\$5,985	\$6,884	\$7,802	\$8,720	\$9,638	\$10,556	\$11,474	\$12,392	\$13,310
66-70	N/A	N/A	N/A	N/A	N/A	\$5,229	\$5,927	\$6,624	\$7,321	\$8,018	\$8,715	\$9,413	\$10,110

Total coverage in excess of \$50,000 requires additional underwriting questions

Note: Benefit is 50% for the first year of coverage



**TRUSTMARK CRITICAL ILLNESS - MONEY PURCHASE BENEFIT AMOUNTS**  
**PREMIER SELECT -- CI2 -- Standard.**

(Does Not Include Coverage For Cancer)

TOBACCO RATES

50/50 BLEND

PAYMODE = 52

EMPLOYEE ONLY COVERAGE

Issue														
Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15	
18-20	\$37,638	\$52,893	\$67,748	\$82,803	\$97,858	N/A								
21-25	\$34,157	\$47,819	\$61,482	\$75,145	\$88,807	N/A								
26-30	\$31,285	\$43,771	\$56,277	\$68,783	\$81,289	\$93,795	N/A							
31-35	\$23,173	\$32,442	\$41,711	\$50,980	\$60,250	\$69,519	\$78,788	\$88,057	\$97,326	N/A	N/A	N/A	N/A	
36-40	\$15,633	\$21,886	\$28,139	\$34,392	\$40,645	\$46,898	\$53,151	\$59,404	\$65,657	\$71,910	\$78,163	\$84,416	\$90,669	
41-45	\$9,554	\$13,375	\$17,197	\$21,019	\$24,840	\$28,662	\$32,483	\$36,305	\$40,126	\$43,948	\$47,770	\$51,591	\$55,413	
46-50	\$6,651	\$9,311	\$11,971	\$14,631	\$17,292	\$19,952	\$22,612	\$25,272	\$27,933	\$30,593	\$33,253	\$35,913	\$38,574	
51-55	N/A	\$6,386	\$8,210	\$10,035	\$11,859	\$13,684	\$15,508	\$17,333	\$19,157	\$20,982	\$22,806	\$24,631	\$26,455	
56-60	N/A	N/A	\$6,054	\$7,399	\$8,744	\$10,090	\$11,435	\$12,780	\$14,125	\$15,471	\$16,816	\$18,161	\$19,506	
61-65	N/A	N/A	N/A	\$5,500	\$6,500	\$7,500	\$8,500	\$9,501	\$10,501	\$11,501	\$12,501	\$13,501	\$14,501	
66-70	N/A	N/A	N/A	N/A	N/A	\$5,665	\$6,421	\$7,176	\$7,932	\$8,687	\$9,442	\$10,198	\$10,953	

EMPLOYEE AND SPOUSE COVERAGE

Issue														
Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15	
18-20	\$30,072	\$42,100	\$54,129	\$66,158	\$78,186	\$90,215	N/A							
21-25	\$25,307	\$35,429	\$45,552	\$55,675	\$65,797	\$75,920	\$86,042	\$96,165	N/A	N/A	N/A	N/A	N/A	
26-30	\$18,819	\$26,346	\$33,874	\$41,401	\$48,929	\$56,456	\$63,984	\$71,511	\$79,039	\$86,566	\$94,094	N/A	N/A	
31-35	\$11,808	\$16,529	\$21,251	\$25,974	\$30,697	\$35,419	\$40,142	\$44,864	\$49,587	\$54,309	\$59,032	\$63,754	\$68,477	
36-40	\$7,790	\$10,907	\$14,023	\$17,139	\$20,255	\$23,371	\$26,488	\$29,604	\$32,720	\$35,836	\$38,952	\$42,069	\$45,185	
41-45	N/A	\$6,406	\$8,236	\$10,066	\$11,896	\$13,726	\$15,556	\$17,386	\$19,217	\$21,047	\$22,877	\$24,707	\$26,537	
46-50	N/A	N/A	\$5,540	\$6,771	\$8,002	\$9,233	\$10,464	\$11,695	\$12,926	\$14,157	\$15,388	\$16,619	\$17,850	
51-55	N/A	N/A	N/A	N/A	\$5,473	\$6,315	\$7,157	\$7,999	\$8,842	\$9,684	\$10,526	\$11,368	\$12,210	
56-60	N/A	N/A	N/A	N/A	N/A	\$5,202	\$5,814	\$6,426	\$7,038	\$7,650	\$8,262	\$8,874	\$9,486	
61-65	N/A	\$5,230	\$5,685	\$6,139	\$6,594									
66-70	N/A													

EMPLOYEE AND CHILDREN COVERAGE

Issue														
Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15	
18-20	\$30,938	\$43,313	\$55,688	\$68,063	\$80,438	\$92,813	N/A							
21-25	\$28,545	\$41,364	\$53,182	\$65,000	\$76,818	\$88,636	N/A							
26-30	\$25,199	\$35,278	\$45,358	\$55,437	\$65,517	\$75,596	\$85,676	\$95,755	N/A	N/A	N/A	N/A	N/A	
31-35	\$20,341	\$28,478	\$36,614	\$44,750	\$52,887	\$61,023	\$69,160	\$77,296	\$85,433	\$93,569	N/A	N/A	N/A	
36-40	\$13,822	\$19,351	\$24,880	\$30,409	\$35,938	\$41,467	\$46,996	\$52,525	\$58,054	\$63,583	\$69,112	\$74,641	\$80,170	
41-45	\$9,070	\$12,698	\$16,326	\$19,954	\$23,582	\$27,210	\$30,838	\$34,466	\$38,094	\$41,722	\$45,350	\$48,978	\$52,606	
46-50	\$6,490	\$9,086	\$11,682	\$14,278	\$16,874	\$19,470	\$22,066	\$24,662	\$27,258	\$29,854	\$32,450	\$35,046	\$37,642	
51-55	N/A	\$6,067	\$7,801	\$9,534	\$11,268	\$13,001	\$14,735	\$16,468	\$18,202	\$19,935	\$21,669	\$23,402	\$25,136	
56-60	N/A	N/A	\$5,888	\$7,196	\$8,505	\$9,813	\$11,121	\$12,430	\$13,738	\$15,047	\$16,355	\$17,663	\$18,972	
61-65	N/A	N/A	N/A	\$5,359	\$6,333	\$7,307	\$8,281	\$9,256	\$10,230	\$11,204	\$12,179	\$13,153	\$14,127	
66-70	N/A	N/A	N/A	N/A	N/A	\$5,558	\$6,299	\$7,040	\$7,781	\$8,522	\$9,263	\$10,004	\$10,745	

EMPLOYEE, SPOUSE AND CHILDREN COVERAGE

Issue														
Age	\$3	\$4	\$5	\$6	\$7	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$15	
18-20	\$25,636	\$35,890	\$46,145	\$56,399	\$66,654	\$76,908	\$87,162	\$97,417	N/A	N/A	N/A	N/A	N/A	
21-25	\$22,684	\$31,757	\$40,831	\$49,904	\$58,977	\$68,051	\$77,124	\$86,198	\$95,271	N/A	N/A	N/A	N/A	
26-30	\$16,437	\$23,012	\$29,587	\$36,161	\$42,736	\$49,311	\$55,886	\$62,460	\$69,035	\$75,610	\$82,185	\$88,760	\$95,334	
31-35	\$11,024	\$15,434	\$19,844	\$24,254	\$28,664	\$33,073	\$37,483	\$41,893	\$46,303	\$50,712	\$55,122	\$59,532	\$63,942	
36-40	\$7,313	\$10,239	\$13,164	\$16,089	\$19,014	\$21,940	\$24,865	\$27,790	\$30,716	\$33,641	\$36,566	\$39,491	\$42,417	
41-45	N/A	\$6,246	\$8,030	\$9,815	\$11,600	\$13,384	\$15,169	\$16,953	\$18,738	\$20,522	\$22,307	\$24,091	\$25,876	
46-50	N/A	N/A	\$5,477	\$6,694	\$7,911	\$9,128	\$10,345	\$11,563	\$12,780	\$13,997	\$15,214	\$16,431	\$17,648	
51-55	N/A	N/A	N/A	N/A	\$5,344	\$6,166	\$6,988	\$7,810	\$8,632	\$9,455	\$10,277	\$11,099	\$11,921	
56-60	N/A	N/A	N/A	N/A	N/A	\$5,136	\$5,741	\$6,345	\$6,949	\$7,553	\$8,158	\$8,762	\$9,367	
61-65	N/A	\$5,168	\$5,617	\$6,066	\$6,515									
66-70	N/A													

Total coverage in excess of \$50,000 requires additional underwriting questions  
 Note: Benefit is 50% for the first year of coverage



State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Homeowners	There will be 2 quotes for each zip code location depending on the deductible.											
	Single Family Dwelling Deductible of: Credit Rating Values:	\$	250	Good Location: 48842	Fair 49015	Poor 48917	Fair 48705	Good 48502	Poor 49503	Good 48858	Fair 48154	Poor 48034
\$	75,000	Wood	\$ 280	\$ 334	\$ 564	\$ 515	\$ 443	\$ 577	\$ 309	\$ 292	\$ 890	\$ 851
\$	100,000	Brick	\$ 288	\$ 346	\$ 584	\$ 497	\$ 458	\$ 597	\$ 321	\$ 302	\$ 922	\$ 909
\$	150,000	Wood	\$ 379	\$ 457	\$ 774	\$ 708	\$ 608	\$ 791	\$ 423	\$ 399	\$ 1,222	\$ 1,170
\$	200,000	Brick	\$ 463	\$ 559	\$ 947	\$ 806	\$ 743	\$ 970	\$ 519	\$ 487	\$ 1,496	\$ 1,475
\$	300,000	Brick	\$ 644	\$ 781	\$ 1,321	\$ 1,126	\$ 1,037	\$ 1,353	\$ 723	\$ 680	\$ 2,090	\$ 2,060
	<b>Multiple Family Dwelling</b>		<b>Quotes include Personal Property Replacement Cost and Expanded Dwelling Replacement Cost.</b>									
\$	75,000	Wood	\$ 280	\$ 334	\$ 564	\$ 515	\$ 443	\$ 577	\$ 309	\$ 292	\$ 890	\$ 851
\$	100,000	Brick	\$ 288	\$ 346	\$ 584	\$ 497	\$ 458	\$ 597	\$ 321	\$ 302	\$ 922	\$ 909
\$	150,000	Wood	\$ 379	\$ 457	\$ 774	\$ 708	\$ 608	\$ 791	\$ 423	\$ 399	\$ 1,222	\$ 1,170
\$	200,000	Brick	\$ 463	\$ 559	\$ 947	\$ 806	\$ 743	\$ 970	\$ 519	\$ 487	\$ 1,496	\$ 1,475
\$	300,000	Brick	\$ 644	\$ 781	\$ 1,321	\$ 1,126	\$ 1,037	\$ 1,353	\$ 723	\$ 680	\$ 2,090	\$ 2,060

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Single Family Dwelling Deductible of Credit Rating Values:	\$	500	Structure:	Location: 48842	Good 48842	Fair 49015	Poor 48917	PRICING			Good 48858	Fair 48154	Poor 48034	Good 48243
								Fair 48705	Good 48502	Poor 49503				
\$	75,000	Wood			\$ 250	\$ 296	\$ 497	\$ 455	\$ 389	\$ 509	\$ 276	\$ 261	\$ 783	\$ 749
\$	100,000	Brick			\$ 258	\$ 305	\$ 514	\$ 438	\$ 404	\$ 527	\$ 285	\$ 270	\$ 812	\$ 800
\$	150,000	Wood			\$ 334	\$ 403	\$ 682	\$ 624	\$ 535	\$ 698	\$ 374	\$ 351	\$ 1,106	\$ 1,052
\$	200,000	Brick			\$ 408	\$ 493	\$ 834	\$ 711	\$ 654	\$ 853	\$ 456	\$ 430	\$ 1,380	\$ 1,358
\$	300,000	Brick			\$ 568	\$ 687	\$ 1,204	\$ 1,007	\$ 919	\$ 1,236	\$ 636	\$ 598	\$ 1,973	\$ 1,943
<b>Multiple Family Dwelling</b>														
<b>Quotes include Personal Property Replacement Cost and Expanded Dwelling Replacement Cost.</b>														
\$	75,000	Wood			\$ 250	\$ 296	\$ 497	\$ 455	\$ 389	\$ 509	\$ 276	\$ 261	\$ 783	\$ 749
\$	100,000	Brick			\$ 258	\$ 305	\$ 514	\$ 438	\$ 404	\$ 527	\$ 285	\$ 270	\$ 812	\$ 800
\$	150,000	Wood			\$ 334	\$ 403	\$ 682	\$ 624	\$ 535	\$ 698	\$ 374	\$ 351	\$ 1,106	\$ 1,052
\$	200,000	Brick			\$ 408	\$ 493	\$ 834	\$ 711	\$ 654	\$ 853	\$ 456	\$ 430	\$ 1,380	\$ 1,358
\$	300,000	Brick			\$ 568	\$ 687	\$ 1,204	\$ 1,007	\$ 919	\$ 1,236	\$ 636	\$ 598	\$ 1,973	\$ 1,943

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Renters Insurance Deductible of: Credit Rating	\$	100	Structure:	Good Location: 48842	Fair 49015	Poor 48917	PRICING							
							Fair 48705	Good 48502	Poor 49503	Good 48858	Fair 48154	Poor 48034	Good 48243	
\$	25,000	Wood		\$ 247	\$ 247	\$ 247	\$ 247	\$ 260	\$ 293	\$ 223	\$ 227	\$ 210	\$ 386	\$ 472
\$	50,000	Wood		\$ 336	\$ 336	\$ 336	\$ 336	\$ 355	\$ 400	\$ 305	\$ 308	\$ 287	\$ 526	\$ 644
\$	100,000	Wood		\$ 497	\$ 497	\$ 497	\$ 497	\$ 527	\$ 593	\$ 451	\$ 459	\$ 425	\$ 780	\$ 953
\$	150,000	Brick		\$ 658	\$ 658	\$ 658	\$ 658	\$ 698	\$ 786	\$ 596	\$ 605	\$ 563	\$ 1,031	\$ 1,262
\$	200,000	Brick		\$ 819	\$ 819	\$ 819	\$ 819	\$ 869	\$ 977	\$ 743	\$ 756	\$ 700	\$ 1,286	\$ 1,570
<b>Renters Insurance</b>				<b>Quotes Include Personal Property Replacement Cost.</b>										
Deductible of:	\$	250	Structure:	Location: 48842	49015	48917	48705	48502	49503	48858	48154	48034	48243	
\$	25,000	Wood		\$ 213	\$ 213	\$ 213	\$ 226	\$ 253	\$ 193	\$ 195	\$ 181	\$ 333	\$ 407	
\$	50,000	Wood		\$ 288	\$ 288	\$ 288	\$ 306	\$ 345	\$ 262	\$ 267	\$ 248	\$ 453	\$ 555	
\$	100,000	Wood		\$ 428	\$ 428	\$ 428	\$ 453	\$ 510	\$ 389	\$ 395	\$ 366	\$ 671	\$ 822	
\$	150,000	Brick		\$ 567	\$ 567	\$ 567	\$ 601	\$ 677	\$ 514	\$ 523	\$ 485	\$ 889	\$ 1,088	
\$	200,000	Brick		\$ 706	\$ 706	\$ 706	\$ 748	\$ 842	\$ 640	\$ 651	\$ 604	\$ 1,107	\$ 1,354	

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

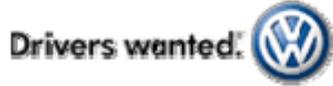
Automobile	(Statutory Minimums)	Coverage's: Liability - 20/40/10, UM - 20/40, Basic PIP, Comprehensive and Collision - \$500 deductibles										PRICE	Incl 100/300 Liability/ UM
Type	Year	Value	Location	Drivers Age	M	F	Miles	Driving Records	Credit				
Oldsmobile Cutlass 2 dr	1975	5,000	48243	35 *		33	20,000	No violations	Good			\$ 1,226	\$1,364
Buick LeSabre 2 dr	1985	7,000	48917	45		44	5,000	No violations	Fair			\$ 1,696	\$1,699
Chrysler Concorde 2 dr	1995	10,000	48502			24	15,000	1 speeding (2 yrs old)	Good			\$ 1,812	\$1,944
Ford F150 Pickup	2000	15,000	48034	30			18,000	1 OUIL (1 year old)	Fair			Decline	Decline
Buick Regal 4 dr	2002	17,000	49015	55 *		50	30,000	No violations	Good			\$ 1,853	\$1,948
Chrysler Town & Country	2004	20,000	48705	43		38 *	20,000	No violations	Poor			\$ 2,549	\$2,683
Nissan Armada 4 dr	2005	40,000	49503	48		45 *	15,000	No violations	Good			\$ 1,740	\$1,784
Ford Taurus 4 dr	2004	18,000	48933	30 *		26	20,000	No violations	Good			\$ 1,050	\$1,102
Honda Accord 2 dr	2003	15,000	48837	24			18,000	No violations	Poor			\$ 1,922	\$2,006

\* primary driver

State Of Michigan  
 Optional Coverage Insurance Pricing  
 Prices Quoted are Estimates Intended to Approximate Actual Quotes

Life Insurance	Type	Value	Estimated Enrollees					Average A	Gender		PRICE	PRICE	PRICE	PRICE	PRICE
			\$ 25,000	\$ 50,000	\$ 100,000	200,000			M	F					
Supplemental Life	Term Life - Employee	200	150	100	50	40	75%	25%	2.49	3.95	6.87	12.69			
	Whole Life	100	50	20	5	45	75%	25%	6.60	12.29	23.65	46.38			
	Universal Life - Employee	110	60	40	30	45	75%	25%	Weekly Premiums Quoted						
	<b>Dependent Life</b>														
Critical Care	Term Life - Spouse (Child Coverage for term is \$5,000 face is \$1.70/week and \$10,000 is \$1.40 per week, higher coverage are not available)	100	80	60	40	35	40%	60%	2.84	4.64	8.25	15.46			
	Whole Life	30	20	10	0	40	40%	60%	5.25	9.59	18.25	35.58			
	Universal Life - Spouse (Child Coverage for Universal Life is \$2 or \$3 per week with a maximum of \$35,000 Face)	50	30	20	5	40	40%	60%	Weekly Premiums Quoted						
	<b>Value</b>														
Life Services	(including cancer coverage)	\$ 10,000	\$ 25,000	\$ 50,000	\$ 100,000										
	Employee	3.61	8.27	18.25	35.58	45	60%	40%	3.61	8.27	18.25	35.58			
	Spouse	3.52	7.49	17.61	31.22	43	40%	60%	3.52	7.49	17.61	31.22			
	Other (Employee & Spouse)	7.13	15.76	35.86	66.8				7.13	15.76	35.86	66.8			
Quality Voluntary Concierge is difficult to find. Next Jump is negotiating with a major concierge company to add their product to the Next Jump Platform but an agreement cannot be guaranteed at this point															
Weekly Premiums Quoted															





Advocate Health Care



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