

AGREEMENT

25-0090-RFP

Disability Benefits & FMLA Administration Services

This Agreement (the "Agreement" or "Contract") is entered into on the date last executed below, by and between Pinellas County, a political subdivision of the State of Florida whose primary address is 315 Court Street, Clearwater, Florida 33756 ("COUNTY") and Reliance Standard Life Insurance Company whose primary address is 1700 Market Street, Suite 1200, Philadelphia, PA 19103-3938 (hereinafter "CONTRACTOR") (jointly, the "Parties").

NOW THEREFORE, the Parties agree as follows:

A. Documents Comprising Agreement

1. This Agreement, including the Exhibits listed below, constitutes the entire agreement and understanding of the Parties with respect to the transactions and services contemplated hereby and supersedes all prior agreements, arrangements, and understandings relating to the subject matter of the Agreement. The documents listed below are hereby incorporated into and made a part of this Agreement:
 - a. This Agreement
 - b. Pinellas County Standard Terms & Conditions, located on Pinellas County Purchasing's website, effective April 10, 2025, posted at <https://pinellas.gov/county-standard-terms-conditions/>, which includes Exhibits A & B.
 - c. Solicitation Section 4, titled Special Conditions, attached as Exhibit C.
 - d. Section 5, titled Insurance Requirements, attached as Exhibit D.
 - e. Section 6, titled Scope of Work / Specifications, attached as Exhibit E.
 - f. Contractor's Obligations, attached as Exhibit F.
 - g. BAFO Price Page, attached as Exhibit G.
2. In the event of a conflict, the terms of this document, followed by the terms of the attached Exhibits, which shall take precedence in the order listed above.

B. Term

1. The initial term of this Agreement is sixty (60) months, commencing on January 1, 2026, the Effective Date ("Contract Term"). At the end of the initial term of this contract, this Agreement may be extended for two (2) additional twelve (12) month terms, or such other renewal terms as agreed upon by the Parties.

C. Expenditures Cap

1. Payment and pricing terms for the initial and renewal terms are subject to the Cost Summary and Pricing Proposals in Exhibits F and G. County expenditures under the Agreement will not exceed \$1,264,299.84 for the Contract term without a written amendment to this Agreement.
2. In no event will annual expenditures exceed \$260,000.00 within any given fiscal year without a written amendment to the Agreement.

D. Entire Agreement

1. This Agreement constitutes the entire agreement between the Parties.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their undersigned officials, who are duly authorized to bind the Parties to the Agreement.

Pinellas County, a political subdivision
of the State of Florida:

Signature

Printed Name

Printed Title

Date

APPROVED AS TO FORM
By: Marshall Brannon
Office of the County Attorney

Contractor:

DocuSigned by:

Mark Marsters

Signature

Mark Marsters

Printed Name

Chief Operating Officer

Printed Title

9/2/2025

Date

Exhibit C - Solicitation Section 4 Special Conditions

4. Special Terms & Conditions

4.1. INTENT

It is the intent of Pinellas County to establish an Agreement for Disability Benefits & FMLA Administration Services to be ordered, as and when required.

4.2. NON-NEGOTIABLE TERMS

While the County prefers that no exceptions to its contract terms be taken, the solicitation does authorize the respondent to take exception to terms as part of its submittal. The County has deemed the following contract terms in the County's Standard Terms & Conditions <https://pinellas.gov/county-standard-terms-conditions/> to be non-negotiable:

Section 3: Compliance with Applicable Laws (all terms)

Section 7: Indemnification & Liability (all terms)

Section 8: Insurance & Conditions Precedent

Section 10(G): Governing Law & Venue

Section 12(A): Fiscal Non-Funding

Section 13: Confidential Records, Public Records, & Audit (all terms)

Section 19: Digital Content (all terms) *(if the Agreement includes software, online, or digital content services)*

Any terms required by law

4.3. PRICING/PERIOD OF CONTRACT

Unit prices submitted of listed items will be held firm for the duration of the Agreement. Duration of the Agreement will be for a period of 60 months from the date of Agreement award and any extension thereof.

4.4. TERM EXTENSION(S) OF CONTRACT

The Agreement may be extended subject to written notice of agreement from the County and successful respondent, for two (2) additional twelve (12) month period(s) beyond the primary contract period or earlier if the original contract is completed early. The extension shall be exercised only if all prices, terms and conditions remain the same and approval is granted by the County.

4.5. PRE-COMMENCEMENT MEETING

Not Applicable

4.6. ORDERS

Within the term of this Agreement, County may place one or more orders for goods and/or services at the prices listed on the Pricing Proposal section of this solicitation, which is incorporated by reference hereto.

4.7. ASBESTOS MATERIALS

The Contractor must perform all Work in compliance with Federal, State and local laws, statutes, rules, regulations and ordinances, including but not limited to the Department of Environmental Protection (DEP)'s asbestos requirements, 40 CFR Part 61, Subpart M, and OSHA Section 29 CFR 1926.58. Additionally, the Contractor must be properly licensed and/or certified for asbestos removal as required under Federal, State and local laws, statutes, rules, regulations and ordinances. The County is responsible for filing all DEP notifications and furnish a copy of the DEP notification and approval for demolition to the successful Contractor. The County will furnish a copy of the asbestos survey to the successful Contractor. The Contractor must keep this copy on site at all times during the actual demolition.

4.8. SERVICES

The terms below are applicable if the Solicitation includes the provision of SERVICES:

ADD/DELETE LOCATIONS SERVICES - The County reserves the right to unilaterally add or delete locations/services, either collectively or individually, at the County's sole option, at any time after award has been made as may be deemed necessary or in the best interests of the County. In such case, the Contractor(s) will be required to provide services to this agreement in accordance with the terms, conditions, and specifications.

4.9. GOODS & PRODUCTS

The terms below are applicable if the Solicitation includes the purchase of GOODS or PRODUCTS:

DELIVERY/CLAIMS - Prices quoted will be FOB Destination, freight included and unloaded to location(s) within Pinellas County. Actual delivery address(s) will be identified at time of order. Successful Contractor(s) will be responsible for making any and all claims against carriers for missing or damaged items.

4.10. QUANTITIES

Any quantities stated are an estimate only and no guarantee is given or implied as to quantities that will be used during the Agreement period. Estimated quantities are based upon previous use and/or anticipated needs.

4.11. PERFORMANCE SECURITY

Not Applicable

Exhibit D –Section 5 Insurance Requirements

5. Insurance Requirements

5.1. INSURANCE (General)

The Contractor must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below, prior to recommendation for award. The Contractor shall obtain and maintain, at all times during its performance of the Agreement in Phase 1, insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, Contractor shall maintain coverage and provide evidence of insurance for 2 years beyond final acceptance. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of VIII or better.

5.2. INSURANCE (Requirements)

- A. Submittals should include, the Contractor's current Certificate(s) of Insurance. If Contractor does not currently meet insurance requirements, Contractor shall also include verification from their broker or agent that any required insurance not provided at that time of submittal will be in place prior to the award of contract. Upon selection of Contractor for award, the selected Contractor shall email certificate that is compliant with the insurance requirements. If the certificate received is compliant, no further action may be necessary. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s).
- B. **The Certificate holder section shall indicate Pinellas County, a Political Subdivision of the State of Florida, 400 S Fort Harrison Ave, Clearwater, FL 33756. Pinellas County, a Political Subdivision shall be named as an Additional Insured for General Liability. A Waiver of Subrogation for Workers Compensation shall be provided if Workers Compensation coverage is a requirement.**
- C. Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement. County reserves the right to require a certified copy of the entire insurance policy, including endorsement(s), at any time during the Bid and/or contract period.
- D. If any insurance provided pursuant to the Agreement expires or cancels prior to the completion of the Work, the County will be notified by CTrax, the authorized Contractor of Pinellas County. Upon notification, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished to Pinellas County Risk Management at InsuranceCerts@pinellascounty.org and to CTrax c/o JDi Data at PinellasSupport@ididata.com by the Contractor or their agent prior to the expiration date.
 1. Contractor shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said Contractor from its insurer. Notice shall be given by email to Pinellas County Risk Management at InsuranceCerts@pinellascounty.org. Nothing contained herein shall absolve Contractor of this requirement to provide notice.
 2. Should the Contractor, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement.

If subcontracting is allowed under this Bid, the Primary Contractor shall obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth; and require any subcontractors to obtain and maintain, at all times during its performance of the Agreement, insurance limits as it may apply to the portion of the Work performed by the subcontractor; but in no event will the insurance limits be less than \$500,000 for Workers' Compensation/Employers' Liability, and \$1,000,000 for General Liability and Auto Liability if required below. For purposes of this paragraph, vendors of Contractor such as IME services and medical records review services shall not be deemed to be sub-contractors.

E.

1. All subcontracts between the Contractor and its Subcontractors entered into after the date hereof shall be in writing and are subject to the County's prior written approval. Further, all subcontracts shall
 - a. Require each Subcontractor to be bound to the Contractor to the same extent the Contractor is bound to the County by the terms of the Contract Documents, as those terms may apply to the portion of the Work to be performed by the Subcontractor;

- b. Provide for the assignment of the subcontracts from the Contractor to the County at the election of Owner upon termination of the Contract;
- c. Provide that County will be an additional indemnified party of the subcontract;
- d. Provide that the County will be an additional insured on all insurance policies required to be provided by the Subcontractor except workers compensation and professional liability;
- e. Provide a waiver of subrogation in favor of the County and other insurance terms and/or conditions
- f. Assign all warranties directly to the County; and
- g. Identify the County as an intended third-party beneficiary of the subcontract. The Contractor shall make available to each proposed Subcontractor, prior to the execution of the subcontract, copies of the Contract Documents to which the Subcontractor will be bound by this Section C and identify to the Subcontractor any terms and conditions of the proposed subcontract which may be at variance with the Contract Documents.

F. Each insurance policy and/or certificate shall include the following terms and/or conditions:

1. The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that responded to the solicitation and/or is signing the agreement with the County.
2. Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Contractor.
3. The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
4. All policies shall be written on a primary, non-contributory basis.

The minimum insurance requirements and limits for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

5.3. WORKERS' COMPENSATION INSURANCE

Worker's Compensation Insurance is required if required pursuant to Florida law. If, pursuant to Florida law, Worker's Compensation Insurance is required, employer's liability, also known as Worker's Compensation Part B, is also required in the amounts set forth herein.

A. Limits

1. Employers' Liability Limits Florida Statutory
 - a. Per Employee \$ 500,000
 - b. Per Employee Disease \$ 500,000
 - c. Policy Limit Disease \$ 500,000

If Contractor is not required by Florida law, to carry Workers Compensation Insurance in order to perform the requirements of this Agreement, County Waiver Form for workers compensation must be executed, submitted, and accepted by Risk Management. The County Waiver Form is found at <https://pinellas.gov/services/submit-a-workers-compensation-waiver-request/>. Failure to obtain required Worker's Compensation Insurance without submitting and receiving a waiver from Risk Management constitutes a material breach of this Agreement.

5.4. COMMERCIAL GENERAL LIABILITY INSURANCE

Includes, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury.

A. Limits

1. Combined Single Limit Per Occurrence \$ 1,000,000

2. Products/Completed Operations Aggregate \$ 2,000,000
3. Personal Injury and Advertising Injury \$ 1,000,000
4. General Aggregate \$ 2,000,000

5.5. CYBER RISK LIABILITY (NETWORK SECURITY/PRIVACY LIABILITY) INSURANCE

To include cloud computing and mobile devices, for protection of private or confidential information whether electronic or non-electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

A. Limits

1. Each Occurrence \$ 5,000,000
2. General Aggregate \$ 5,000,000

- B. For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.

5.6. PROFESSIONAL LIABILITY (ERRORS AND OMISSIONS) INSURANCE

Minimum limits as follows. If "claims made" coverage is provided, "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", Contractor may submit annually to the County, for a three (3) year period, a current certificate of insurance providing "claims made" insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

A. Limits

1. Each Occurrence or Claim \$ 5,000,000
2. General Aggregate \$ 5,000,000

- B. For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.

5.7. CRIME/FIDELITY/FINANCIAL INSTITUTION INSURANCE

Coverage shall include County's Property endorsement similar or equivalent to ISO form CR 04 01, with at least minimum limits as follows:

A. Limits

1. Each Occurrence or Claim \$ 5,000,000
2. General Aggregate \$ 5,000,000

5.8. PROPERTY INSURANCE

Contractor will be responsible for all damage to its own property, equipment and/or materials.

Exhibit E - Section 6 Scope of Work

6. Scope of Work / Specifications

6.1. OBJECTIVE/JUSTIFICATION

The Pinellas County Unified Personnel System (UPS) requires disability benefits and FMLA administration services for Pinellas County (County) employees.

6.2. BACKGROUND

The UPS performs centralized personnel and benefits functions for the approximately 3,200 employees of the Board of County Commissioners and elected officials, including the Clerk of the Court, Tax Collector, Property Appraiser, Supervisor of Elections, and independent agencies. The County offers disability benefits through a self-funded Short-Term Disability (STD) plan with Administrative Services Only (ASO) and Advice to Pay (ATP) and a fully insured group Long-Term Disability (LTD) plan. The County also contracts for Family and Medical Leave Act (FMLA) administration services and currently utilizes the same carrier for all three programs. The County believes that this consolidated program of absence management services by a single vendor offers advantages to both employees and the employer. It also provides consistency and compliance with County policies and programs as well as local, state, and federal regulations.

6.3. ATTACHMENTS

The following links from the Pinellas County website are incorporated herein. The County reserves the right to update these policies and procedures at its sole discretion.

- A. Pinellas County FMLA Handbook (Policy) <https://pinellas.gov/fmla-handbook/>
- B. STD Certificate <https://pinellas.gov/short-term-disability-plan-summary/>
- C. LTD Certificate <https://pinellas.gov/group-long-term-disability-certificate-of-coverage-class-1/>

6.4. SCOPE OF SERVICES

6.4.1. General Requirements for the Disability Programs (Short-Term Disability and Long-Term Disability)

The County self-funds STD benefits for all permanent employees working at least 20 hours a week. The County requires Administrative Services Only (ASO) services for STD claims. These ASO services must include:

- A. Claim intake, approval
- B. Denying or closing claims for benefits
- C. Management of claims to facilitate the earliest possible return to work
- D. Determining the amount of benefits payable
- E. Offer advice to pay

6.4.2. The STD plan covers all permanent employees working at least 20 hours per week. There are two different classes of permanent employees: exempt and classified. There are differences in the provisions for each class. Currently County issues payments for approved claims through its payroll system.

6.4.3. The Contractor will be expected to perform the following duties, plus those contained in the RFP, but not limited to:

- A. Claims Administrative Services, including the following:

- i. Prompt 5-business-day notification after receipt of complete, initial STD claim; courteous and accurate processing of claims within the provisions of the certificates for both the STD and LTD plans.
 - ii. Full claim intake by the carrier using telephonic, online, mobile device upload, and/or paper submission of claims.
 - iii. Printed materials, including group master policy, individual plan description booklets for each employee, pamphlets, and other materials to educate employees on the STD and LTD plans and to encourage enrollment in the LTD plan.
 - iv. Electronic materials for placement on the Pinellas County benefits website.
 - v. Participate in monthly Absence Management Meetings with county representatives.
 - vi. Providing an action plan and timeline for corrective actions identified during monthly meetings.
- B. Disability Management Services, necessary for approval of claims and appropriate management afterward, including the following:
- i. Medical intervention by nurse case managers, physicians, and other professionals,
 - ii. Independent medical and psychological exams, peer review, second opinions, functional capacity exams, and workplace therapy or rehabilitation,
 - iii. Vocational counseling, testing, transferable skills analysis, retraining services, and placement services,
 - iv. Professional investigation services and disability evaluation interviews for potential fraud.
 - v. Reports as stipulated for STD and LTD,
 - vi. Quality control standards for both the claims approval and claims management process.
 - vii. Rendering decisions on STD claims and performing all duties required under federal FMLA regulations and the County FMLA policy.

6.5. GENERAL REQUIREMENTS FOR THE LONG-TERM DISABILITY (LTD) PROGRAM

In addition to the services requested for both plans, the following reporting services specific to LTD, which should include:

- A. Annual experience reports and accounting of all monies received under the plan
- B. Monthly billing statements by County division. Each division (Board of County Commissioners, Clerk of Court, etc.) will self-report and remit premium based on number of participants and total monthly salary within each eligible class.
- C. Reports of claims (sorted by County division) by nature of disability, age, sex, and duration.

6.6. GENERAL REQUIREMENTS FOR THE FAMILY & MEDICAL LEAVE (FMLA) ADMINISTRATION

6.6.1 Contractor will be expected to perform the following FMLA duties, plus those contained within the RFP but not limited to.

- a. Full administration of FMLA. Use of the reporting hierarchy in the County Human Resources Information System (HRIS) to identify employee's supervisory chain and properly route administration correspondence by email, mail and/or phone to immediate supervisor, director, and Human Resources Benefits Division contacts.
- b. Provide a single point of contact for employees requesting FMLA leave, filing and administration of short-term disability claims, and long-term disability claims.
- c. Rendering of timely and accurate decisions on FMLA leave requests and performing all duties required under federal FMLA regulations and the County FMLA policy.
- d. Timeliness will be monitored frequently and must be consistent across all employees.
- e. Providing first-level appeal processes for FMLA decisions.
- f. Provide required reporting for the FMLA program.
- g. Advising employer contact of suspected misuse of or fraudulent claims for FMLA leave in a timely manner.

- h. Conduct the investigation of the misuse of or fraudulent claims for FMLA leave on behalf of the Employer.
- i. Cooperate in any investigation conducted by the County or any of its agencies of a claim of violation of its Family and Medical Leave policy.
- j. Make all records relating to the administration of the contract available for investigation or audit by the County upon request at no additional cost.
- k. Request authentication or clarification of certifications, if appropriate.
- l. Participate in monthly Absence Management Meetings with county representatives.
- m. Providing an action plan and timeline for corrective actions identified during monthly meetings.

6.7. GENERAL REQUIREMENTS FOR ALL PLANS

The County requires:

- 1. A single employer portal for all three products for use by Benefits staff, to pull reports, verify start and end date of leaves, verify time taken and total time remaining, and other administrative needs.
- 2. A single customer service/claim intake line for disability and FMLA, giving employees one phone number to call to originate a claim or to discuss claims in process. The intake representative should initiate both disability and FMLA during the call if warranted.
- 3. A single employee portal for disability and FMLA, for employees to upload their paperwork, check the status of their claim, and other needs.

6.8. PLAN BENEFITS LITIGATION AND LIABILITY

- A. Plan Benefits Litigation. Except to the extent caused by the negligence, willful misconduct, or unlawful conduct of Contractor, if a demand is asserted or litigation proceedings or arbitration is commenced during the term of this Agreement by a Plan Participant or any other person to recover short term disability Plan benefits ("Plan Benefits Litigation") against Contractor, County will be responsible for the full amount of any Plan benefits determined to be owed to the Plan Participant under the terms of the Plan and paid to the Plan Participant as a result of such Plan Benefits Litigation if: (1) Contractor provides notice to the County of any such Plan Benefits Litigation within 30 days after Contractor receives notice of any legal action or proceeding brought against Contractor to recover Plan Benefits, and (2) Contractor provides notice to the County within 15 days after such litigation is resolved or settled. In any event, Contractor will be responsible for its own defense, legal fees, and costs in connection with such litigation and must make available to the County evidence relevant to any such litigation.
- B. Liability. Each party agrees to be responsible for its own negligence and that of its employees and agents, subject to any limitations on liability established by law, including the provisions of Fla. Stat. Section 768.28. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability by COUNTY under the doctrine of sovereign immunity or section 768.28

Exhibit F - Contractor's Obligations

Executive Summary

Through *The Matrix Platform*, Contractor will provide a fully integrated approach to managing Pinellas County Government's program in a single claim management environment. From intake to financial reporting, all components of the process are owned and operated by the Contractor.

As a customer of the Contractor, Pinellas County Government will receive:

- Simplified process for both the County and its employees.
- Complete "end-to-end" ownership of integrated productivity management.
- Technical strength in the outsourcing and administration of complex FMLA, disability, and all other leave management, including day one absence.
- Integrated co-located team of claim and clinical resources dedicated to servicing the Pinellas County Government account.
- Web-based technology platform and comprehensive information-reporting database.

One Solution from First Call to Return to Work

In the event an employee has a disability or another type of leave, employees call Contractor's toll-free absence reporting number and identify their employer. Contractor's intake specialists gather the needed information to determine the type of claim(s), set expectations on next steps, and start the claim process. Contractor will work from a fully customized intake script based on the Pinellas County Government program, and Contractor will start the return-to-work process on day one.

Technical Strength and Expertise

The County will receive expertise in custom program implementation, integrated service delivery, and technology tools that provide easy access to all the County program data. Contractor's experience and focus on improving productivity will help Pinellas County Government achieve the County's vision. From intake to financial reporting, all components of the process are owned and operated by Contractor.

Dedicated Co-Located Team

A dedicated team of claim and clinical management professionals will manage the County's leave management program. Contractor's teams are all located in the same office and work together to manage County-specific programs.

For ASO STD and FMLA, Contractor will be staffed by Contractor's Absent Management Specialist (AMS) team model. AMS strategies integrate LOA administration and STD claim management into a single managed employee leave event. The AMS model is led by the AMS Claims Examiner (AMS CE), a single individual claim professional responsible for the concurrent management of STD/FMLA claims. The AMS CE is cross-trained in products, policies, systems, regulations, and procedures. This single point of contact drives fully integrated claim and leave management decisions with coordinated communications to meet employer needs. Because of the value of this approach, Contractor will have begun the process of transitioning our existing County's onto the AMS Model.

The AMS model:

- Has a single AMS Examiner managing both the FML and STD leave events
- Provides integrated leave claim decisions and coordinated communications
- Exceeds marketplace expectations for single point of contact at claim level
- Minimizes confusion for the employee during a difficult time in his or her life
- Provides the County with a single designated team familiar with its culture, operations, and internal structure
- Promotes Contractor's core Best Practices and is the standard claim team structure

Comprehensive Reporting Platform

Contractor's flexible web-based technology platform provides comprehensive information-reporting capabilities. ***The Matrix Platform***, Contractor's proprietary e-business platform, will be its "single-source" system that provides electronic access to claim files, robust data mining and real-time reporting. Contractor will have broad experience in linking Contractor's data to payroll and

HRIS systems and in working with data integration vendors.

Summary of Proposed Services

Event Reporting

Contractor will process and manage absence claims. As a Matrix Platform customer, the County's employees can choose either telephonic reporting or the Contractor's web-based claim-filing tool, *eFiling*. Both intake options will be customized to meet the needs of Pinellas County Government. It is through this type of collaborative partnership that Contractor's intake specialists can identify an employee in a "teachable moment" and direct them to the appropriate resources provided by Pinellas County Government, even if the health risk is not the specific reason for the employee's leave. During claim intake, the customized questions and reminders on the intake statement can solicit information that would assist in the identification of potential referrals and include information related to the specific program applicable to the employee's situation.

Additional benefits of Contractor's intake services include:

- All events reported through a single process
- All reporting is to a **Contractor's** employee – it is never subcontracted
- All intake calls are recorded and kept for one year
- Employees calling during peak call volume times have the option of requesting a priority callback
- Translation services available for over 150 languages

Contractor will make telephonic and web-based filing options available **24 hours a day, 7 days a week**, for all customers.

Customized Leave Packets and Next Steps

Contractor will see Contractor's services as an extension of the County's human resources department. The Contractor's goal is to relieve County staff of the burden of the administrative tasks related to employee leaves. Contractor will customize the leave packet to meet the unique employee benefit goals and objectives of the County. Contractor's standard procedure is to be in contact with the employer, the employee, and the provider during the first business day of a reported absence.

- At event reporting, the employee provides a summary of the incident
- The employee's customized leave packet is sent within 24 hours.
- A County checklist, which outlines the employee's roles and responsibilities, is included in the packet, along with a medical certification form and expected timeline.
- Each packet is customized to include any other forms, documents, and letters required by Pinellas County Government.

Triage

Immediately upon completion of the intake interview, all claims are subject to the Contractor's automated **duration review** process. Using industry guidelines and standards based on diagnostic information and expected duration; claims are reviewed and assigned to resources based on complexity. In addition, Contractor will use County-specific criteria to determine which additional cases go to its dedicated in-house nurse case manager.

Clinical Case Management – Medical Director Model

An automated duration review system completes initial screening of cases. However, claim examiners and a dedicated nurse case manager evaluate all claims that are flagged as complex or that meet a predetermined criteria, so Contractor will establish a plan of action. Contractor's medical directors are specialists in their respective fields and work with Contractor's nurse case managers to review and manage all complex claims.

Contractor will use best practice escalation criteria to determine additional claims that should be referred to the nurse case manager and/or medical directors based on claim facts. Contractor's claim staff can also make referrals based on their own knowledge of the employee and the facts surrounding the disability event. In addition, its dedicated nurse case manager will:

- Manage clinical aspect of complex cases
 - ✓ Management based on primary and secondary diagnosis
 - ✓ Referral to Health and Wellness Programs
 - ✓ Coordinate with Health and Workers' Compensation Clinical Managers
- Work with the medical provider, employee, and employer to effect the earliest return-to-work
- Negotiate with treating physician to determine diagnosis and develop a return-to-work strategy
- Utilize absence duration industry standard references
- Engage specialty resources
 - ✓ Medical director
 - ✓ Field nurse case management
 - ✓ Behavioral health consultants
 - ✓ Network of specialty physician advisors
 - ✓ IME / FCE / Peer Review

This is NOT a Tracking System

Contractor's processes allow us to identify patterns of utilization which are outside the prescribed certification times. No leave will be approved without a certification that supports the time off. All intermittent leaves are reviewed every 60 days to analyze day of the week and other patterns that could go undetected. Our dedicated claim examiner will personally intervene to encourage employees to schedule appointments outside of working hours and make a timely return to work. Contractor's claim technology has the ability to identify potential abuse of FMLA leave. Contractor will also report quantitative and qualitative impact of the program to the County on at least an annual basis.

Contractor also provides compliance in all 50 states. An increasing number of states have enacted legislation that;

- ✓ Changes the employee threshold to as few as 10 employees.
- ✓ Expands the definition of 'Family'.
- ✓ Defines varying rules for parental vs. non-parental leaves.
- ✓ Grants leave to victims of Domestic Violence or similar crimes.

Contractor shall have the ability to (optional)manage other leave types outside of Federal and State leave management, including, but not limited to;

- ✓ Jury Duty
- ✓ Military Leave
- ✓ USERRA
- ✓ Bereavement Leave
- ✓ Personal Leave
- ✓ Medical Leave
- ✓ Accommodation Leave

FMLA/LOA – Team Integration

Contractor will seamlessly integrate all types of leave (State, Federal, Company Policies, Military Leave, Bereavement, and Jury Duty). With the program, the County will realize significant benefits:

- Eligibility determined according to the applicable Federal/State/Company Policies, both initially and ongoing.
- Systemic application according to hard-coded legislative information encompassing Federal and State FMLA statutes, along with County-specific leave policies to ensure the correct application of entitlement.
- Proactively secure medical certification.
- Customized communications
 - ✓ Eligibility information sent within five business days
 - Outlines all information required by the Department of Labor
- Email notification sent to the County's "recipient listing". Communications are coordinated throughout the life of the

claim to ensure that both the employee and employer are aware of claim status, pertinent dates and information.

- A tried and tested focus on ***Intermittent Leave Management*** that is enforced equitably across its organization.

The Matrix Platform

Included in Contractor's proposal for the County is access to the Matrix Platform suite of applications, which includes:

- *eFiling* – An alternative to telephonic reporting, eFiling allows an employee to report his or her absence online.
- *eClaims* – An employer application that provides information on all aspects of an individual claim, including payments, notes, certification history, and claim status.
- *eAccounts* – An employee application, used to give employees information about their open claims
- *eReports* – An employer application that allows self-service access to a range of standard and ad-hoc reporting across the entire Pinellas County Government program.
 - *eReports designer* – Includes a sub-application which permits the user to design, generate, and save customized ad-hoc reports using any data elements captured within eReports.

Also included in Contractor's applications is the new *Absence Radar*, which is a set of tools that will help the County manage employee absence. This tool includes:

- ✓ *Status Notifications*- One consolidated email for all its employees absences that will keep the County up-to-date. These emails inform the County of any new or updated information about absences on its team.
- ✓ *Absence Radar Calendar*- This calendar tool provides a detailed, interactive view of employee absences over a 12-month period, allowing the County to review previous absences and plan around future ones. The information on its calendar will be customized for its role and responsibilities within its company.

This web-deployed suite of applications offers enriched communications, real-time claim activity, and on-demand program analysis and information transfer. Put simply, Pinellas County Government will be armed with the data necessary to make informed decisions about necessary adjustments to its plans, as well as information on current trends.

Return to Work Management

Contractor's proactive approach continues throughout the life of the claim, up to and including the return-to-work process. Contractor's return to work services include;

- A call to its employee five days prior to their scheduled return to work.
- A reminder of any Pinellas County Government-specific RTW policies such as:
 - ✓ Required RTW note from attending physician
 - ✓ Mandatory drug testing requirement
 - ✓ Reminder to check in with Pinellas County Government-designated personnel
- Return to work status notification to Pinellas County Government confirming actual return-to-work date
- On the scheduled return to work date, Contractor will contact the employee and/or supervisor to confirm the employee has resumed his/her work assignment.

Employer and Employee Satisfaction

Customer satisfaction surveys will be sent to County employees after intake and at the close of every claim. Results will be specific to Pinellas County Government and will be delivered by the assigned account manager, who will assist the County in interpreting these results and identifying areas of improvement.

Account Management

A dedicated account manager will serve as a single point of contact and assume total responsibility for the implementation and ongoing management of the County's account with us. The account manager will work closely with a dedicated team of claim and clinical resources.

Cost Summary

Prepared For – Pinellas County Government
Date: 02/06/2025

Proposal Expiration Date: 05/06/2025

Eligibility

STD – Contractor will match the in-force definition of eligibility.

FMLA - Services/eligibility will be based & billed on Total Payroll Headcount, unless otherwise agreed upon

Plan Descriptions

Benefit Percentage:	Match Current
Weekly Maximum:	Match Current
Benefit Duration:	Match Current
Accident Benefits Begin:	Match Current
Sickness Benefits Begin:	Match Current
Partial Disability:	Yes
FMLA Benefits:	Set by Federal and State Law
Rate Guarantee:	3 Years

Cost Summary

Prepared For – Pinellas County Government
Date: 02/06/2025

Proposal Expiration Date: 05/06/2025

Cost Summary

Service	Assumed Number of Covered Lives*	Rate Per Employee Per Month**	Estimated Fee per Quarter	Estimated Annual Fee
Short Term Disability	3,203	\$2.15	\$20,659.35	\$82,637.40
• Check Cutting	Additional	\$0.10	PEPM	
FMLA (State/Federal)	3,203	\$1.70	\$16,335.30	\$65,341.20
	<i>FMLA proposal includes the Federal and State Family and Medical Leave Administration</i>			
Additional MatrixLink Data Integration Services	3,203	\$0.12	\$1,153.08	\$4,612.32
Absence Blueprint (Leave Educational Planning Tool)				<i>Included at no additional cost</i>
One-time implementation fee (applicable only to FMLA offering & Workforce Accommodations if selected)				<i>Waived</i>
<i>Please note: The Proposal assumes bundled with insured programs.</i>				

*Assumed Number of Covered Lives will be invoiced based upon headcount as reported from County-supplied data eligibility feeds.

** The rates indicated above are discounted because the County has purchased more than one line of service from the Contractor or the County has purchased one or more fully insured insurance policies from a Contractor Affiliate. Contractor reserves the right to revise the rates if County discontinues any Contractor services or discontinues any of the fully insured insurance policies. No rate adjustments will be implemented without the approval of the County and an amendment to this Agreement.

Cost Summary

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Date: 02/06/2025

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Terms and Conditions

- *Administration fees are inclusive of all standard services as outlined above.*
- *Run-out Services are not included as part of this proposal and are priced separately below.*
- *Additional Services and Implementation Credit- All non-standard fees or unallocated expenses associated with the routine management of claims (i.e., Specialty Exams, etc.) are invoiced at cost and funded from Contractor's Implementation Credit of \$10,000 at no expense to the County. No additional services will be undertaken, nor costs incurred, that will result in County payment.*

Value Added Services & Expenses

Additional LOA Tracking

- *FMLA proposal includes Federal and State Family Medical Leave administration*

Takeover of existing FMLA Claims /Run Out [13 weeks] of Claims at Termination
- \$165 per claim

Runout of STD Claims at Termination

- \$265 per claim for a 3-month period
- \$350 per claim for a 6-month period

STD Appeal - \$370 per appeal

REQUIREMENTS DOCUMENT

A. General Obligations

Matrix shall administer the Plans in accordance with the terms and conditions of the Plans and this Agreement. In carrying out its responsibilities under this Agreement, Matrix shall provide the following general administrative services:

- 1) When requested by the County, Matrix shall use commercially reasonable efforts to assist the County with respect to its Plan on issues of program design, including benefits and eligibility, and other related administrative services.
- 2) Matrix shall design communication materials subject to prior approval by the County as related to the Plans implementation process. County agrees to cooperate in the review and approval of such materials in a timely manner. It is the County's responsibility to distribute implementation materials to Employees and Participants.
- 3) Matrix is responsible for maintaining and training adequate levels of staff and providing a toll-free County service telephone number for responding promptly to inquiries from County, County's administrative staff, Employees, former Employees that have or have had an active claim under the Plan, Participants, and providers concerning the Plans.
- 4) Matrix shall provide assistance to County's staff during the Plan's implementation process. Ongoing assistance with training as reasonably requested by County upon mutual agreement of the parties will be provided at a fee to cover associated expenses.
- 5) Matrix shall provide assistance with review of the Summary Plan Descriptions developed by County for each product line. County is responsible for the costs of printing and distributing the Plan, Summary Plan Description, and related documents to its participants.
- 6) Matrix shall prepare and distribute to Participants, as appropriate, forms and related materials required for processing claims.
- 7) Matrix shall provide information as permitted by law to assist County in preparing reports required to be furnished to governmental entities regarding the Plans.
- 8) Matrix agrees to provide standard web- based reports that are available without modification. Customized reports may be available by mutual agreement at an additional charge.
- 9) Non-Standard and Custom reports will be produced upon mutual agreement for an additional charge as set forth in Exhibit A.
- 10) Use of web-based services shall be subject to the current terms and conditions as posted on the Matrix web site.
- 11) Matrix represents and warrants that all records and information it receives containing personally identifiable health, demographic, or other information will be secured and kept confidential by Matrix at all times in accordance with law, unless disclosure is authorized or required by federal and Florida law. Matrix will ensure that access to this information will be limited only to individuals who must have access to comply with the terms of this Agreement.

B. Disability Claim Management Services

Matrix shall provide the following services with respect to the claims submitted under the Plan:

- 1) Matrix will evaluate each disability claim and provide clinical duration management advice that conforms to Matrix and industry standards and practices. Matrix will recommend the disability duration and will provide appropriate information to the County to facilitate RTW.
- 2) Matrix will make disability determinations regarding claims presented under the Plan to facilitate the issuance of benefits in accordance with the Plan.

- 3) During the term of this Agreement and any renewals thereof, all initial requests for claims under the Plan will be made by the Participant through the toll-free number provided or via the Matrix website.
- 4) Matrix will obtain all necessary medical information from the Participant and the appropriate medical provider(s) and advise County as to the continued disability status of Participants. County and Matrix will distribute the necessary "Release of Medical Information" authorizations to the Participant.
- 5) Matrix will provide assistance to Participants regarding eligibility and application for Social Security Disability benefits, as appropriate.
- 6) As per the fees outlined in Exhibit A, and with County's advance approval, Matrix will administer the Claims Appeals Briefs. All initial claims shall be reviewed by Matrix. Matrix shall respond to such claims within a reasonable period of time, but not later than 45 days after the claim is submitted, provided that this period may be extended by up to 30 days if Matrix determines that such an extension is necessary due to matters beyond the control of the Plan and Matrix notifies the Claimant and County of the extension before the expiration of the initial 45-day period. If, before the end of the 30-day extension period, Matrix determines that due to matters beyond the control of the Plan, a decision cannot be rendered within the extension period, Matrix may extend the period for up to an additional 30 days, provided that Matrix notifies the Claimant and County of the extension before the end of the first 30-day extension period. All such initial claim reviews and notifications shall be performed by Matrix in a manner consistent with the Plan document.
- 7) Matrix shall process claims for covered benefits under the Plan for Participants. Claims for Plan benefits must be submitted in a form that is satisfactory to Matrix. Matrix will use claim procedures and standards that Matrix develops for claim benefit determination. County delegates to Matrix the discretion and authority to use such procedures and standards.
- 8) County delegates to Matrix the discretionary authority to determine the validity of claims under the Plan. This delegation is subject to County's retention of full responsibility as Plan Administrator for the final review of claims, and County has the discretionary authority to administer, construe and interpret the terms of the Plans and to make final, binding determinations concerning the availability of Plan benefits.
- 9) It is expressly agreed by the parties that County is the Plan Administrator for a governmental plan, as those terms are defined by ERISA or any similar or successor law (collectively referred to as ERISA) with the exclusive authority to control and manage the operation of the Plan and that Matrix will be a fiduciary with respect to the Plan solely for purposes of, and to the extent that, its services relating to claims processing and review of appeals are considered fiduciary functions under ERISA and Matrix will have no other fiduciary obligations under the Plan on account of this Agreement. In reviewing and making decisions on claims for benefits, Matrix will have the discretionary authority to interpret the terms of the Plan and to make factual determinations, including determining eligibility for benefits and validity of charges submitted for reimbursement subject to County's responsibility as Plan Administrator as set forth in Section (9) above.
- 10) Matrix shall determine Participant benefits payable, if any, for each claim and shall notify the Participant of the payment or if there is a denial or partial denial in accordance with the provisions of the Plan. Where no benefits are payable, Matrix shall notify the participant of the denial and any right to appeal the denial as prescribed in the Plans, set forth in the Summary Plan Descriptions, this Agreement and/or which are required under applicable law. This notification will be designed to comply with the ERISA requirements for claim denial notices.
- 11) In processing claims under this Agreement, Matrix shall adhere to the Plan provisions relating to third party liability for such claims, including without limitation non-duplication of benefits, Worker's Compensation, and subrogation.

C. FMLA Management Services

Matrix shall provide the following services with respect to the Leave of Absence claims submitted under the Plan for the Federal and State Leave laws and Employer Policies Identified in the Business Process Document to be completed during implementation:

- 1) Accept and receive all Leave of Absence requests under the Policy.

- 2) Provide necessary forms to Employees.
- 3) Examine all Leave of Absence requests and follow-up information, as appropriate.
- 4) Adhere to the U.S. Department of Labor's federal regulations including regulations for FMLA.
- 5) Obtain additional information, as needed, by correspondence with Claimants, physicians and others.
- 6) Determine an Employee's eligibility for leave and amount in accordance with the County's Policy and information provided by County and the Employee.
- 7) Send pending notice of Leave of Absence to County-designated contacts within two (2) days of notice.
- 8) Evaluation and notification of approvals or denials of FMLA Leave of Absence Requests, within five (5) business days.
- 9) Calculation of Leave of Absence duration.
- 10) Provide Notice of Eligibility for Leave of Absence Requests.
- 11) Provide adequate notice to County on Leave of Absence Requests.
- 12) Continue to provide documentation on Employee Leave of Absence Requests to County until FMLA leave duration ceases.
- 13) Maintain complete and accurate tracking for purposes of establishing Employee eligibility for a Leave of Absence and records and files on each Leave of Absence Request in accordance with applicable statutory requirements.
- 14) Give timely written notice to Employee of any denial of a Leave of Absence Request in accordance with applicable law.
- 15) Maintain records of family and medical leave utilization.
- 16) Coordinate Return to Work dates with Employee and County, five (5) days prior to scheduled return and on the Employee date of return.
- 17) Accumulate and store in database all applicable leave of absence time in accordance with FMLA regulations.
- 18) Notify Employee and County when FMLA leave of absence duration is exhausted.
- 19) Provide support for FMLA conflict resolution process.
- 20) Provide contact with Employee by phone or letter to establish/re-assess the Leave of Absence Request and for Employee inquiries concerning leave request status with copies of all written communication.
- 21) Assign a leave coordinator to act on behalf of Employee by responding directly to all FMLA requests.
- 22) Standardize forms to assist in managing FMLA policy.
- 23) Completion, distribution and coordination of all standard forms. Matrix is responsible for the recording, tracking, and reporting of employee absences from various sources as reported through the toll-free number or any other approved media.

Cost Summary

Prepared For – Pinellas County Government

Date: 02/06/2025

Proposal Expiration Date: 05/06/2025

Data Feeds - Including but not limited to: Custom Payroll Feeds & “Reverse Feeds”

\$200/hour plus \$200 per exception

Changes to Data Feeds - \$5,000

Ad Hoc Reporting Services (Customized Programming and Reporting);

- ✓ An Ad Hoc report-writing tool is provided to all Contractor’s Customers free of charge, this gives access to all major data elements and allows users to generate their own reports.
- ✓ Reports that require complex logic, scheduling, distribution or data encryption are chargeable at Contractor’s hourly rate and will be custom-developed after sign-off by the County on a report specification. This specification will be produced by the Contractor in conjunction with County representatives.

LOA Data File Transfer Fee

File transfer, upon termination. One-time transfer in Contractor’s standard format – No charge.

Customization and/or increased frequency – At Cost *and funded from Contractor’s Implementation*

Credit at no expense to the County.

MatrixLink

Matrix has developed a Data Integration Platform, called MatrixLink. This product is based on over 10 years of integration experience and leverages all of the customer integrations to WorkDay, Peoplesoft and other HRIS platforms, which Contractor will have performed for the County. MatrixLink currently has numerous County configurations that covers all variations of County requests that Contractor will have encountered to date and Contractor is adding new configurations all the time. This configurability allows the County to have the experience of a custom interface, but within a fraction of the time and cost. MatrixLink also includes an automated test suite such that all use cases (100+) can be tested in rapid succession. This is unique within the industry and dramatically reduces the amount of time County has to dedicate staff to test. MatrixLink has been developed to be immediately compatible with most commonly used HRIS applications. MatrixLink can integrate with any HRIS application, is scalable, and Contractor will continue to add new applications based on customer demand and market penetration. If its HRIS system is one that Contractor will have not interacted with previously, Contractor will perform a thorough assessment and will perform the integration at no additional charge.

Absence Blueprint

- Provide planning power to its employees with Absence Blueprint™
 - Guarantee compliance with a user interface that not only walks employees through the steps to plan their leave, but is customizable to fit its organization’s specific leave plans and policies.
- Federal, State and its specific leave polices, all in one convenient tool
 - Easy to read graphics of time away from work, pay and eligibility for leave programs
 - Downloadable for consistent HR conversations with employees

Cost Summary

Prepared For – Pinellas County Government
Date: 02/06/2025

Proposal Expiration Date: 05/06/2025

Term Definitions

Takeover Existing FMLA Claims

Contractor will take over the management of employees currently on FMLA leave. Contractor has the ability to take over historical data and usually recommends at least 24 months of data.

STD Appeal

Matrix Contractor. will agree to assist the County with denied claims on appeal. This will include one written recommendation to the County based on the information available within the timeframes specified within the ASO agreement.

Cost Summary

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Date: 02/06/2025

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Additional LOA Tracking

In addition to FMLA administration, Contractor will have the ability to track and manage Jury, Bereavement, Military, Personal, and Medical Leaves. Contractor will also provide an Advise to Pay with a PTO bank, but do not track PTO or Vacation time as a standard part of Contractor's Absence Management Program.

Non-Standard Data Feed

Matrix Absence Management, Inc. would consider a standard data feed to be one that is a single-source file feed in Contractor's preferred format. A non-standard data feed would be one with multiple sources, outside of Contractor's standard format and/or with customized field definitions.

Item No.	Year Five (5) fees shall be tied to loss ratio, which will not exceed a 5% increase. Approval shall be in the sole discretion of the County. Funds allocated here are for budgeting purposes only. Notification of a requested increase must be provided 120 days in advance of the increase start date.	Estimated Number of Employees	UOM	PRICE	Subtotal	Months	YEAR FIVE (5) BUDGETED AMOUNT
9	SHORT-TERM DISABILITY ADMINISTRATIVE SERVICES ONLY (ASO) FEES - WITHOUT CHECK WRITING	3,200	Per Employee Per Month	\$ 2.37	\$7,585.20	12	\$ 91,022.40
11	GROUP LONG-TERM DISABILITY PLAN (FULLY INSURED) FEES - \$10,000 Monthly Max	3,200	Per \$100 of covered payroll Employee Per Month	\$ 0.33	\$48,931	12	\$ 587,172.00
12	FAMILY & MEDICAL LEAVE ACT (FMLA) ADMINISTRATIVE FEES -	3,200	Per Employee Per Month	\$ 1.87	\$5,997.60	12	\$ 71,971.20
13	Year five budgeted total						\$ 750,166.00
14	CONTRACT TOTAL						\$ 3,480,502.00
15	All pricing quoted shall be inclusive of all labor, materials, travel, and shipping. Prices quoted shall be held firm for the term of the agreement.						
LTD based on BAFO of \$14,827,516 covered payroll.							

Financial Summary

LONG TERM DISABILITY (LTD)

Coverage	Class	Participating Employees	Participation	Employer Contribution	Monthly Volume	Monthly Rate Per \$100 Covered Payroll	Monthly Premium
LTD Plan 2 Core	Class 1	2,093	100%	100%	\$14,004,062.44	\$0.296	\$41,452.03
LTD Plan 2 Core	Class 2	186	79%	None	\$796,835.26	\$0.296	\$2,358.63

Rate Guarantee: 36 months

Coverage Effective Date: 01/01/2026

Contract provisions set forth herein are governed by the laws of Florida.

- This case has been priced as a package sale; and as such, the employee-paid coverage may be supporting the employer paid coverage.
- Benefits paid under this plan may be reduced by income the insured receives or is eligible to receive from Other Sources such as formal salary continuance and other disability plans the insured may be covered under, as well as state-specific disability benefit plans, Social Security, and Workers’ Compensation.
- Offsets may be applicable in states that offer Statutory Disability and/or Leave plans. The rate is subject to change based upon pending or future state legislation.
- Years 4 and 5 renewals shall be given a rate pass if plans run at 78% incurred loss ratio or under.

Plan Summary

LONG TERM DISABILITY (LTD)

Eligibility	
Employees	Class 1: Each Active Full-Time All Active Full Time Employees with 5 or more years of services and Exempt Employees who are residing in the United States, excluding temporary and seasonal employees. working 20 hours or more*
	Class 2: Each Active Full-Time All active full-time Classified Employees with less than 5 years of service and residing in the United States, excluding temporary and seasonal employees. working 20 hours or more*
*Except any person working on a temporary or seasonal basis	

Included Benefits	LTD Plan 2 Core Class Number(s) 1	LTD Plan 2 Core Class Number(s) 2
Benefit Amount	60% of monthly earnings up to the Maximum Monthly Benefit	60% of monthly earnings up to the Maximum Monthly Benefit
Maximum Monthly Benefit	\$10,000	\$10,000
Minimum Monthly Benefit	\$100	\$100
Benefit Duration	Longer of Social Security Normal Retirement Age or duration schedule below	Longer of Social Security Normal Retirement Age or duration schedule below
Elimination Period	180 days	180 days

Social Security Integration	Full	Full
Mental & Nervous Limitation	2 years	2 years
Drug & Alcohol Limitation	2 years	2 years
Self-Reported Limitation	24 months	24 months
Pre-Existing Condition Limitation	3-month look back / 12-month exclusion	3-month look back / 12-month exclusion
Included Benefits	LTD Plan 2 Core Class Number(s) 1	LTD Plan 2 Core Class Number(s) 2
Survivor Benefit	3-month lump sum	3-month lump sum
Managed Rehab Option	Included	Included
Work Incentive Benefit	12 months	12 months
Child Care Benefit	\$250 To age 14	\$250 To age 14
Worksite Modification Benefit	100% up to \$2000	100% up to \$2000
Specific Indemnity	Included	Included
Identity Theft	Included	Included
Travel Assistance	Included	Included
W2 Services	Prepare with FICA Matching	Prepare with FICA Matching
Own Occupation Coverage	24 months	24 months
Partial Disability	Included	Included
Residual Disability	Included	Included
Interruption / Recurrent Disability	30 trial work days 6 month recurrence	30 trial work days 6 month recurrence
Extended Disability Rider	Included	Included
Minimum Participation	100%	30%
Transfer of Coverage	Included	Included

Benefit Duration Schedule: LTD Plan 2 Core – Class 1	
Age on Date of Disability	Benefit Duration (months)
61 or less	To age 65
62	3 ½
63	3
64	2 ½
65	2
66	1 ¾
67	1 ½
68	1 ¼
69 or more	1

Benefit Duration Schedule: LTD Plan 2 Core – Class 2	
Age on Date of Disability	Benefit Duration (months)
61 or less	To age 65
62	3 ½
63	3
64	2 ½
65	2
66	1 ¾
67	1 ½
68	1 ¼
69 or more	1

Value-Added Services
Identity Theft Protection
Travel Assistance