

Chris Ewing

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November 10, 2008

Amy Sharkey, CCP
Compensation and Benefits Manager
City of Fort Collins Human Resources
215 North Mason, 2nd Floor
P.O. Box 580
Ft. Collins, CO 80522-0580

Subject: Confirmation of Coverage

RENEWALS FOR 2009
(P985 & P902)

Dear Amy,

Enclosed please find signed copies of your Confirmation of Coverage forms for the City of Fort Collins' Medical, Dental, Vision, Life Insurance and Disability renewals. Rates and benefits have been outlined in these documents. Please let me know if you have any questions.

Sincerely,

Chris Ewing

Copy: Wendy Stone, Kathy Dahlman, Mercer

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P902

CONFIRMATION OF COVERAGE: 2009 Renewal - Life

CARRIER/POLICY #: **SunLife**
Client / Legal name: **City of Fort Collins**
ERISA Plan name: **City of Fort Collins**
Eligible employees: **1,400**
Client / Insured Address: **215 North Mason Street, 2nd Floor
Fort Collins, CO 80522**

This document will confirm placement of the following coverage(s):

- Basic Life
- Basic AD&D
- Voluntary Life/AD&D (Employee/Spouse/Dependent)
- Voluntary STD (Advice to Pay)
- LTD

Coverage will be effective on: 1/1/2009
For a period of: Rate guarantee until 12/31/2011 for STD (Advice to Pay) & LTD
Rate guarantee until 12/31/2010 for all other coverages

Rates / fees (including any subsequent period caps or guarantees) for the above-referenced coverage(s) are:

Life, AD&D, LTD, STD Rates/Fees:

Life: \$0.20/\$1,000 ^{OK}
AD&D: \$0.04/\$1,000 ^{OK}
LTD: \$0.79/\$100 of covered monthly payroll ^{OK}
STD: \$1.54 per employee per month (Advice to Pay fee) ^{OK}

Supplemental life Rates (EE & Spouse)

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
<30	\$0.09	55 - 59	\$0.92
30 - 34	\$0.11	60 - 64	\$1.31
35 - 39	\$0.14	65 - 69	\$1.80
40 - 44	\$0.23	70 - 74	\$4.14 ^{OK}
45 - 49	\$0.38	Over 74	\$4.14
50 - 54	\$0.59	Child Life	\$.50/\$1.00 per EE

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Supplemental AD&D Rates

Employee Only: \$0.04/\$1,000

A description of benefits:

Basic Life, AD&D

Life Schedule - 1 x Earnings or Flat \$10,000 *OK*
AD&D Amount - 1 x Earnings or Flat \$10,000 *OK*
Guarantee Issue - \$125,000 *OK*
Reduction Schedule - To 70% at age 65, to 50% at age 70, to 30% at age 75, to 20% at age 80 *OK*

Supplemental Life, AD&D

Supplemental Life Schedule -
EE: 1, 2 or 3 earnings; max of 3 x earnings or \$500,000 combined with Basic Life *OK*
Spouse: \$10,000/\$25,000/\$50,000/\$75,000/\$100,000 *OK*
Supplemental AD&D Schedule -
EE: Amount equals voluntary life amount *OK*
Guarantee Issue -
EE: \$125,000 combined with Basic Life amount *OK*
Spouse: \$10,000 *OK*
Child Life - \$5,000 or \$10,000 per child *OK*

LTD

Benefit Percentage - 66.67% *OK*
Monthly Benefit Maximum - \$7,500 *OK*
Elimination Period - 90 Days *OK*
Benefit Duration - To age 65 *OK*
Own Occupation - 24 months

STD

Benefit Percentage - 70% Reimbursement *OK*
Weekly Benefit Maximum - None *OK*
Maximum Benefit Duration - 90 days *OK*
Day Benefits Begin - Accident = 15th consecutive day, Illness = 15th consecutive day *OK*

Conditions of coverage(s): None

As an authorized representative, I accept this confirmation of coverage. By signing below, I acknowledge agreement with the rates and benefits described above and that subsequent contract(s) shall conform to this document unless otherwise agreed to in writing.

Authorized Representative: Todd C. Kraft
Legal Name of Insurer/
Administrator: Syn Life Financial
Signature: Todd C. Kraft
Date: 10-18-08

This form must be signed and returned to Mercer H&B prior to the effective date of coverage.

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