

Chris Ewing

MERCER



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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 - Voluntary Life

CARRIER/POLICY #: Anthem
 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):

- ✓ Voluntary Life/AD&D (Employee/Spouse/Dependent)

Coverage will be effective on: 1/1/2009
 For a period of: Rate guarantee until 12/31/2009

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

<u>Supplemental Life Rates (EE & Spouse)</u>			
Age	Rate	Age	Rate
<30	\$0.04	55 - 59	\$0.38
30 - 34	\$0.04	60 - 64	\$0.49
35 - 39	\$0.05	65 - 69	\$0.83
40 - 44	\$0.08	70 - 74	\$1.45
45 - 49	\$0.13	Over 74	\$2.98
50 - 54	\$0.20	Child Life	\$1.50 per EE

<u>Supplemental AD&D Rates</u>	
Employee Only:	\$0.043/\$1,000
Family:	\$0.057/\$1,000

Description of benefits:

- Supplemental Life, AD&D
- Supplemental Life Schedule -
 - EE: \$10,000 increments to a max of \$300,000
 - Spouse: \$10,000 increments to a max of \$300,000
- Supplemental AD&D Schedule -
 - \$10,000 increments to a max of \$150,000
- Guarantee Issue -
 - Lesser of \$250,000 or 3 x annual earnings
- Child Life - \$5,000 per child

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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:
Legal Name of Insurer/
Administrator

[Signature] AMBERLEN EREMIAN

Signature:

ANTHEM LIFE

Date:

[Signature]

10/16/08

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

3. 376-0087

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