



Request for Group Insurance Amendment

Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204-1282

Employee Benefits Consultant: Jarod Hayer
Employee Benefits Service Representative: Shae Durisin
Employee Benefits Sales and Service Office: Tampa

Policyholder: Monroe County School District
Employer Name: Monroe County School District
Group Number: 163696

As an authorized representative of the Employer, I request that Standard Insurance Company ("The Standard") amend the above Employer's coverage under the Group Policy to make the following change(s):

Effective 10/01/2018: Remove Vanessa Strickland as a grandfathered employee. Update coverage for grandfathered members to reflect the following: Dorothy Diezel - \$9,100; Carolyn Stockton - \$10,000; Vianame Saunders - \$8,050. Coverage is not subject to age reductions.

Effective 07/01/2019: Update definition for Classes 1, 2 and 3 as follows:

Class 1 = Board, Superintendent, Executive Directors.

Class 2 = Principals, Directors

Class 3 = Administrative Coordinators, Supervisors, Managers, Assistant Principals, Social Workers, IT and Facilities Specialists, HR Generalist, Buyers, Staff Accountants.

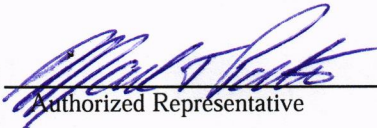
I request that the amendment become effective on See Above. I understand that the amendment will not become effective unless approved and issued by The Standard.

I request that the amendment be approved by The Standard subject to The Standard's usual underwriting requirements, including, if applicable, Evidence of Insurability or a Pre-existing Condition provision.

I understand that the amendment, if approved by The Standard, will be issued in the policy language customarily used by The Standard.

I understand that any increase in Insurance for a Member who is not Actively At Work all day on the Member's last regular work day before the scheduled effective date of the amendment will be deferred until the first day after the Member completes one full day of Active Work.

I request that the amendment, if approved and issued by The Standard, become effective by its terms without any further acceptance by the Employer, and that a copy of this Request for Group Insurance Amendment form be attached to and made a part of the amendment.

Sign Name:  Title: Superintendent
Authorized Representative

Print Name: Mark T. Porter Date: 6/24/2019

