



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: Dayton Baird
Employee Benefits Sales and Service Office: Tampa

Policyholder: 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):

Change the billing from monthly to tenthly for the Life and Long Term Disability policies for active Members. No billing payments made in June or July. Retired Members in the Life policy will remain monthly billing. The new rates and Premium Due Dates are as follows:

Life Insurance:

Plan 1: Class 1, 2, 3 and 4: \$0.132 tenthly per \$1,000 of Life Insurance
Class 5 and 6: \$0.400 monthly per \$1,000 of Life Insurance

Plan 2:

Age of Member on Last January 1	Tenthly Rate Per Multiple of \$1,000
29 or under	\$ 0.084
30 through 34	0.108
35 through 39	0.108
40 through 44	0.180
45 through 49	0.300
50 through 54	0.540
55 through 59	0.900
60 through 64	0.996
65 through 69	1.956
70 through 74	3.564
75 or over	3.564

Dependents Life Insurance:

Spouse:

Age of Member on Last January 1	Tenthly Rate Per Multiple of \$1,000
29 or under	\$ 0.084
30 through 34	0.108
35 through 39	0.108
40 through 44	0.180
45 through 49	0.300
50 through 54	0.540
55 through 59	0.900

60 through 64	0.996
65 through 69	1.956
70 through 74	3.564
75 or over	3.564

Child: \$0.156 tenthly per \$1,000 of Dependents Life Insurance for each Member electing Dependents Life Insurance for their Children, regardless of the number of Children covered

AD&D Insurance:

Member:

Plan 1: \$0.024 tenthly per \$1,000 of AD&D Insurance

Plan 2: \$0.024 tenthly per \$1,000 of AD&D Insurance

Spouse: \$0.024 tenthly per \$1,000 of AD&D Insurance

LTD Insurance: \$16.80 tenthly per insured Member

Premium Due Dates for the Life and LTD policies for active Member will be January 1, 2020 and the first day of each calendar month thereafter, excluding June and July.

Premium Due Dates for the Life policy for retired Members will be January 1, 2020 and the first day of each calendar month thereafter.

I request that the amendment become effective on 01/01/2020. 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: _____
Authorized Representative

Print Name: _____ Date: _____