

EMPLOYEE INFORMATION

1. Legal Name of Policyholder
Jackson County MO

2. Taxpayer ID#
44-6000524

3. Type of Company Corporation LLC PC S-Corp Sole Proprietor Partnership Government

4. Mailing Address of Policyholder
415 E 12th Street - 1st Floor Human Resources

City
Kansas City

State
MO

Zip+4
64106

5. Street Address of Policyholder (if different from above)

City

State

Zip+4

6. Contact Information at Company

Benefits Contact Person Joanne R. Mossie
Phone Number (816) 881-3140 Fax Number: (816) 881-3474
Email Address jmossie@jacksongov.org Web Address: www.jacksongov.org

Billing Contact Person Sonya Reed
Phone Number: (816) 881-1207 Fax Number: (816) 881-3474
Email Address: sreed@jacksongov.org Web Address: www.jacksongov.org

7. Name of Subsidiary or Affiliate Companies to be Covered
Kansas City Election Board

8. Nature of Business
Election Board

9. SIC Code
9111

10. Do you have any Employees located in states other than the Policyholder's main address? Yes No
If yes, please list states below.
Kansas

11. Number of eligible Employees
1715

12. Billing Method
 Self Administration Billed by Blue Plan
 Benefit Focus List Bill

13. Changes in Benefits will Become Effective on:
 First day of policy month following date of change Next policy anniversary date following change
 The date of change

14. Do you allow Domestic Partner Coverage under your existing Medical Plan? Yes No

15. Eligibility Waiting Period (Should an Employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.)
 First of Policy Month following: (a) completion of 15 days of continuous active work, or (b) hire date
 Day following: (a) completion of _____ days of continuous active work, or (b) hire date

Does Waiting Period apply to Employees rehired within 12 months of their termination date? Yes No

16. Eligibility Waiting Period applies to:
 Future Employees only Present & Future Employees

17. Minimum hours worked per week to be eligible
Basic benefits 21 Voluntary benefits 21

18. Annual Enrollment date for Voluntary Coverage 1/1

19. Eligible Classes (if more than one class, description must be specific)
(The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

Class	Description of Class	Waiting Period, if Different
1	See Section V for more information;	
2		
3		
4		

Employees working less than the minimum hours per week are not eligible for coverage unless otherwise noted in class description above and approved by us. If more than four classes, use a separate sheet.

COVERAGE SELECTION

This application is made for the following coverages. Check only those boxes that apply.

Coverage	Employee Contribution	Employer Contribution	Effective Date	Termination Date
<input checked="" type="checkbox"/> Basic Life	100%		1/1/12	1/1/13
<input checked="" type="checkbox"/> Basic AD&D*	100%		1/1/12	1/1/13
<input checked="" type="checkbox"/> Supplemental Life*	0%		1/1/12	1/1/13
<input type="checkbox"/> Supplemental AD&D*				
<input checked="" type="checkbox"/> Dependent Life* (Option 1)	0%		1/1/12	1/1/13
<input type="checkbox"/> Dependent Life* (Option 2)				
<input type="checkbox"/> Voluntary Life				
<input type="checkbox"/> Voluntary AD&D				

*Cannot be purchased as stand alone coverage.

Multiple of salary benefits will be rounded to the nearest lower higher \$_____, if not already a multiple

FILED
NOV 04 2011
MARY JO SPINO
COUNTY CLERK

Legal Name of Policyholder
Jackson County MO

Taxpayer ID#
44-6000524

SECTION II - LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONTINUED

Basic Life and/or AD&D

Class	Basic Amount	<input type="checkbox"/> Multiple of Salary	<input type="checkbox"/> Multiple of Salary (Complete Multiple of Salary)	Min Amount of Coverage	Max Amount of Coverage
1	\$15,000				
2					
3					
4					

Supplemental Life and/or AD&D

Class	Basic Amount	<input type="checkbox"/> Multiple of Salary	<input type="checkbox"/> Multiple of Salary (Complete Multiple of Salary)	Min Amount of Coverage	Max Amount of Coverage
1				*See Remarks	\$10,000
2					\$300,000
3					
4					

Voluntary Life and/or AD&D

Employee and Spouse coverage elected in \$10,000 increments: \$10,000 min \$_____ Max
 Employee coverage elected as multiple of salary schedule: _____ times annual salary \$_____ Maximum.
 Spouse coverage: 50%, 75% or 100% of Employee amount.
 Are Voluntary Life rates smoker distinct rates: Yes No Children - \$5,000 and \$10,000 only

Dependent Life

Class	Spouse Amount	Child Amount	Parental Child Amount	Spouse Amount	Child Amount	Parental Child Amount
1	\$10,000	\$5,000	\$500			
2						
3						
4						

Infant Ages: from live birth to 6 months from 15 days to 6 months
 Child Ages: 6 months to 25 years 6 months to age 26 (end of Calendar Year)

Standard Riders*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	65%	50%	N/A	N/A
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	Class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	65%	50%	N/A	N/A
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	N/A	65%	50%	N/A
Common Carrier	<input type="checkbox"/>	<input type="checkbox"/>	Class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	65%	50%	25%	N/A
Felonious Assault	<input type="checkbox"/>	<input type="checkbox"/>	Class	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		50%		
Child Care Center	<input type="checkbox"/>	<input type="checkbox"/>	*Benefits for the covered person(s) terminate when no longer eligible or at retirement whichever occurs first.								
Spouse Training	<input type="checkbox"/>	<input type="checkbox"/>									
HIV	<input type="checkbox"/>	<input type="checkbox"/>									

*AD&D Standard Riders: Seat Belt/Air Bag, Coma, Repatriation, Exposure and Disappearance

Portability

Voluntary Life Basic Life (Underwriting approval and rate adjustment required)

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basic Life	MetLife	12/31/11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplemental Life	MetLife	12/31/11
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

MONTHLY PREMIUM DEDUCTIONS

This application is made for the following coverages. Check only those boxes that apply.

	Employee Contribution	Enrolled Employee	Effective Date	Renewal Date
<input type="checkbox"/> Basic/Core STD				
<input type="checkbox"/> Buy Up STD*				
<input type="checkbox"/> Voluntary STD (VSTD)				

*Cannot be purchased as stand alone coverage.

Legal Name of Policyholder
Jackson County MO

Taxpayer ID#
44-6000524

SECTION III. SHORT TERM DISABILITY CONTINUED

Basic Short Term Disability

Class	Core/Buy Up	Flat Amount	Percent of Salary	Max. amount	Benefit Plan
1	<input type="checkbox"/> Core <input type="checkbox"/> Buy Up				
2	<input type="checkbox"/> Core <input type="checkbox"/> Buy Up				
3	<input type="checkbox"/> Core <input type="checkbox"/> Buy Up				
4	<input type="checkbox"/> Core <input type="checkbox"/> Buy Up				

*Example of a Benefit Plan: 1-8-13; This means that the elimination period for disabilities due to injury begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for up to 13 weeks.

Voluntary STD Income Protection (VSTD)

Amount of insurance selected by the Employee in increments of \$10 not to exceed ____% of weekly earnings.

Minimum: \$100 Maximum: \$750 ____

Benefit Plan*: ____ Industry Class: ____

Reduction & Termination: Benefit reduction due to age will be effective on the anniversary following the insured's birthday.

Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.

Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

*Example of a Benefit Plan: 1-8-13; This means that the elimination period for disabilities due to injury begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for up to 13 weeks.

Replacement: Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	STD		
<input type="checkbox"/>	<input type="checkbox"/>	VSTD		

If prior coverage, include a copy of the prior carrier's plan.

This application is made for the following coverages. Check only those boxes that apply.

Employer Contribution	Spouse/Dependent	Child	Other
<input type="checkbox"/> Basic LTD			
<input type="checkbox"/> Buy Up LTD*			
<input type="checkbox"/> Voluntary LTD			

* Cannot be purchased as stand alone coverage.

Basic and Buy Up Features

Class	Basic	Buy Up	Voluntary	Other	Yes	Yes	Yes	Yes
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Class	% of Salary	Basic Monthly Max	Buy Up Monthly Max	Voluntary Monthly Max	Other Monthly Max
1					
2					
3					
4					

Maximum Benefit Period	Yes	No
Reducing Benefit Duration	<input type="checkbox"/>	<input type="checkbox"/>
SS Normal Retirement Age (SSNRA)	<input type="checkbox"/>	<input type="checkbox"/>
2 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>
3 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>
5 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>

Minimum Monthly Benefit

Flat amount \$ ____ (not available for MO); or
 Flat amount of \$ ____ or 15% of Monthly Disability Benefit, whichever is greater.

FICA Match

Yes No

Legal Name of Policyholder
Jackson County MO

Taxpayer ID#
44-6000524

SECTION IV - LONG TERM DISABILITY CONTINUED

Optional LTD Riders

- Education Benefit
- Medical and COBRA Premium \$ _____
- Cost of Living Adjustment
- Activities of Daily Living
- Accidental Dismemberment
- _____ # of Adjustments _____%

Disability Definition Earnings & Occupation Test Occupation Test Only
 Earnings, Occupation, and Contagious Disease (Only available for Medical Groups)

Benefit Limitation Option (Select one)

- 12 or 24 Month Drug Addiction, Alcoholism and Mental Illness Limitation OR
- 12 or 24 Month Special Conditions Limitation

Pre-Existing Condition Exclusion

- 3/3/12 3/6/12 12/6/24 6/12 6/6/12 12/12 _____

Voluntary Long Term Disability (VLTD)

Industry Class: _____ Elimination Period: 90 Days 180 Days

Maximum Benefit Period

- 2 years Sickness or Accident 5 years Sickness or Accident SSNRA Sickness or Accident

- a. Amount of Insurance: Selected by the Employee in increments of \$100 not to exceed 60% of pre-disability earnings.
- b. Pre-existing Condition Exclusion: 12/6/24 (unless state law requires otherwise)
- c. The Minimum Monthly Benefit is \$50.00 or 15% of the Monthly Disability Benefit, whichever is greater
- d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • Waiver of Premium • Primary and Family Social Security Integration
- e. Benefit Limitation Option (Select one):
 12 or 24 Month Drug Addiction, Alcoholism and Mental Illness Limitation OR
 12 or 24 Month Special Conditions Limitation
- f. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

Replacement Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	LTD		
<input type="checkbox"/>	<input type="checkbox"/>	VLTD		

If prior coverage, include a copy of the prior carrier's plan.

W-2 Service Options

- Option 1: Withhold federal income taxes and the Employee's portion of FICA. Prepare and file W-2 Forms.
- Option 2: Withhold federal income taxes and the Employee's portion of FICA. Policyholder waives W-2 Forms services.
- Option 3: Waive all options.

A detailed description of the W-2 services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.

REMARKS OR SPECIAL PROVISIONS

Section I (19) 1.Full time employee of Jackson County who is regularly scheduled to work at least 40 hours per week; 2.Full time and Kansas City Election Board; 5. Each permanent part time employee of Jackson County, Missouri who is regularly schedule to work at least 21 hours per week; 6. There are no retirees to be included or covered under this plan design.

Section II Supplemental Life and/or AD&D *Supplemental Life available in increments of \$10,000, \$20,000, \$35,000; \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, \$250,000, and \$300,000; USABLE has agreed to extend our continuation of coverage period to 12 months for those employees on leaves of absense; Jackson County, Missouri has been authorized to award a twelve-month term and supply contact with three twelve-month options to extend for furnishing of group life insurance and AD&D coverage.

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through USABLE Life and agrees to comply with all terms and provisions of the Group Policy(ies) issued in response to this application. It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits as determined by a court of law.

Dated at (City, State)

Date

Signature of Policyholder and Title

Carol Jones
Signature of Marketing Representative

Laurel Chapman
Signature of Marketing Manager

[Signature]
Signature of Broker, if applicable

Date: 11/04/2011

JACKSON COUNTY, MISSOURI

[Signature]
Q. Troy Thomas
Director of Finance and Purchasing

APPROVED AS TO FORM:

[Signature]
W. Stephen Nixon
County Counselor

ATTEST:

[Signature]
Mary Jo Spino
Clerk of the County Legislature

REVENUE CERTIFICATE

This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases is subject to annual appropriation.

November 4, 2011
Date

[Signature]
Director of Finance and Purchasing