

**City of Carson City  
Agenda Report**

**Date Submitted:** 8.11.15

**Agenda Date Requested:** 8.20.15

**Time Requested:** 10 minutes

**To:** Board of Supervisors

**From:** Melanie Bruketta, HR Director

**Subject Title:** *(For possible action:)* Action to approve Amendment 14 to the Standard Life Insurance plan effective on September 1, 2015. *(Melanie Bruketta, [mbruketta@carson.org](mailto:mbruketta@carson.org))*

**Staff Summary:** The City's life insurance provider is Standard Insurance Company. Staff is requesting approval of Amendment 14 to the plan. The amendment reflects changes to the contract and includes enhancements to coverage. Standard has agreed to extend the contract one additional year to coincide with the City's vision plan renewal cycle without a rate increase. Extension of the contract makes it effective until June 30, 2017.

**Type of Action Requested:** (check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify):

**Does this Action Require a Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to approve Amendment 14 to the Standard Life Insurance plan effective on September 1, 2015.

**Explanation for Recommended Board Action:** The City's life insurance provider is Standard Insurance Company. Staff is requesting approval of Amendment 14 to the plan. The amendment reflects changes to the contract and includes enhancements to coverage. Standard has agreed to extend the contract one additional year to coincide with the City's vision plan renewal cycle without a rate increase. Extension of the contract makes it effective until June 30, 2017. The amendments include:

- Member Definition- changing the definition of member from a 20 hour per week employee to a 21 hour per week employee and removing the requirement that an employee be enrolled in the City's sponsored medical plan.
- Adding additional class definitions.

- Dependent Definition- changing the definition to a person covered under the sponsored medical plan.
- Amend Child Definition- through age 25
- Eligibility Requirement- eligible on the date of hire
- Annual Earnings Definition is added
- Create a billing category for surviving spouses
- Match the following inforce provisions on the new policy:
  - The amount of seatbelt benefit is the lesser of \$50,000 or the amount of AD&D Insurance benefit
  - Surviving Spouse Definition
  - When Insurance Ends: the last day of the calendar month in which the employee ceases to be a member

The enhancements include:

- Repatriation Benefit- the expenses incurred to transport a body to a mortuary near the employee's primary place of residence, but not to exceed \$5,000 or 10% of the life insurance benefit, whichever is less.
- Airbag Benefit- If a member dies due to an accident and an airbag deploys, they are eligible for a benefit that is the lesser of (1) \$5,000 or (2) the amount of AD&D insurance benefit payable for loss of life.
- Portability-allows a member to take his life insurance with him when terminating employment if: (a) the member is under the age of 65, not retired or disabled and (b) the member was continuously covered for at least 12 months and (c) the member applies for and pays the premium within 31 days of termination.
- Guaranteeing current rates through June 30, 2017

**Applicable Statute, Code, Policy, Rule or Regulation: N/A**

**Fiscal Impact:** The current rates for each employee class are as follows:

- ❖ CCEA \$9.00 per month (employee)/ \$9.30 (employee and dependent(s))
- ❖ Unclassified/Elected \$15.75 per month (employee)/ \$16.05 per month (employee and dependent(s))
- ❖ Deputies/Sgts/Captains/Alternative Sentencing Officers/Bailiffs/Marshals/Juvenile Probation Officers/Firefighters/Battalion Chiefs \$20.90 per month/ \$21.20 per month (employee and dependent(s))

Group Medical Account: 570-0706-415

**Explanation of Impact:** The fiscal impact is the cost of the contract for an additional year plus the cost of insuring a new hire and/or dependent(s) prior to the first of the month following the first 60 days of employment. The cost of the contract for FY 2017 will be approximately \$8,440 per month, but will depend on employee turnover.

**Supporting Material:** Request for Group Insurance Amendment & Standard Life Insurance contract

**Prepared By:** Melanie Bruketta, HR Director *MB*

**Reviewed By:** *Lick*  
(City Manager)

Date: 8/11/15

*Nancy Paulson*  
(Finance Director)

Date: 8/11/15

*[Signature]*  
(District Attorney)

Date: 8/11/2015

**Board Action Taken:**

Motion(s): \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nays  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

## **Request for Group Insurance Amendment**

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

Employee Benefits Consultant: Benet Heames  
Employee Benefits Service Representative: Lisa Ainsworth  
Employee Benefits Sales and Service Office: Los Angeles

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Employer Name: City of Carson City  
Group Number: 602813

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):

Please rewrite the policy from middle language to Series 90 and amend as follows:

- Amend Member Definition to: An active employee of the employer regularly working at least 21 hours each week
- Add following class definitions:
  - Class 1: Active Unclassified and Elected Members
  - Class 2: Active Sheriff, Alternative Sentencing Officers, Juvenile Probation Officers, Marshalls and Bailiffs
  - Class 3: Active Fire Members
  - Class 4: All other Active Members
  - Class 5: Retirees
- Amend Eligibility Waiting Period: You are eligible on the date of hire
- Amend Definition of a Dependent: A person covered under the employer sponsored medical plan.
- Amend Child Definition: a child through age 25. The term child includes natural children, step-children, children for whom you have been appointed by the court as permanent legal guardian, or children who have been legally adopted or are awaiting finalization of adoption by you.
- Add following provisions:
  - Repatriation Benefit
  - Airbag Benefit – lesser of \$.5,000 or the amount of AD&D insurance benefit
  - Portability
- Create a billing category (700) for surviving spouses
- Match the following inforce provisions on the new policy:
  - The amount of the seat belt benefit is the lesser of \$50,000 or the amount of AD&D Insurance benefit
  - Surviving Spouse Definition
  - When Insurance Ends: the last day of the calendar month in which you cease to be a member.
- Current rates are guaranteed through 6/30/17. Next scheduled renewal is 7/1/17.

I request that the amendment become effective on September 1, 2015. 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: \_\_\_\_\_

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POLICY DATA

POLICY NUMBER

602813

~~INITIAL PREMIUM RATE~~

LIFE INSURANCE

\$.325 monthly per \$1,000 of  
LIFE INSURANCE

ACCIDENTAL DEATH AND  
DISMEMBERMENT INSURANCE

\$.04 monthly per \$1,000 Maximum  
Amount

MINIMUM PARTICIPATION NUMBER

10 insured MEMBERS

MINIMUM PARTICIPATION PERCENTAGE

100% of eligible MEMBERS

**SECTION ONE - COVERAGE PROVISIONS**

**Part 1. GENERAL DEFINITIONS**

**STANDARD** means Standard Insurance Company, Portland, Oregon.

**EMPLOYER** means City of Carson City and each subsidiary or affiliate approved in writing by STANDARD.

**GROUP POLICY** means STANDARD'S group policy number 602813 issued to the POLICYOWNER.

**INSURANCE** means your insurance under the GROUP POLICY.

**LIFE INSURANCE** means your life insurance under the GROUP POLICY.

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE** means your accidental death and dismemberment insurance under the GROUP POLICY.

**SICKNESS** means your sickness, illness or disease.

**PREGNANCY** means your pregnancy, childbirth or related medical conditions.

**ACCIDENTAL BODILY INJURY** means an injury to your body caused by an accident.

Providing **EVIDENCE OF INSURABILITY** , if required, means you must:

1. Complete and sign a health and medical history form provided by STANDARD;
2. Sign STANDARD'S form authorizing STANDARD to obtain information about your health; and
3. Provide any additional information about your insurability reasonably required by STANDARD.

All required information must be provided to STANDARD at your expense.

C0101W

Part 2. BECOMING INSURED

To become insured you must meet both of the following requirements plus the ACTIVE WORK requirement:

~~You must be a MEMBER.~~  
2. You must be eligible for INSURANCE.

C0201D

A. DEFINITION OF MEMBER

You must be a MEMBER. You are a MEMBER if you are both of the following:

1. An active unclassified or elected employee of the EMPLOYER, other than a temporary or seasonal employee; and
2. Regularly scheduled to work at least 30 hours each week.

C02A2B

B. ELIGIBILITY FOR INSURANCE

You must be eligible for INSURANCE. You are eligible for INSURANCE on the effective date of the GROUP POLICY if you are a MEMBER on that date. Otherwise, you will become eligible for INSURANCE on the first day following 60 consecutive days as a MEMBER.

C02B1K

C. EFFECTIVE DATE OF INSURANCE

Your INSURANCE will become effective on the date you become eligible if you meet the ACTIVE WORK requirement on that date.

D. ACTIVE WORK REQUIREMENT

If you were DISABLED on the day before the scheduled effective date of your INSURANCE, then the effective date of your INSURANCE will be delayed until the first day after you complete one full day of ACTIVE WORK.

For purposes of this ACTIVE WORK requirement, you are DISABLED if you are unable, as a result of SICKNESS, ACCIDENTAL BODILY INJURY, or PREGNANCY, to perform the material duties of your own occupation.

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ACTIVE WORK and ACTIVELY AT WORK mean performing the usual duties of your job at your EMPLOYER'S usual place of business.

This ACTIVE WORK requirement also applies to any increase in your INSURANCE.

C02C6R

### Part 3. WHEN INSURANCE ENDS

Your INSURANCE will end automatically on the earliest of the following dates:

- a. The date you cease to be a MEMBER as defined in Part 2.A.
- b. The date you become a full time member of the armed forces of any country.
- c. The date the GROUP POLICY terminates.
- d. With respect to your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, the date your claim for CONTINUED LIFE INSURANCE is approved by STANDARD.
- e. The date you cease to be ACTIVELY AT WORK for your EMPLOYER on your regular work days. However, your INSURANCE may be continued (unless it ends under items a. through d. above) during the following periods while you are absent from ACTIVE WORK:
  - (1) While you are receiving full salary (including sick pay) from your EMPLOYER;
  - (2) While you are unable to be ACTIVELY AT WORK as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, but not beyond the date your employment is terminated by you or your EMPLOYER; and
  - (3) During the first 60 days of (a) a leave of absence approved by your EMPLOYER, (b) a temporary layoff, or (c) a general work stoppage (including a strike or lockout) resulting from a labor dispute between your collective bargaining unit and your EMPLOYER.

C0302F

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#### Part 4. BECOMING INSURED AGAIN AFTER INSURANCE ENDS

You may become insured again under the GROUP POLICY after your INSURANCE ends. The general rule is that you may become insured again on the same basis as a new MEMBER, as provided in Part 2, BECOMING INSURED. However, if your INSURANCE ends because you cease to be a MEMBER, you will be immediately eligible for INSURANCE if you become a MEMBER again within 90 days after your INSURANCE ends.

If you exercised your RIGHT TO CONVERT to an individual policy of life insurance when your LIFE INSURANCE ended, you must provide STANDARD with satisfactory EVIDENCE OF INSURABILITY to become insured again for LIFE INSURANCE or ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE under the GROUP POLICY.

Your INSURANCE will become effective again on the date determined from Part 2, and will not be retroactive to the date your INSURANCE ended.

C0401L

#### Part 5. LIFE INSURANCE

##### A. INSURING CLAUSE

Subject to all the terms of the GROUP POLICY, STANDARD will pay the amount of LIFE INSURANCE shown in B of this Part 5 upon receipt of satisfactory written proof of your death while you were insured under the GROUP POLICY.

C05A1A

##### B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70th birthday is \$25,000.

The amount of your LIFE INSURANCE after your 70th birthday is \$16,250.

C05B3F

EFFECTIVE DATE OF CHANGES IN AMOUNT OF LIFE INSURANCE:

Changes in the amount of your LIFE INSURANCE because of changes in your age become effective on the first day of the calendar month coinciding with or next following such change.

C05B3P

C. CONTINUED LIFE INSURANCE DURING TOTAL DISABILITY

If you become TOTALLY DISABLED while insured under the GROUP POLICY and before your 60th birthday, your LIFE INSURANCE will be continued for as long as you remain continuously TOTALLY DISABLED. No premiums will be charged for the LIFE INSURANCE which is continued while you are TOTALLY DISABLED. This benefit called CONTINUED LIFE INSURANCE is subject to the following provisions:

1. DEFINITION OF TOTAL DISABILITY

You are TOTALLY DISABLED if you are unable, as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, to perform the material duties of any occupation for which you are or become reasonably fitted by your education, training or experience.

2. AMOUNT OF CONTINUED LIFE INSURANCE

The amount of your CONTINUED LIFE INSURANCE will be the amount of your LIFE INSURANCE in force on the date you become TOTALLY DISABLED. This amount will not change while you remain TOTALLY DISABLED.

The amount of your CONTINUED LIFE INSURANCE will not be affected by the termination or amendment of the GROUP POLICY after the date you become TOTALLY DISABLED.

3. TIME LIMITS ON PROVIDING PROOF OF TOTAL DISABILITY

To claim CONTINUED LIFE INSURANCE you (or in the event of your death, your BENEFICIARY) must provide to STANDARD satisfactory written proof of your continuous TOTAL DISABILITY within 12 months after the end of the last period for which premiums were paid for your LIFE INSURANCE.

If your claim for CONTINUED LIFE INSURANCE is approved, STANDARD will require satisfactory written proof of continuing TOTAL DISABILITY at reasonable intervals, but not more often than once a year after you have been continuously TOTALLY DISABLED for two years.

All proof of TOTAL DISABILITY must be provided to STANDARD at your expense.

#### 4. REFUND OF PREMIUMS

Upon receipt of satisfactory written proof that you qualify for CONTINUED LIFE INSURANCE and that you have been continuously TOTALLY DISABLED for six or more months, STANDARD will refund to the POLICYOWNER all premiums paid for your LIFE INSURANCE while you qualified for CONTINUED LIFE INSURANCE. However, if you qualified for CONTINUED LIFE INSURANCE for more than a year before you provided STANDARD with proof of loss in support of your claim, premiums paid for your LIFE INSURANCE prior to that one year period will not be refunded.

If you die during the first six months of continuous TOTAL DISABILITY, all premiums paid for that period will be refunded.

#### 5. INDEPENDENT EXAMINATION

STANDARD has the right to have you examined at STANDARD'S expense at reasonable intervals while you are claiming CONTINUED LIFE INSURANCE coverage. Any such examination will be conducted by one or more physicians or vocational specialists of STANDARD'S choice.

#### 6. WHEN CONTINUED LIFE INSURANCE ENDS

Your CONTINUED LIFE INSURANCE will end automatically on the earliest of the following dates:

- (a) The date you cease to be TOTALLY DISABLED.
- (b) 90 days after the date STANDARD mails you a request for proof of your continued TOTAL DISABILITY, unless you provide STANDARD with the required proof within that 90 day period.
- (c) The date you fail to provide STANDARD with a reasonable opportunity to have you independently examined at STANDARD'S expense.

- (d) The effective date of any individual policy of life insurance issued to you when you exercise your RIGHT TO CONVERT under D of this Part 5.

#### 7. EFFECT OF EXERCISING THE RIGHT TO CONVERT

You are not eligible for CONTINUED LIFE INSURANCE after you exercise your RIGHT TO CONVERT under D of this Part 5.

C05C1S

#### D. RIGHT TO CONVERT TO AN INDIVIDUAL POLICY OF LIFE INSURANCE

If your LIFE INSURANCE coverage ends or is reduced, you may have a right to buy an individual policy of life insurance without submitting EVIDENCE OF INSURABILITY. You have this right, called the RIGHT TO CONVERT, within 31 days after one of the following dates:

1. The date your LIFE INSURANCE ends for any reason other than (a) your failure to make the required premium contribution, (b) the termination of the GROUP POLICY before your LIFE INSURANCE has been in force for five or more years, or (c) an amendment of the GROUP POLICY so as to terminate the LIFE INSURANCE of any class of insured MEMBERS before your LIFE INSURANCE has been in force for five or more years.
2. The date your CONTINUED LIFE INSURANCE ends, unless you are eligible for LIFE INSURANCE under the GROUP POLICY on that date.
3. The date your LIFE INSURANCE is reduced because of a change in your age or classification.
4. The date your LIFE INSURANCE is reduced because of an amendment to the GROUP POLICY which reduces the LIFE INSURANCE on any class of insured MEMBERS, provided that your LIFE INSURANCE has been in force for five or more years on that date.
5. The date your LIFE INSURANCE ends because of the termination of the GROUP POLICY or an amendment of the GROUP POLICY so as to terminate the LIFE INSURANCE for any class of insured MEMBERS, provided that your LIFE INSURANCE has been in force for five or more years on that date.

If you have a RIGHT TO CONVERT, the maximum amount you have a RIGHT TO CONVERT is the amount of your LIFE INSURANCE which ended, except



as follows: If the GROUP POLICY terminated or was amended so as to reduce or terminate the LIFE INSURANCE on any class of insured MEMBERS, the maximum amount you have a RIGHT TO CONVERT is the lesser of the following amounts:

(a) The amount of your LIFE INSURANCE which ended, reduced by the amount of any other group life insurance you become eligible for during the CONVERSION PERIOD, and

(b) \$2,000.

CONVERSION PERIOD means the 31 day period during which you can exercise the RIGHT TO CONVERT.

You must exercise your RIGHT TO CONVERT before the end of the CONVERSION PERIOD by both (a) applying to STANDARD in writing for an individual policy of life insurance and (b) paying STANDARD the first premium for the individual policy of life insurance.

If you exercise your RIGHT TO CONVERT, the individual policy of life insurance will become effective on the day after the end of your CONVERSION PERIOD.

If you die during the CONVERSION PERIOD, STANDARD will pay a death benefit equal to the maximum amount of life insurance you had a RIGHT TO CONVERT, whether or not you applied for an individual policy. The death benefit will be paid in accordance with the Beneficiary Provisions of the GROUP POLICY.

#### THE INDIVIDUAL POLICY OF LIFE INSURANCE

If you exercise your RIGHT TO CONVERT, you may not select a term insurance policy or a life insurance policy with disability or accidental death benefits, or any other additional benefits. With these limitations, you may select any form of individual life insurance policy then being issued by STANDARD to persons of your age and for the amount you wish to convert. You may apply for less than the maximum amount shown above, but if you do you may not apply for less than the minimum amount being issued by STANDARD for the form of life insurance you select.

The premium for the individual life insurance policy will be determined from STANDARD'S published rates for standard risks.

C05D1H

Part 6. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. INSURING CLAUSE

~~Subject to all the terms of the GROUP POLICY, STANDARD will pay the~~  
amount shown in the Schedule of ACCIDENTAL DEATH AND DISMEMBERMENT  
INSURANCE upon receipt of satisfactory written proof that you have  
sustained any of the losses shown in that Schedule, provided that  
all of the following conditions are met:

1. The loss must be caused solely and directly by ACCIDENTAL  
BODILY INJURIES, and the loss must occur independently of all  
other causes;
2. The accident must occur while you are insured under the GROUP  
POLICY; and
3. The loss must occur within 365 days after the date of the  
accident.

C06A1B

B. EXCLUSIONS

Even though a loss results from ACCIDENTAL BODILY INJURIES, no  
payment will be made if either the ACCIDENTAL BODILY INJURIES or the  
loss is caused or contributed to by any of the following:

1. Insurrection, war or act of war. War means declared or  
undeclared war, whether civil or international, and any  
substantial armed conflict with organized forces of a military  
nature.
2. Suicide or any other intentionally self-inflicted injury, while  
sane or insane.
3. Committing or attempting to commit an assault or a felony or  
your active participation in a violent disorder or riot.  
"Active participation" does not include being at the scene of a  
violent disorder or riot in the performance of your official  
duties.
4. The voluntary use or consumption of any poison, chemical  
compound or drug (including but not limited to prescribed  
medications), unless used or consumed in accordance with the  
directions of a physician.

5. Any SICKNESS or PREGNANCY existing at the time of the accident.
6. Heart attack (including but not limited to myocardial infarction) or stroke (including but not limited to cerebral ~~infarction~~)
7. Medical or surgical treatment for any 1 through 6 above.

C06B1E

C. SCHEDULE OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

1. MAXIMUM AMOUNT

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is \$25,000.

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70th birthday is \$16,250.

C06C3C

EFFECTIVE DATE OF CHANGES IN AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

Changes in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE because of changes in your age become effective on the first day of the calendar month coinciding with or next following such change.

C06C4C

2. TABLE OF BENEFITS

Benefit for Accidental Loss of

Life . . . . .	Maximum Amount
Both Hands or Feet or Sight of Both Eyes . . . . .	Maximum Amount
One Hand and One Foot . . . . .	Maximum Amount
Either Hand or Foot and Sight of One Eye . . . . .	Maximum Amount
Either Hand or Foot . . . . .	One-Half Maximum Amount
Sight of One Eye . . . . .	One-Half Maximum Amount

Loss of a hand or a foot means permanent severance of the hand or foot from the body at or above the wrist or ankle joint; loss of sight of an eye means entire and irrecoverable loss of sight.

~~No more than the maximum~~ Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE will be paid for all losses resulting from one accident.

C06C4A

#### D. SEAT BELT BENEFIT

STANDARD will pay an additional accidental death benefit, called the SEAT BELT BENEFIT, if you die as a result of an AUTOMOBILE accident and you were wearing a SEAT BELT at the time of the accident. The following rules apply:

1. The SEAT BELT BENEFIT equals \$50,000 or the amount of the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE benefit paid because of your accidental death, whichever is less.
2. STANDARD must receive satisfactory written proof that your death resulted from an AUTOMOBILE accident and that you were wearing a SEAT BELT at the time of the accident. A copy of the police accident report should be submitted with the claim.

SEAT BELT means a properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration.

AUTOMOBILE means a motor vehicle licensed for use on public highways.

C06D1A

### Part 7. PAYMENT OF CLAIMS

#### A. PAYMENT OF BENEFITS

All death benefits will be paid in accordance with the Beneficiary Provisions in G of this Part 7.

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All Accidental Dismemberment benefits will be paid to you. Any Accidental Dismemberment benefits remaining unpaid at your death will be paid in accordance with the Beneficiary Provisions in G of this Part 7.

~~TIME LIMITS FOR FILING A CLAIM~~

All benefits must be claimed within 90 days after the date of loss or as soon thereafter as reasonably possible and, in any case, within one year after the end of that 90 day period. Claims not filed within these time limits will be denied and no benefit will be paid. These time limits will not apply during any period when the claimant lacked the legal capacity to file a claim.

C. FILING A CLAIM

All claims for benefits should be submitted on STANDARD'S forms. You should obtain claim forms from the POLICYOWNER or the Plan Administrator.

You may also request claim forms from STANDARD. If STANDARD fails to provide you with claim forms within 15 days of your request you may submit your claim in a letter stating the occurrence, character and extent of the event for which the claim is made.

D. PROOF OF LOSS

Satisfactory written proof of loss in connection with a claim for benefits must be provided to STANDARD at the expense of the person claiming the benefits.

No benefits will be paid until STANDARD has received satisfactory written proof of loss in connection with the claim for benefits.

E. INVESTIGATION OF YOUR CLAIM

STANDARD has the right to conduct an independent investigation of any claim for benefits under the GROUP POLICY. No benefits will be paid until STANDARD has had a reasonable time to conduct an investigation.

F. INDEPENDENT EXAMINATION AND AUTOPSY

STANDARD has the right to have you examined at STANDARD'S expense in connection with a claim for Accidental Dismemberment benefits. Any such examination will be conducted by one or more physicians or vocational specialists of STANDARD'S choice.

STANDARD has the right to have an autopsy performed at STANDARD'S expense, except where prohibited by law.

## G. BENEFICIARY PROVISIONS

### 1) NAMING A BENEFICIARY

BENEFICIARY or BENEFICIARIES mean the person or persons you name to receive the death benefits under the GROUP POLICY if you die. You may name or change BENEFICIARIES at any time. The consent of a named BENEFICIARY is not needed to change BENEFICIARIES.

BENEFICIARY DESIGNATION means the written instrument in which you name or change your BENEFICIARY. Your written BENEFICIARY DESIGNATION must be dated and signed by you and delivered to the POLICYOWNER during your lifetime. Your BENEFICIARY DESIGNATION will take effect on the date it is delivered to the POLICYOWNER. The BENEFICIARY DESIGNATION must relate to the INSURANCE provided under the GROUP POLICY. If the GROUP POLICY replaces all or a part of the insurance provided by an earlier policy, a written BENEFICIARY DESIGNATION signed and dated by you under the earlier policy will be accepted as your BENEFICIARY DESIGNATION under the GROUP POLICY.

### 2) PAYMENT TO YOUR BENEFICIARY

Death benefits will be paid to your surviving BENEFICIARY or BENEFICIARIES in the highest class, with the classes ranking in the following order: primary, followed by first contingent, second contingent, etc. Two or more surviving BENEFICIARIES in the same class will share equally, unless you specify their respective shares.

The amount payable to a BENEFICIARY may be paid in installments over a period of years upon mutual agreement between STANDARD and the BENEFICIARY. To the extent permitted by law, the amount payable to a BENEFICIARY will not be subject to any legal process against the BENEFICIARY or to the claims of any creditor or creditor's representative.

### 3) BENEFICIARY MUST SURVIVE YOU

If a BENEFICIARY dies on the date of your death, or within 15 days after the date of your death, death benefits will be paid as if that BENEFICIARY had died before you, unless satisfactory

proof of loss with respect to your death is delivered to STANDARD before the date of the BENEFICIARY'S death.

4) NO SURVIVING BENEFICIARY

~~If you do not name a BENEFICIARY, or if you are not survived by~~  
a BENEFICIARY, all death benefits will be paid in equal shares to the first surviving class of the following classes:

- (a) Your spouse.
- (b) Your children.
- (c) Your parents.

If none of them survives you, the benefits will be paid to your estate.

5) RELIANCE BY STANDARD

STANDARD may rely on an affidavit or other written evidence deemed satisfactory to STANDARD to determine the identity or the nonexistence of BENEFICIARIES not identified by name. Any payment made by STANDARD in good faith reliance on such evidence will fully discharge STANDARD to the extent of such payment.

H. NOTICE OF DECISION ON CLAIM

You will receive a written decision on your claim within a reasonable period of time after STANDARD receives your claim.

If STANDARD denies all or any part of your claim, you will receive a written notice of denial containing:

- (1) The reasons for the denial;
- (2) Reference to the provisions of the GROUP POLICY on which the denial is based;
- (3) A description of any additional information or documentation you must submit to obtain benefits and an explanation of why such information or documentation is required;
- (4) Notice of your right to a review of the denial; and
- (5) A description of the review procedure.

If you do not receive a written decision on your claim within 90 days after your claim is received, you will have an immediate right to request a review under the review procedure, as if your claim had been denied.

## I. REVIEW PROCEDURE

You have a right to a review of any denial by STANDARD of all or any part of your claim. To obtain a review, you should send a written request for review to STANDARD within 60 days after you receive notice of the denial. ~~No special forms are required.~~

As a part of your request for review, you may submit issues and comments in writing and provide additional documentation in support of your claim. You may review pertinent documents related to your request for review.

STANDARD will review your claim promptly after receiving your request for review. You will receive written notice of STANDARD'S decision within 60 days after your request for review is received, or within 120 days if special circumstances require an extension. The written decision you receive will include the reasons for the decision and reference to the provisions of the GROUP POLICY on which the decision is based.

You may authorize another person to act for you under this review procedure.

C0702A

## Part 8. TIME LIMITS ON LEGAL ACTIONS AND CERTAIN DEFENSES

No action at law or in equity may be brought to recover under the GROUP POLICY until 60 days after written proof of loss has been provided to STANDARD.

Any statement you make to obtain INSURANCE will be a representation and not a warranty. No misrepresentation by you will be used to reduce or deny your claim or to deny the validity of your INSURANCE unless:

- (a) Your INSURANCE would not have been approved except for your misrepresentation;
- (b) Your misrepresentation is contained in a written instrument signed by you; and
- (c) A copy of the written instrument containing your misrepresentation has been given to you or your BENEFICIARY.





the POLICYOWNER. Any such change in premium rates may be made effective on any Premium Due Date. Except as provided in (1), no such change will be made more than once in any one contract year. Contract years are successive twelve month periods computed from the end of the Initial Policy Term.

P01C1A

**D. PAYMENT OF PREMIUMS**

All premiums are due on the Premium Due Dates shown on the cover of the GROUP POLICY.

Each premium due is payable by the POLICYOWNER on or before its due date direct to STANDARD at its Home Office. The payment of each premium as it becomes due will maintain this GROUP POLICY in force through the date immediately preceding the next Premium Due Date.

P01D1A

**E. TERMINATION OF GROUP POLICY BY THE POLICYOWNER**

The POLICYOWNER may terminate the GROUP POLICY at any time by giving prior written notice to STANDARD. The effective date of the termination will be the later of (a) the date specified in the notice, and (b) the date the notice is received by STANDARD. No coverage under the GROUP POLICY will continue and no premium charges will accrue after the effective date of the termination of the GROUP POLICY.

P01E1A

**F. TERMINATION OF GROUP POLICY BY STANDARD**

STANDARD may terminate the GROUP POLICY as follows:

- (a) On any renewal date if the number of persons insured is less than the Minimum Participation Number or less than the Minimum Participation Percentage.
- (b) On any Premium Due Date if STANDARD, in its sole judgment, determines that the POLICYOWNER (a) has failed to promptly furnish any necessary information requested by STANDARD, or (b) has failed to perform any other obligations relating to this GROUP POLICY.

STANDARD will give 31 days prior written notice of any such termination of the GROUP POLICY.

P01F1C

~~C. GRACE PERIOD~~

The GROUP POLICY has a 31 day Grace Period for each premium due after the first premium. If a premium is not paid on or before the Premium Due Date, the premium may be paid during the following 31 day Grace Period. The GROUP POLICY will remain in force during the Grace Period, and the POLICYOWNER is liable to STANDARD for the payment of the premium for that period.

P01G1C

H. TERMINATION OF GROUP POLICY FOR NONPAYMENT OF PREMIUMS

If the required premium is not paid during the Grace Period, the GROUP POLICY will terminate automatically at 12:01 AM on the date following the end of the Grace Period.

The POLICYOWNER is liable for the payment of the premiums for the coverage continued during the Grace Period.

P01H1B

I. PREMIUM ADJUSTMENTS

Premium adjustments involving a return of unearned premiums to the POLICYOWNER will be limited to the twelve month period immediately preceding the date STANDARD receives a request for premium adjustment and evidence that an adjustment should be made.

P01I1B

Part 2. DIVIDENDS

During the period this GROUP POLICY is in force, it will be credited with its share, if any, of the divisible surplus in the form of dividends as declared by STANDARD.

P0201A

### Part 3. CERTIFICATES

STANDARD will issue Certificates to the POLICYOWNER showing the insured MEMBER'S coverage under this GROUP POLICY. The POLICYOWNER will distribute a Certificate to each insured MEMBER.

P0301A

### Part 4. RECORDS AND REPORTS

The POLICYOWNER will furnish on STANDARD'S forms all information reasonably necessary to the administration of the GROUP POLICY when required by STANDARD. STANDARD has the right at all reasonable times to inspect the payrolls and other records of the POLICYOWNER which relate to INSURANCE under this GROUP POLICY.

Clerical error by the POLICYOWNER will not:

- (a) Cause a MEMBER to become insured;
- (b) Invalidate INSURANCE otherwise validly in force; or
- (c) Continue INSURANCE otherwise validly terminated.

P0401A

### Part 5. MISSTATEMENT OF AGE

If the age of a MEMBER has been misstated, STANDARD will make an equitable adjustment of the premiums or of benefits or of both. The adjustment will be based on:

- (a) The amount of the MEMBER'S INSURANCE based on the MEMBER'S correct age; and
- (b) The difference between the premiums paid and the premiums which would have been paid if the MEMBER'S age had been correctly stated.

P0501A

### Part 6. ENTIRE CONTRACT; CHANGES

The GROUP POLICY and the application of the POLICYOWNER, if any, constitute the entire contract between the parties.

This GROUP POLICY may be changed in whole or in part. No change in the GROUP POLICY will be valid unless it is approved in writing by an executive officer of STANDARD and delivered to the POLICYOWNER for attachment to the GROUP POLICY. No agent has authority to change this GROUP POLICY or to waive any of its provisions.

P0601B

#### Part 7. INCONTESTABLE CLAUSE

Any statement made by the POLICYOWNER to obtain the GROUP POLICY is a representation and not a warranty.

No misrepresentation by the POLICYOWNER will be used to deny the validity of the GROUP POLICY or to deny a claim unless:

- (a) The GROUP POLICY would not have been issued by STANDARD except for the misrepresentation;
- (b) The misrepresentation is contained in a written instrument signed by the POLICYOWNER; and
- (c) A copy of the written instrument has been given to the POLICYOWNER.

The validity of the GROUP POLICY will not be contested after it has been in force for two years, except for non-payment of premiums.

P0701A

#### Part 8. EFFECT ON WORKER'S COMPENSATION

The coverage provided under the GROUP POLICY is not a substitute for worker's compensation insurance and does not relieve the EMPLOYER of any obligation to provide worker's compensation insurance.

P0801A

STANDARD INSURANCE COMPANY  
ACCEPTANCE OF GROUP INSURANCE POLICY

RECEIVED  
OCT 6 1987  
GROUP UNDERWRITING

Group Policy No. 602813 Coverage: LIFE, AD&D

Issued to:

Policyowner CITY OF CARSON CITY

Is approved and its terms are accepted.

BY [Signature]  
SIGNATURE AND TITLE OF POLICYOWNER'S REPRESENTATIVE

[Signature]  
SIGNATURE OF WITNESS

9/29/87  
DATE

Carson City, NV  
LOCATION

Please return to: Standard Insurance Company  
Group Underwriting and Policy Issue  
New Business, G-18  
900 SW Fifth Avenue  
Portland, OR 97204-1282

MICROFILMED  
Standard Insurance Company

SI-18-1755 (11/85)

# STANDARD INSURANCE COMPANY

P.O. BOX 711  
PORTLAND, OREGON 97207

GROUP POLICY NUMBER

602813

NAME OF POLICYOWNER

CITY OF CARSON CITY

TYPE OF COVERAGE

LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

EFFECTIVE DATE

July 15, 1987

INITIAL POLICY TERM

Three Years

PREMIUM DUE DATES

July 15, 1987 and the first day of  
each calendar month thereafter

POLICY DELIVERED IN

Nevada and governed by the laws of that state.

STANDARD INSURANCE COMPANY agrees to pay the benefits provided by this GROUP POLICY, in accordance with the provisions of this GROUP POLICY.

The consideration for this GROUP POLICY is the application of the POLICYOWNER and the payment by the POLICYOWNER of premiums as provided herein.

The GROUP POLICY is issued for the Initial Policy Term shown above, ending on the first day after the end of such policy term at 12:01 A.M. Standard Time at the POLICYOWNER'S address. This GROUP POLICY may be renewed for successive renewal periods by the payment of the premium on each renewal date, provided the number of persons insured on each renewal date is neither less than the Minimum Participation Number nor less than the Minimum Participation Percentage (shown in the Policy Data). The length of each renewal period will be determined by STANDARD, but will not be less than 12 months.

All provisions on this and the following pages are a part of this GROUP POLICY. The Certificate of Insurance issued for delivery to each insured MEMBER will include Section One of this GROUP POLICY. The terms "you" and "your" used in Section One refer to the insured MEMBER. The definitions of terms in Section One apply whenever the terms are used anywhere in this GROUP POLICY. Defined terms are printed in all capital letters.

STANDARD INSURANCE COMPANY

By

*Robert B. Miner*

Secretary

*Benjamin R. Whitley*

President

TRUE COPY  
Standard Insurance Company  
By ESA  
Date 9-22-87

*Fazilah Adam*  
Registrar

Group Insurance Policy

GP186-LIFE

MICROFILMED  
Standard Insurance Company

GROUP POLICY ENDORSEMENT

Attached to and made a part of GROUP POLICY 602813 issued to

~~City of Carson City as POLICYOWNER.~~

In compliance with Nevada Assembly Bill 114, Section Two of the GROUP POLICY is endorsed as follows:

1. Part 1.C. CHANGES IN PREMIUM RATES is endorsed to read as follows:

C. CHANGES IN PREMIUM RATES

- (1) STANDARD may change any one or more premium rates at any time when a change in any law or governmental regulation affects the amount payable by STANDARD under this GROUP POLICY. Any such change in premium rates will reflect only the change in STANDARD'S obligations under the GROUP POLICY. Premium rates may also be changed at any time upon mutual agreement between the POLICYOWNER and STANDARD.
- (2) Except as provided in (1), premium rates will not be changed during the Initial Policy Term shown on the cover of this GROUP POLICY. After the Initial Policy Term STANDARD may change any one or more of the premium rates upon 60 days written notice to the POLICYOWNER. Any such change in premium rates may be made effective on any Premium Due Date. Except as provided in (1), no such change will be made more than once in any one contract year. Contract years are successive twelve month periods computed from the end of the Initial Policy Term.

2. Part 1.F. TERMINATION OF GROUP POLICY BY STANDARD is endorsed to read as follows:

F. TERMINATION OF GROUP POLICY BY STANDARD

STANDARD may terminate the GROUP POLICY as follows:

- (a) On any renewal date if the number of persons insured is less than the Minimum Participation Number or less than the Minimum Participation Percentage.

MICROFILMED  
Standard Insurance Company



(b) On any Premium Due Date if STANDARD, in its sole judgment, determines that the POLICYOWNER (a) has failed to promptly furnish any necessary information requested by STANDARD, or (b) has failed to perform any other obligations relating to this GROUP POLICY.

STANDARD will give 60 days prior written notice of any such termination of the GROUP POLICY.

This endorsement is effective July 1, 1989.

STANDARD INSURANCE COMPANY

By

Secretary

President

MICROFILMED  
Standard Insurance Company

STANDARD INSURANCE COMPANY  
602813-01



home office: Portland, Oregon 97207  
P. O. Box 711  
(503) 248-2700

CARSON CITY  
ATTN: GAYLE MCCULLOCH  
2621 NORTHGATE LANE, #6  
CARSON CITY, NV. 89701

## **Administrative Letter To Life Insurance Policyowners**

### **Standard Secure Access**

Effective August 14, 1989, death benefits of \$10,000 or more payable to a beneficiary will be paid through the Standard Secure Access account, a money market type account which is fully guaranteed by Standard Insurance Company. The insurance proceeds from this interest-bearing checking account are accessible to the beneficiary, as owner, under the terms and conditions of a Confirmation Certificate which Standard provides to the beneficiary, together with a personalized checkbook.

This Administrative Letter should be retained with your group policy and will be placed in the copy of the policy maintained by Standard Insurance Company at its Home Office. This Administrative Letter is not intended to alter or amend the schedule of benefits in the group policy and may not be applicable to the present schedule.

**File with your Group Policy**

DEDICATED TO EXCELLENCE FOR POLICYOWNERS

MICROFILMED  
Standard Insurance Company

602813-01

CARSON CITY  
GAYLE E. McCULLOCH  
2621 NORTHGATE LANE, #6  
CARSON CITY, NV. 89701

### GROUP POLICY ENDORSEMENT

Effective January 1, 1992, this endorsement is attached to and made a part of each in force Group Policy issued to the above Policyowner by Standard Insurance Company. This endorsement only applies to coverages under your Group Policy (ies) which are subject to a state-mandated family or medical leave act or law. If your Group Policy (ies) does not include a coverage which is subject to such an act or law, this endorsement does not apply.

The Group Policy is endorsed as follows:

1. The Group Policy is endorsed to provide that your insurance will be continued, upon payment of premium, during a leave of absence if continuation of your insurance under the Group Policy is required by the state-mandated family or medical leave act or law.
2. The Group Policy is endorsed to provide that if your insurance ends because you are on a state-mandated family or medical leave of absence, and you become a member again immediately following the period allowed, your insurance will be reinstated pursuant to the state-mandated family or medical leave act or law.
3. If your plan includes a Long Term Disability or Short Term Disability insurance policy which includes a Preexisting Condition Exclusion, it is endorsed to provide that if your insurance ends after you were insured and you become insured again as a new member, the Preexisting Condition Exclusion will be applied as if there had been no break in coverage in the following instances:
  - a. If you become insured again within 90 days.
  - b. If required by a state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.

STANDARD INSURANCE COMPANY

By

*Ruby Q. Miner*  
Secretary

*Benjamin R. Whitley*  
President

MICROFILMED \_\_\_\_\_  
Standard Insurance Company

CARSON CITY  
ATTN: GAYLE MCCULLOCH  
2621 NORTHGATE LANE, #6  
CARSON CITY, NV. 89701

## **ACCELERATED BENEFIT ENDORSEMENT**

**THIS ENDORSEMENT APPLIES TO EACH IN FORCE GROUP LIFE INSURANCE POLICY ISSUED TO THE ABOVE POLICYOWNER BY STANDARD INSURANCE COMPANY, PROVIDED THE GROUP POLICY CONTAINS A PROVISION ENTITLED WAIVER OF PREMIUM, BENEFITS IN EVENT OF TOTAL DISABILITY OR CONTINUED LIFE INSURANCE DURING TOTAL DISABILITY. THIS ENDORSEMENT WILL NOT BECOME EFFECTIVE AND WILL BE OF NO FORCE IF THE GROUP POLICY CONTAINS NO SUCH PROVISION.**

**The receipt of an Accelerated Benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.**

### **A. Accelerated Benefit**

If you qualify for Waiver of Premium (Continued Life Insurance or Benefits in Event of Disability) and give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

Qualifying Medical Condition means:

1. You are terminally ill, with a life expectancy of less than 12 months; or
2. You are permanently confined to a Nursing Home and have been in residence there for at least 60 days.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

### **B. Application For Accelerated Benefit**

You must apply for an Accelerated Benefit. To apply you must give us satisfactory Proof Of Loss on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

### **C. Amount Of Accelerated Benefit**

You may receive an Accelerated Benefit of up to 50% of your Insurance. The maximum Accelerated Benefit is \$250,000. The minimum Accelerated Benefit is \$5000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 12 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

### **D. Effect On Insurance And Other Benefits**

The amount of your Insurance after payment of the Accelerated Benefit will be:

1. The amount of your Insurance as if no Accelerated Benefit had been paid; minus
2. The amount of the Accelerated Benefit; minus
3. An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

GROUP POLICY AMENDMENT NO. 1

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYOWNER.

It is agreed that the GROUP POLICY is amended as follows:

1. Part 2.A. DEFINITION OF MEMBER is amended to read as follows:

A. DEFINITION OF MEMBER

You must be a MEMBER. You are a MEMBER if you are one  
of the following:

1. An active employee of the EMPLOYER, other than a  
temporary or seasonal employee, regularly scheduled  
to work at least 20 hours each week; or
2. An employee who retired under the EMPLOYER'S  
retirement program.

C02A1N

2. Part 2.D. ACTIVE WORK REQUIREMENT is waived for MEMBERS who  
are retired on June 1, 1997.

3. Part 3. WHEN INSURANCE ENDS is amended to read as follows:

Part 3. WHEN INSURANCE ENDS

1. Your INSURANCE will end automatically on the earliest of  
the following dates:
  - a. The date you cease to be a MEMBER as defined in  
Part 2.A., except as provided in the RETIREMENT  
CONTINUATION PROVISION.
  - b. The date you become a full time member of the armed  
forces of any country.
  - c. The date the GROUP POLICY terminates.
  - d. With respect to your ACCIDENTAL DEATH AND  
DISMEMBERMENT INSURANCE, the date your claim for  
CONTINUED LIFE INSURANCE is approved by STANDARD.

- e. The date you cease to be ACTIVELY AT WORK for your EMPLOYER on your regular work days. However, your INSURANCE may be continued (unless it ends under items a. through d. above) during the following periods while you are absent from ACTIVE WORK:

- (1) While you are receiving full salary (including sick pay) from your EMPLOYER;
- (2) While you are unable to be ACTIVELY AT WORK as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, but not beyond the date your employment is terminated by you or your EMPLOYER;
- (3) During the first 60 days of (a) a temporary layoff, or (b) a general work stoppage (including a strike or lockout) resulting from a labor dispute between your collective bargaining unit and your EMPLOYER;
- (4) During a leave of absence if continuation of your INSURANCE under the GROUP POLICY is required by the state-mandated family or medical leave act or law;
- (5) During the first 60 days of any other leave of absence approved by your EMPLOYER.
- (6) During your retirement as provided in the RETIREMENT CONTINUATION PROVISION below.

## 2. RETIREMENT CONTINUATION PROVISION

Your INSURANCE may be continued during your retirement under the EMPLOYER'S retirement program subject to the following:

- a. The amount of your LIFE INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is \$10,000.
- b. The amount of your LIFE INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70th birthday is \$6,500.
- c. If INSURANCE continued under this provision ends, you may not become insured again under the GROUP POLICY.

- d. You will not be eligible for ACCELERATED BENEFITS or CONTINUED LIFE INSURANCE for a disability which begins after you retire.

C0302FX

4. Part 5. B. SCHEDULE OF LIFE INSURANCE is amended to read as follows:

B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified Fire and Sheriff MEMBERS	\$45,000
All other Unclassified MEMBERS and Elected MEMBERS	35,000
All other Fire and Sheriff MEMBERS	20,000
All other MEMBERS	10,000

C05B2H

The amount of your LIFE INSURANCE after your 70th birthday is 65% of the amount which would be applicable if you were under age 70.

C05B2XX

EFFECTIVE DATE OF CHANGES IN AMOUNT OF LIFE INSURANCE

Changes in the amount of your LIFE INSURANCE because of changes in your age or classification become effective on the first day of the calendar month coinciding with or next following such change. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your LIFE INSURANCE will become effective.

C05B3Q

5. Part 6. C. SCHEDULE OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, 1. MAXIMUM AMOUNT is amended to read as follows:

Group Policy No. 602813

Page 3 of Amendment No. 1

1. MAXIMUM AMOUNT

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified Fire and Sheriff MEMBERS	\$35,000
All other Unclassified MEMBERS and Elected MEMBERS	35,000
All other Fire and Sheriff MEMBERS	10,000
All other MEMBERS	10,000

C06C3H

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70th birthday is 65% of the amount which would be applicable if you were under age 70.

C06C4HX

EFFECTIVE DATE OF CHANGES IN AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Changes in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE because of changes in your age or classification become effective on the first day of the calendar month coinciding with or next following such change. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE will become effective.

C06C4D

6. The GROUP POLICY renewal date next following August 1, 1996 will be June 1, 1998, and renewal dates thereafter will occur on June 1.
7. DEPENDENTS LIFE INSURANCE is added to the GROUP POLICY in accordance with the provisions of the attached Dependents Life Insurance Supplement.

Group Policy No. 602813

Page 4 of Amendment No. 1



On June 1, 1997, each MEMBER who is both insured under the GROUP POLICY and has one or more DEPENDENTS is eligible for DEPENDENTS LIFE INSURANCE.

8. The premium rates for LIFE INSURANCE, DEPENDENTS LIFE INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE will be as follows, beginning June 1, 1997 and continuing until changed as provided in the GROUP POLICY:

LIFE INSURANCE	\$ .29 monthly per \$1,000 of LIFE INSURANCE
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	\$.05 monthly per \$1,000 Maximum Amount
DEPENDENTS LIFE INSURANCE	\$.30 monthly per MEMBER with DEPENDENTS LIFE INSURANCE, regardless of the number of DEPENDENTS covered.

This amendment is effective June 1, 1997. However, if you are DISABLED on May 31, 1997, any increase in your INSURANCE will be deferred until the first day after you complete one full day of ACTIVE WORK.

STANDARD INSURANCE COMPANY

By

*Ronald E. Vinje*

President

*John W. Moore*

Secretary

Group Policy No. 602813

Page 5 of Amendment No. 1

GROUP POLICY AMENDMENT NO. 2

Attached to and made a part of GROUP POLICY 602813 issued to City of Carson City as POLICYOWNER.

It is agreed that the GROUP POLICY is amended as follows:

1. A. DEFINITION OF DEPENDENT of the DEPENDENTS LIFE INSURANCE SUPPLEMENT is amended to read as follows:

A. DEFINITION OF DEPENDENT

DEPENDENT means a person who is covered under the EMPLOYER- sponsored medical plan, other than a full time member of the armed forces of any country, who is:

- (1) SPOUSE DEPENDENT: Your spouse;
- (2) SURVIVING SPOUSE DEPENDENT: The widow(er) of a retired MEMBER who was insured on the date of their death;
- (3) CHILD DEPENDENT\*: Your unmarried child from birth through the date your child becomes 19 years of age. Your stepchild residing in your home is considered to be your child; or
- (4) STUDENT DEPENDENT: Your unmarried child who is 19 years or older but under 23 years of age and who is a registered student in full time attendance at an accredited educational institution.

\*NOTE: A CHILD DEPENDENT or STUDENT DEPENDENT insured under your DEPENDENTS LIFE INSURANCE may qualify for continued coverage as a HANDICAPPED CHILD. See H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

CDA01CX

2. Item 2. of G. WHEN DEPENDENTS LIFE INSURANCE ENDS of the DEPENDENTS LIFE INSURANCE SUPPLEMENT is amended to provide the following:

2. DEPENDENTS LIFE INSURANCE on the life of any one of your DEPENDENTS will end automatically on the earliest of the following dates:

Group Policy No. 602813

Page 1 of Amendment No. 2

- a. the date your DEPENDENTS LIFE INSURANCE ends.
- b. The date the DEPENDENT becomes a full time member of the armed forces of any country.
- c. The date the CHILD DEPENDENT becomes 19 years of age, except when coverage continues beyond that date for a STUDENT DEPENDENT or a HANDICAPPED CHILD.
- d. With respect to a STUDENT DEPENDENT age 19 or over, the earlier of the following dates:
  - (1) The date the STUDENT DEPENDENT becomes 23 years of age, except when coverage continues beyond that date for a HANDICAPPED CHILD; or
  - (2) The date the STUDENT DEPENDENT ceases to be a registered student in regular full time attendance at an accredited educational institution.
- e. The date the CHILD DEPENDENT or STUDENT DEPENDENT marries.
- f. The date the SPOUSE DEPENDENT becomes divorced from you.

(CDG01GX)

This amendment is effective June 1, 1997.

STANDARD INSURANCE COMPANY

By

*Ronald E. Timpe*

President

*Robert W. Moore*

Secretary

**GROUP POLICY AMENDMENT NO. 3**

Attached to and made a part of Group Policy 602813 issued to  
City of Carson City  
as POLICYOWNER.

~~It is agreed that the GROUP POLICY renewal date following June 1, 2000 will be July 1, 2001 and renewal dates thereafter will occur on July 1.~~

This amendment is effective May 1, 2000.

STANDARD INSURANCE COMPANY

By

  
President

  
Corporate Secretary

## GROUP POLICY AMENDMENT NO. 4

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYOWNER.

It is agreed that the GROUP POLICY is amended as follows:


1. The DEFINITION OF DEPENDENT is amended to include FORMER SPOUSE. FORMER SPOUSE means a spouse from whom a retired MEMBER has divorced who was insured as a SPOUSE under the GROUP POLICY on the day immediately preceding the divorce.
2. SURVIVING SPOUSES and FORMER SPOUSES have the right to continue DEPENDENTS LIFE INSURANCE with payment of premium. Such continued DEPENDENTS LIFE INSURANCE ends only upon the SURVIVING SPOUSE'S or FORMER SPOUSE'S death, when premium payments cease, or when the GROUP POLICY terminates, whichever is earlier.
3. SURVIVING SPOUSES and FORMER SPOUSES have the right to name BENEFICIARIES in the same manner as MEMBERS.
4. In the event no BENEFICIARY is named by a SURVIVING SPOUSE or a FORMER SPOUSE, DEPENDENTS LIFE INSURANCE BENEFITS payable because of the death of the SURVIVING SPOUSE or FORMER SPOUSE will be paid in equal shares to the first surviving class of the classes below:
  1. The children of the SURVIVING SPOUSE of the FORMER SPOUSE.
  2. The parents of the SURVIVING SPOUSE of the FORMER SPOUSE.
  3. The brothers and sisters of the SURVIVING SPOUSE of the FORMER SPOUSE.
  4. The SURVIVING SPOUSE'S or FORMER SPOUSE'S estate.

All other provisions and requirements of the GROUP POLICY including proof of good health requirements and reductions in insurance amounts also apply.

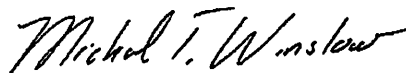
This amendment is effective June 1, 1997.

STANDARD INSURANCE COMPANY

By



President



Secretary

## GROUP POLICY AMENDMENT NO. 5

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYOWNER.

It is agreed that the GROUP POLICY is amended as follows:

1. Part 5. B. SCHEDULE OF LIFE INSURANCE is amended to read as follows:

### B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified Fire and Sheriff MEMBERS	\$45,000
All other Unclassified MEMBERS and Elected MEMBERS	\$35,000
All other Fire and Sheriff MEMBERS	\$20,000
All other MEMBERS	\$20,000

C05B2H

The amount of your LIFE INSURANCE after you 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C05B2XX

### EFFECTIVE DATE OF CHANGES IN AMOUNT OF LIFE INSURANCE

Changes in the amount of your LIFE INSURANCE because of changes in your classification become effective on the first day of the calendar month coinciding with or next following such change. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your LIFE INSURANCE become effective.

C05B3Q

2. Part 6. C. SCHEDULE OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, 1. MAXIMUM AMOUNT is amended to read as follows:

### 1. MAXIMUM AMOUNT

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified Fire and Sheriff MEMBERS	\$35,000
All other Unclassified MEMBERS and Elected MEMBERS	35,000
All other Fire and Sheriff MEMBERS	10,000
All other MEMBERS	20,000

C06C3H

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C08C4HX

**EFFECTIVE DATE OF CHANGES IN AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

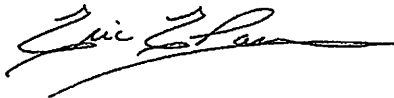
Changes in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE because of changes in your classification become effective on the first day of the calendar month coinciding with or next following such change. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE will become effective.

C08C4D

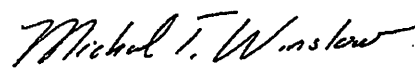
This amendment is effective July 1, 2005. However, if you are DISABLED on June 30, 2005, any increase in your INSURANCE will be deferred until the first day after you complete one full day of ACTIVE WORK.

**STANDARD INSURANCE COMPANY**

By



President



Secretary

## GROUP POLICY AMENDMENT NO. 6

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

It is agreed that the GROUP POLICY is amended as follows:

1. ~~Part 2.B. ELIGIBILITY FOR INSURANCE is amended to read as follows for persons who are not~~  
eligible for INSURANCE on January 1, 2006:

### B. ELIGIBILITY FOR INSURANCE

You must be eligible for INSURANCE.

Active MEMBERS: You are eligible for INSURANCE on first day of the calendar month coinciding with or next following 30 days, but not before January 1, 2006.

Retired MEMBERS: You are eligible for INSURANCE on the date you become a MEMBER.

C02B1MX

2. Part 3. WHEN INSURANCE ENDS is amended to read as follows:

### Part 3. WHEN INSURANCE ENDS

1. Your INSURANCE will end automatically on the earliest of the following dates:
  - a. The last day of the calendar month in which you cease to be a MEMBER as defined in Part 2.A., except as provided in the RETIREMENT CONTINUATION PROVISION.
  - b. The date you become a full time member of the armed forces of any country.
  - c. The date the GROUP POLICY terminates.
  - d. With respect to your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, the date your claim for CONTINUED LIFE INSURANCE is approved by STANDARD.
  - e. The date you cease to be ACTIVELY AT WORK for your EMPLOYER on your regular work days. However, your INSURANCE may be continued (unless it ends under items a. through d. above) during the following periods while you are absent from ACTIVE WORK:
    - (1) While you are receiving full salary (including sick pay) from your EMPLOYER;
    - (2) While you are unable to be ACTIVELY AT WORK as a result of SICKNESS, ACCIDENTAL BODILY INJURY or PREGNANCY, but not beyond the date your employment is terminated by you or your EMPLOYER;
    - (3) During the first 60 days of (a) a temporary layoff, or (b) a general work stoppage (including a strike or lockout) resulting from a labor dispute between your collective bargaining unit and your EMPLOYER;
    - (4) During a leave of absence if continuation of your INSURANCE under the GROUP POLICY is required by the state-mandated family or medical leave act or law; and



- (5) During the first 60 days of any other leave of absence approved by your EMPLOYER.
- (6) During your retirement as provided in the RETIREMENT CONTINUATION PROVISION below.

2. RETIREMENT CONTINUATION PROVISION

Your INSURANCE may be continued during your retirement under the EMPLOYER'S retirement program subject to the following:

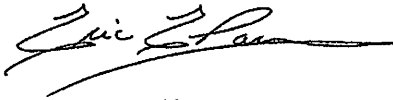
- a. The amount of your LIFE INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is \$10,000.
- b. The amount of your LIFE INSURANCE and ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70th birthday is \$6,500.
- c. If INSURANCE continued under this provision ends, you may not become insured again under the GROUP POLICY.
- d. You will not be eligible for ACCELERATED BENEFITS or CONTINUED LIFE INSURANCE for a disability which begins after you retire.

C0302FX

This amendment is effective January 1, 2006.

STANDARD INSURANCE COMPANY

By



President



Secretary

## GROUP POLICY AMENDMENT NO. 7

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

It is agreed that Part 5. B. SCHEDULE OF LIFE INSURANCE is amended to read as follows:

### B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified Fire and Sheriff MEMBERS	\$45,000
All other Unclassified MEMBERS and Elected MEMBERS	\$35,000
All other Fire MEMBERS	\$20,000
All other Sheriff MEMBERS	\$50,000
All other MEMBERS	\$20,000

C05B2H

The amount of your LIFE INSURANCE after you 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C05B2XX

### EFFECTIVE DATE OF CHANGES IN AMOUNT OF LIFE INSURANCE


Changes in the amount of your LIFE INSURANCE because of changes in your classification become effective on the first day of the calendar month coinciding with or next following such change. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your LIFE INSURANCE become effective.

C05B3Q

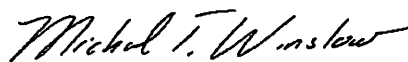
This amendment is effective January 1, 2008. However, if you are DISABLED on December 31, 2007, any increase in your INSURANCE will be deferred until the first day after you complete one full day of ACTIVE WORK.

STANDARD INSURANCE COMPANY

By



President



Secretary

**GROUP POLICY AMENDMENT NO. 8**

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

It is agreed that the GROUP POLICY is amended as follows:

1. Part 5. B. SCHEDULE OF LIFE INSURANCE is amended to read as follows:

**B. SCHEDULE OF LIFE INSURANCE**

The amount of your LIFE INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified MEMBERS and Elected MEMBERS	\$35,000
All other Sheriff MEMBERS	\$50,000
All other Fire MEMBERS	\$20,000
All other MEMBERS	\$20,000

C05B2H

The amount of your LIFE INSURANCE after you 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C05B2XX

2. Part 6. C. SCHEDULE OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, 1. MAXIMUM AMOUNT is amended to read as follows:

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified MEMBERS and Elected MEMBERS	35,000
All other Fire and Sheriff MEMBERS	10,000
All other MEMBERS	20,000

C06C3H

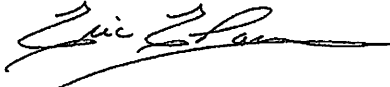
The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C08C4HX

This amendment is effective August 1, 2008.

STANDARD INSURANCE COMPANY

By



President



Secretary

## GROUP POLICY AMENDMENT NO. 9

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

It is agreed that the GROUP POLICY is amended as follows:

1. ~~Part 2.A. DEFINITION OF MEMBER~~ is amended to read as follows:

A. DEFINITION OF MEMBER

You must be a MEMBER. You are a MEMBER if you are one of the following:

1. An active employee of the EMPLOYER who is covered under the EMPLOYER-sponsored medical plan, other than a temporary or seasonal employee, regularly scheduled to work at least 20 hours each week; or
2. An employee who retired under the EMPLOYER'S retirement program and who is covered under the EMPLOYER-sponsored medical plan.

C02A1N

2. Part 2.B. ELIGIBILITY FOR INSURANCE is amended to read as follows for persons who are not eligible for INSURANCE on July 1, 2009:

B. ELIGIBILITY FOR INSURANCE

You must be eligible for INSURANCE. You are eligible for INSURANCE on the first day as a Member, but not before July 1, 2009.

3. Part 1.G. GRACE PERIOD of SECTION TWO - POLICYHOLDER PROVISIONS is amended to read as follows:


G. GRACE PERIOD

The GROUP POLICY has a 60 day Grace Period for each premium due except for the first premium. If a premium is not paid on or before the Premium Due Date, the premium may be paid during the following 60 day Grace Period. The GROUP POLICY will remain in force during the Grace Period, and the POLICYHOLDER is liable to STANDARD for the payment of the premium for that period.

This amendment is effective July 1, 2009.

STANDARD INSURANCE COMPANY

By

  
President

  
Corporate Secretary

## GROUP POLICY AMENDMENT NO. 10

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

### DEPENDENTS LIFE INSURANCE SUPPLEMENT

It is agreed that the GROUP POLICY is amended as follows:

Part 2.A. DEFINITION OF DEPENDENT is amended to read as follows:

DEPENDENTS LIFE INSURANCE on the lives of your DEPENDENTS is governed by the following provisions:

#### A. DEFINITION OF DEPENDENT

DEPENDENT means a person who is covered under the EMPLOYER- sponsored medical plan, other than a full time member of the armed forces of any country, who is:

- (1) SPOUSE DEPENDENT: Your spouse;
  1. A person to whom you are legally married; or
  2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the EMPLOYER, and filed that affidavit for public record if required by law.
- (2) SURVIVING SPOUSE DEPENDENT: The widow(er) of a retired MEMBER who was insured on the date of their death;
- (3) CHILD DEPENDENT\*: Your unmarried child from birth through the date your child becomes 19 years of age. Your stepchild residing in your home is considered to be your child; or
- (4) STUDENT DEPENDENT: Your unmarried child who is 19 or older but under 23 years of age and who is a registered student in full time attendance at an accredited educational institution.

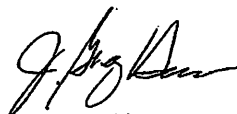
\*NOTE: A CHILD DEPENDENT or STUDENT DEPENDENT insured under your DEPENDENTS LIFE INSURANCE may qualify for continued coverage as a HANDICAPPED CHILD. See H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

CDA01CX

This amendment is effective July 1, 2012.

STANDARD INSURANCE COMPANY

By

  
President

  
Corporate Secretary

## GROUP POLICY AMENDMENT NO. 11

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

### DEPENDENTS LIFE INSURANCE SUPPLEMENT

It is agreed that the GROUP POLICY is amended as follows:

Part 2.A. DEFINITION OF DEPENDENT is amended to read as follows:

DEPENDENTS LIFE INSURANCE on the lives of your DEPENDENTS is governed by the following provisions:

#### A. DEFINITION OF DEPENDENT

DEPENDENT means a person who is covered under the EMPLOYER- sponsored medical plan, other than a full time member of the armed forces of any country, who is:

- (1) SPOUSE DEPENDENT: Your spouse;
  1. A person to whom you are legally married; or
  2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the EMPLOYER, and filed that affidavit for public record if required by law.
- (2) SURVIVING SPOUSE DEPENDENT: The widow(er) of a retired MEMBER who was insured on the date of their death; or
- (3) CHILD DEPENDENT\*: Your child from birth through the date your child becomes 26 years of age. Your stepchild residing in your home is considered to be your child.


\*NOTE: A CHILD DEPENDENT insured under your DEPENDENTS LIFE INSURANCE may qualify for continued coverage as a HANDICAPPED CHILD. See H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

CDA01CX

This amendment is effective July 1, 2010.

STANDARD INSURANCE COMPANY

By

  
President

  
Corporate Secretary

## GROUP POLICY AMENDMENT NO. 12

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

It is agreed that Part 5. B. SCHEDULE OF LIFE INSURANCE is amended to read as follows:

### B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
All Unclassified MEMBERS and Elected MEMBERS	\$35,000
All other Sheriff MEMBERS	\$50,000
All other Fire MEMBERS	\$50,000
All other MEMBERS	\$20,000

C05B2H

The amount of your LIFE INSURANCE after you 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C05B2XX

### EFFECTIVE DATE OF CHANGES IN AMOUNT OF LIFE INSURANCE

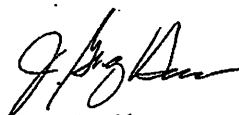
Changes in the amount of your LIFE INSURANCE because of changes in your classification become effective on the first day of the calendar month coinciding with or next following such change. However, you must meet the ACTIVE WORK requirement in Part 2. before any increase in the amount of your LIFE INSURANCE become effective.

C05B3Q

This amendment is effective July 1, 2012. However, if you are DISABLED on June 30, 2012, any increase in your INSURANCE will be deferred until the first day after you complete one full day of ACTIVE WORK.

STANDARD INSURANCE COMPANY

By

  
President

  
Corporate Secretary



The DEPENDENT must apply in writing for the individual policy and must pay the applicable premium to STANDARD within 31 days after the date of termination of the DEPENDENT'S life insurance. If the DEPENDENT dies during this 31 day period, STANDARD will pay the maximum amount of life insurance for which an individual policy could have been issued, whether or not the DEPENDENT had applied for an individual policy. The death benefit will be paid to the person entitled to payment under the Beneficiary provision in this Supplement.

If a CHILD DEPENDENT does not have the legal capacity to enter into a contract of insurance which is binding on both STANDARD and the CHILD DEPENDENT, the DEPENDENT'S parent or guardian must apply for the individual policy on the life of the DEPENDENT.

The DEPENDENT'S individual policy, if issued, will become effective on the 32nd day after the date the DEPENDENT'S life insurance ended under this Supplement.

A DEPENDENT who has exercised the right to convert to an individual policy is not to be eligible for coverage again under your DEPENDENTS LIFE INSURANCE.

CDI01A

- (1) The date the child becomes capable of self-sustaining employment.
- (2) The date the child ceases to be chiefly dependent upon you for support and maintenance.
- (3) 90 days after the date STANDARD mails you a request for proof that the child continues to qualify as a HANDICAPPED CHILD, unless you provide STANDARD with the required proof within that 90 day period.
- (4) The date coverage would end under G. for any reason other than the child ceasing to be a CHILD DEPENDENT or a STUDENT DEPENDENT.

CDH01C

#### I. RIGHT TO CONVERT TO AN INDIVIDUAL POLICY

A DEPENDENT has the right to buy an individual life insurance policy, without submitting EVIDENCE OF INSURABILITY, if that DEPENDENT'S life insurance ends for any reason other than:

- (1) The termination of the GROUP POLICY before your LIFE INSURANCE has been in force for five years; or
- (2) Your failure to make the required contribution for DEPENDENTS LIFE INSURANCE.

The individual life insurance policy may be on any form, other than term insurance, then issued by STANDARD. The individual policy will not contain disability or accidental death benefits, or any other additional benefits. The maximum amount of individual life insurance will be the amount of the DEPENDENT'S life insurance which ended, except as follows: If the GROUP POLICY terminates after your LIFE INSURANCE has been in force for five or more years, the maximum amount of the individual life insurance will be the lesser of (a) \$2,000 and (b) the amount of DEPENDENT'S life insurance which ended, reduced by the amount of any other group dependent's life insurance coverage your DEPENDENT becomes eligible for during the 31 days after the termination of the GROUP POLICY. The premium for the individual life insurance policy will be determined from STANDARD'S published rates for standard risks.

attendance at an accredited educational institution.

e. The date the CHILD DEPENDENT or STUDENT DEPENDENT marries.

f. The date the SPOUSE DEPENDENT becomes divorced from you.

CDG01GX

#### H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD

DEPENDENTS LIFE INSURANCE on the life of a CHILD DEPENDENT or STUDENT DEPENDENT will not end solely because the child ceases to be a CHILD DEPENDENT or a STUDENT DEPENDENT if you provide STANDARD with satisfactory written proof that the child qualifies as a HANDICAPPED CHILD. Such proof must be furnished to STANDARD on STANDARD'S forms within 31 days after the date the child ceases to be a CHILD DEPENDENT or a STUDENT DEPENDENT, and thereafter as required by STANDARD, but not more often than once a year. STANDARD has the right, at its expense, to have your child examined at reasonable intervals while you are claiming continued coverage under this provision.

HANDICAPPED CHILD means your unmarried child who, on and after the date the child ceases to be a CHILD DEPENDENT or a STUDENT DEPENDENT, is both:

- (1) Continuously incapable of self-sustaining employment by reason of mental retardation or physical handicap incurred prior to the date the child ceased to be a CHILD DEPENDENT or a STUDENT DEPENDENT; and
- (2) Continuously chiefly dependent upon you for support and maintenance. Your child will be considered chiefly dependent upon you for support and maintenance during any period when your child is institutionalized because of mental retardation or physical handicap.

DEPENDENTS LIFE INSURANCE on the life of a HANDICAPPED CHILD will end automatically on the earliest of the following dates:

## G. WHEN DEPENDENTS LIFE INSURANCE ENDS

1. Your DEPENDENTS LIFE INSURANCE will end automatically on the earliest of the following dates:
  - a. Five months after the date of your death, unless your spouse meets the definition of a SURVIVING SPOUSE DEPENDENT.
  - b. The date your LIFE INSURANCE ends for any reason other than your death.
  - c. The date the GROUP POLICY terminates, unless your DEPENDENTS LIFE INSURANCE is continued in force under F(1) or F(2) above.
  - d. On the last day of the last period for which you made the required contribution for your DEPENDENTS LIFE INSURANCE.
2. DEPENDENTS LIFE INSURANCE on the life of any one of your DEPENDENTS will end automatically on the earliest of the following dates:
  - a. The date your DEPENDENTS LIFE INSURANCE ends.
  - b. The date the DEPENDENT becomes a full time member of the armed forces of any country.
  - c. The date the CHILD DEPENDENT becomes 21 years of age, except when coverage continues beyond that date for a STUDENT DEPENDENT or a HANDICAPPED CHILD.
  - d. With respect to a STUDENT DEPENDENT age 21 or over, the earlier of the following dates:
    - (1) The date the STUDENT DEPENDENT becomes 25 years of age, except when coverage continues beyond that date for a HANDICAPPED CHILD; or
    - (2) The date the STUDENT DEPENDENT ceases to be a registered student in regular full time

The amount of life insurance for each DEPENDENT is equal to the lesser of:

1. The amount of your LIFE INSURANCE; and
2. \$500.

CDD01M

E. BENEFICIARY

Death benefits under this Supplement will be paid to you if you are living. Otherwise, the death benefits will be paid in equal shares to the first surviving class of the following classes:

- (1) Your spouse.
- (2) Your children.
- (3) Your parents.

If none of them is living, the death benefits will be paid to your estate.

CDE02A

F. CONTINUED COVERAGE WITHOUT PAYMENT OF PREMIUMS

Your DEPENDENTS LIFE INSURANCE will be continued in force without payment of premiums as follows:

- (1) For five months after your death, unless your spouse meets the definition of a SURVIVING SPOUSE DEPENDENT.
- (2) During any period when you qualify for CONTINUED LIFE INSURANCE.
- (3) During any period when your only insured DEPENDENT is a HANDICAPPED CHILD who qualifies for continued coverage under H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

NOTE: DEPENDENTS LIFE INSURANCE on the life of any one of your DEPENDENTS will end on the date determined under G.2.

Your DEPENDENTS LIFE INSURANCE will become effective as follows:

- (1) If you apply on or before the date you become eligible for DEPENDENTS LIFE INSURANCE, your DEPENDENTS LIFE INSURANCE with respect to all of your DEPENDENTS at that time will become effective on the date you become eligible.
- (2) If you apply within 31 days after you become eligible for DEPENDENTS LIFE INSURANCE, your DEPENDENTS LIFE INSURANCE with respect to all of your DEPENDENTS at that time will become effective on the date you apply.
- (3) If you apply more than 31 days after you become eligible for DEPENDENTS LIFE INSURANCE, the following rules will apply: (a) each of your DEPENDENTS must provide EVIDENCE OF INSURABILITY satisfactory to STANDARD to become insured. (b) The effective date of DEPENDENTS LIFE INSURANCE with respect to each DEPENDENT will be the date EVIDENCE OF INSURABILITY on that DEPENDENT is approved by STANDARD. (c) Any DEPENDENT who fails to provide EVIDENCE OF INSURABILITY satisfactory to STANDARD will not become insured.

A person who becomes your DEPENDENT while your DEPENDENTS LIFE INSURANCE is in effect is automatically insured on the date the person becomes your DEPENDENT.

CDB02A

#### C. INSURING CLAUSE

Subject to the terms of the GROUP POLICY, STANDARD will pay the amount determined from the SCHEDULE OF DEPENDENTS LIFE INSURANCE immediately upon receipt of satisfactory written proof that an insured DEPENDENT of yours has died while your DEPENDENTS LIFE INSURANCE was in effect.

CDC02A

#### D. SCHEDULE OF DEPENDENTS LIFE INSURANCE

## DEPENDENTS LIFE INSURANCE SUPPLEMENT

DEPENDENTS LIFE INSURANCE on the lives of your DEPENDENTS is governed by the following provisions:

### A. DEFINITION OF DEPENDENT

DEPENDENT means a person who is covered under the EMPLOYER-sponsored medical plan, other than a full time member of the armed forces of any country, who is:

- (1) SPOUSE DEPENDENT: Your spouse;
- (2) SURVIVING SPOUSE DEPENDENT: The widow(er) of a retired MEMBER who was insured on the date of their death;
- (3) CHILD DEPENDENT\*: Your unmarried child from birth through the date your child becomes 21 years of age. Your stepchild residing in your home is considered to be your child; or
- (4) STUDENT DEPENDENT: Your unmarried child who is 21 or older but under 25 years of age and who is a registered student in full time attendance at an accredited educational institution.

\*NOTE: A CHILD DEPENDENT or STUDENT DEPENDENT insured under your DEPENDENTS LIFE INSURANCE may qualify for continued coverage as a HANDICAPPED CHILD. See H. CONTINUED COVERAGE FOR A HANDICAPPED CHILD.

CDA01CX

### B. EFFECTIVE DATE OF DEPENDENTS LIFE INSURANCE

You become eligible for DEPENDENTS LIFE INSURANCE on the lives of your DEPENDENTS on the later of the following dates:

- (1) The date your LIFE INSURANCE becomes effective.
- (2) The date you first acquire a DEPENDENT.

You must apply for DEPENDENTS LIFE INSURANCE and you must agree to make the required contributions to the POLICYOWNER.

## GROUP POLICY AMENDMENT NO. 13

Attached to and made a part of GROUP POLICY 602813 issued to  
City of Carson City as POLICYHOLDER.

It is agreed that the GROUP POLICY is amended as follows:

~~1. Part 5.B. SCHEDULE OF LIFE INSURANCE is amended to read as follows:~~

### B. SCHEDULE OF LIFE INSURANCE

The amount of your LIFE INSURANCE before your 70<sup>th</sup> birthday is determined from the following table:

Classification	Amount
Unclassified and Elected ✓ MEMBERS	\$35,000
✓ Sheriff employees, FOP ✓ Juvenile Probation Officers, Marshals, and Bailiffs MEMBERS	\$50,000
All other Fire MEMBERS ✓	\$50,000
All other MEMBERS ✓	\$20,000
Retired MEMBERS	\$10,000

C05B2H

The amount of your LIFE INSURANCE after your 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C05B2XX

2. Part 6. C. SCHEDULE OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, 1. MAXIMUM AMOUNT is amended to read as follows:

The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE before your 70th birthday is determined from the following table:

Classification	Amount
Unclassified and Elected MEMBERS	35,000
Sheriff employees, Juvenile Probation Officers, Marshals, and Bailiffs MEMBERS	10,000
All other Fire MEMBERS	20,000
All other MEMBERS	10,000

C06C3H



The Maximum Amount of your ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE after your 70<sup>th</sup> birthday is 65% of the amount which would be applicable if you were under age 70.

C06C4HX

This amendment is effective July 2, 2014.

~~STANDARD INSURANCE COMPANY~~

By

  
President

  
Corporate Secretary

## Request for Group Insurance Amendment

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

Employee Benefits Consultant: Benet Heames  
Employee Benefits Service Representative: Lisa Ainsworth

Employee Benefits Sales and Service Office: Los Angeles

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Employer Name: City of Carson City  
Group Number: 602813

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):

**Please add Alternative Sentencing Officers with Life Insurance benefits of \$50,000 and AD&D of \$10,000.**

**No rate change.**

I request that the amendment become effective on **July 1, 2014**. 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: Melanie Buketta Title: HR Director  
Authorized Representative

Print Name: Melanie Buketta Date: 7.23.15