

RESOLUTION NO. 98-2002

Offered by Mr. Midgley

A RESOLUTION ACCEPTING THE BID OF STANDARD INSURANCE COMPANY FOR DENTAL INSURANCE FOR THE YEAR 2003 AND DECLARING AN EMERGENCY

BE IT RESOLVED by the Council of the Village of Richfield, Summit County, State of Ohio:

SECTION 1. That the bid of Standard Insurance Company for the provision of dental insurance for employees for the year 2003, a copy of which is attached hereto as Exhibit "A" and incorporated herein fully as if by reference, be, and the same hereby is, accepted.

SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to provide needed insurance coverage for Village employees; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: December 17, 2002 May N. Malone
President of Council
Ronald W. Larsen
Mayor
Dated: 12/17/2001

ATTEST:
Carole Gibson
Clerk of Council

STANDARD INSURANCE COMPANY

Underwriting - Regional Accounts
900 SW Fifth Ave. Portland, OR 97204-1282

Application for Group Insurance
For Use in AR, CO, DC, KY, LA, ME, NM, OH, PA, TN.

Please type or print.

REQUESTED EFFECTIVE DATE JAN. 1, 2003

APPLICANT - Full Legal Name of Group (Exactly as it is to be shown in the policy.)

VILLAGE OF RICHFIELD

Street Address 4410 W. STREETSBORO ROAD, P.O. BOX 387

City RICHFIELD State OHIO Zip Code 44286-0387

Phone Number (330) 659-9201 FAX Number (330) 659-4906

Group Contact _____ Contact's Title _____

Contact's Phone No. if different (_____) _____ Contact's FAX No. if different (_____) _____

Nature of Business VILLAGE GOVERNMENT

INSURANCE COVERAGE REQUESTED

- Life Only
- Supplemental Life
- Dental/Employees
- LTD
- Life & AD&D
- Additional Life
- Dental/Employees and Dep(s)
- STD
- Dependent Life
- Stand Alone AD&D
- Dental/Orthodontia
- LTD with Transitional Duty Agreement

OTHER INSURANCE

A. Does this insurance supplement other insurance? Yes No
If yes, specify for each line of coverage and Insurance Carrier: _____

B. Does this insurance replace existing insurance? Yes No
If yes, specify for each existing line of coverage: DENTAL INSURANCE

• Please submit a copy of each in force policy, certificate or plan document.
Effective date of Prior Plan: 01/01/1997 Termination date of Prior Plan: 12-31-02

ACTIVE WORK REQUIREMENT: A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements.

Initial: _____

Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier. The Active Work requirement does not apply to Dental coverage.

APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance. If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group. The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application, including the attached proposal, is made a part of the Group Policy. Applicant authorizes the agent, broker of record, or consultant to receive information regarding the applicant's claims status and experience that the applicant has a right to receive and which is reasonably necessary to assist the applicant in conducting a review of the information.

I acknowledge that I have read and understood the Fraud Notice on the back of this form.

Signature and Title of Applicant's Authorized Representative

Roman R. Dettling

Signature of Witness

Signature of Licensed Agent (where required by law)

277-30-737

Date

License #

(Must be signed prior to the requested date.)

Initial Deposit \$ 2800.00

Received from _____, an initial deposit
of \$ _____ * in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date _____

This receipt is subject to the terms and conditions on the reverse side.

Received By

Name Title

*All premium checks must be made payable to Standard Insurance Company.
Do not make check payable to the agent or leave payee blank.

Terms of Receipt (Please read carefully.)

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FRAUD NOTICES

For use in ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, TENNESSEE: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

For use in COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For use in PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VILLAGE OF RICHFIELD

DENTAL INSURANCE

FOR JANUARY 1, 2003

ITEM:	<u>FORTIS</u>	<u>METLIFE</u>	<u>STANDARD</u>
	IN/OUT NETWORK		
I Preventive Services:	100%/100%	SAME	SAME
II Basic Services:	90%/80%	SAME	SAME
III Major Services:	60%/50%	SAME	SAME
Maximum Benefit:	\$1,000	SAME	SAME
Deductible:	\$50 on II & III Only	SAME	SAME
Employee Rate (56):	\$26.94	\$22.41	\$21.92
Dependent Rate (40):	\$42.69	\$40.78	\$38.92
Monthly Cost:	\$3,216.24	\$2,886.16	\$2,784.32
Guarantee:	1 Year	1 Year	1 Year



Employee Benefit Consultants

December 3, 2002