



REQUEST FOR PROPOSALS

The City of Edinburg is soliciting sealed Request for Proposals; hereinafter referred to as RFP, to be received by the City Secretary's Office located at 415 W. University Drive, Edinburg, Texas 78541. City of Edinburg normal business days are Monday through Friday between the hours of 8:00 a.m. to 5:00 p.m. and shall be closed on recognized holidays.

RFP'S will be received until **3:00 p.m. Central Time**, on **Monday, November 21, 2016**, shortly thereafter all submitted RFP'S will be gathered and taken to the Edinburg City Hall Community Room, 1st Floor, to be publicly opened and read aloud. Any RFP received after the closing time will not be accepted and will be returned to the submitter unopened. It is the responsibility of the submitter to see that any RFP submitted shall have sufficient time to be received by the City Secretary's Office prior to the RFP opening date and time. The receiving time in the City Secretary's Office will be the governing time for acceptability of the RFP's. RFP's will not be accepted by telephone or facsimile machine. All RFP'S must bear original signatures and figures. The RFP shall be for:

RFP #2017-004 GROUP LONG TERM DISABILITY INSURANCE COVERAGE

If you have any questions or require additional information regarding this RFP, please contact Ms. Lorena Fuentes, Purchasing Agent, at (956) 388-1895 Ext. 8972 or via email at lfuentes@cityofedinburg.com.

Hand Delivered RFP'S:

415 W. University Drive
C/o City Secretary Department (1st Floor)

If using Land Courier (i.e. FedEx, UPS):

City of Edinburg
C/o City Secretary
415 W. University Drive
Edinburg, Texas 78541

If Mailing Proposals:

City of Edinburg
C/o City Secretary
P.O. Box 1079
Edinburg, Texas 78540-1079

The City of Edinburg reserves the right to refuse and reject any or all RFP's and to waive any or all formalities or technicalities and to accept the RFP deemed most advantageous to the City, and hold the RFP's for a period of **60** days without taking action.

RFP's must be submitted in an envelope sealed with tape and prominently marked on the lower left hand corner of the envelope with corresponding RFP number and title.

Please read your requirements thoroughly and be sure that the RFP offered complies with all requirements/specifications noted. Any variation from the solicitation requirements/specifications must be clearly indicated by letter, on a point by point

basis, attached to and made a part of your RFP. If no exceptions are noted, and you are the successful respondent, it will be required that the service(s) be provided as specified.

PURPOSE

(1) The purpose of these solicitation documents is to execute a Professional Services Contract for:

GROUP LONG TERM DISABILITY INSURANCE COVERAGE

INTENT

(2) The services to be provided under this RFP shall be in accordance with and shall meet all specifications and/or requirements as shown in this solicitation for RFP. There is no intention to disqualify any respondent who can meet the requirements.

SUBMITTAL OF RFP

(3) RFPs shall be submitted in sealed envelopes as called referenced on the attached solicitation. Three (3) complete sets of the response, One (1) original marked "**ORIGINAL**," and two (2) copies marked "**COPY**". RFPs submitted by facsimile (fax) or electronically shall **NOT** be accepted. Submittal of an RFP in response to this solicitation constitutes an offer by the respondent. Once submitted, RFP's become the property of the City of Edinburg and as such the City reserves the right to use any ideas contained in any RFP regardless of whether that respondent/firm is selected. Submission of a RFP in response to this solicitation, by any respondent, shall indicate that the respondent(s) has/have accepted the conditions contained in the RFP, unless clearly and specifically noted in the RFP submitted and confirmed in the contract between the City and the successful respondent otherwise. RFPs which do not comply with these requirements may be rejected at the option of the City. RFPs must be filed with the City of Edinburg before the deadline day and hour. No late RFPs will be accepted. They will be returned to respondent unopened (if properly identified). Failure to meet RFP requirements may be grounds for disqualification.

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TIME ALLOWED FOR ACTION TAKEN

(4) The City of Edinburg may hold RFP/s 90 days after deadline without taking action. Respondents are required to hold their RFP/s firm for same period of time.

RIGHT TO REJECT/AWARD

(5) The City of Edinburg reserves the right to reject any or all RFPs, to waive any or all formalities or technicalities, and to make such awards of contract as may be deemed to be the best and most advantageous to the City of Edinburg.

ASSIGNMENT

(6) Respondents are advised that the City of Edinburg shall not allow the successful respondent to sell, assign, transfer, or convey any part of any contract resulting from this RFP in whole or in part, to a third party without the written approval of the City of Edinburg.

AWARD

(7) Respondents are advised that the City of Edinburg is soliciting RFPs and award shall be made to the respondent that in the opinion of the City of Edinburg is the best qualified.

NUMBER OF CONTRACTS

(8) THE CITY reserves the right to award one, more than one, or no contract(s) in response to this RFP.

STATUTORY REQUIREMENTS

(9) It shall be the responsibility of the successful respondent to comply with all applicable State & Federal laws, Executive Orders and Municipal Ordinances, and the Rules and Regulations of all authorities having jurisdiction over the work to be performed hereunder and such shall apply to the contract throughout, and that they will be deemed to be included in the contract as though written out in full in the contract documents.

ALTERATIONS/AMENDMENTS TO RFP

(10) RFP **CANNOT** be altered or amended after opening time. Alterations made before opening time must be initialed by respondent guaranteeing authenticity. No RFP may be withdrawn after opening time without acceptable reason in writing and only after approval by the City of Edinburg.

NO RESPONSE TO RFP

(11) If unable to submit a RFP, respondent should return inquiry giving reasons.

LIST OF EXCEPTIONS

(12) The respondent shall attach to his/her RFP a list of any exceptions to the specifications/ requirements.

PAYMENT

(13) The City of Edinburg will execute payment by mail in accordance with the State of Texas Pay Law after SERVICES have been completed, introduced to the City, and found to meet City of Edinburg specifications/requirements. No other method of payment will be considered.

SYNONYM

(14) Where in this solicitation package SERVICES is used, its meaning shall refer to the request for GROUP LONG TERM DISABILITY INSURANCE COVERAGE as specified.

RESPONDENT'S EMPLOYEES

(15) Neither the Respondent nor his/her employees engaged in fulfilling the terms and conditions of this Service Contract shall be considered employees of the City. The method and manner of performance of such undertakings shall be under the exclusive control of the vendor on contract. The City shall have the right of inspection of said undertakings at any time.

INDEMNIFICATION CLAUSE

(16) The Respondent agrees to indemnify and save harmless the City, from all suits and actions of every nature and description brought against them or any of them, for or on account of the use of patented appliances, products or processes, and he shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted upon request of the Purchasing Agent, as a necessary requirement in connection with the final estimate for payment in which such patented appliance, products or processes are used

INTERPRETATIONS

(17) Any questions concerning the project and/or specifications/requirements with regards to this solicitation for statement(s) of qualifications shall be directed to the designated individuals as outlined in the RFP. Such interpretations, which may affect the eventual outcome of this request for statements of qualifications, shall be furnished in writing to all prospective Respondents via Addendum. No interpretation shall be considered binding unless provided in writing by the City of Edinburg in accordance with paragraph entitled "Addenda and Modifications".

VERBAL THREATS

(18) Any threats made to any employee of the City, be it verbal or written, to discontinue the providing of item/material/services for whatever reason and/or reasons shall be considered a breach of contract and the City will immediately sever the contract with the Respondent/Consultant on contract.

CONFIDENTIAL INFORMATION

(19) Any information deemed to be confidential by the respondent should be clearly noted on the pages where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under Texas Public Information Act, since information deemed to be confidential by the respondent may not be considered confidential under Texas Law, or pursuant to a Court order.

PAST PERFORMANCE

(20) Respondent's past performance shall be taken into consideration in the evaluation of RFP submittal.

JURISDICTION

(21) Contract(s) executed as part of this solicitation shall be subject to and governed under the laws of the State of Texas. Any and all obligations and payments are due and performable and payable in Hidalgo County, Texas.

RIGHT TO AUDIT

(22) The City of Edinburg reserves the right to audit the vendor's books and records relating to the performance of this contract. The City of Edinburg, at its own expense, shall have the right at all reasonable times during normal business hours and upon at least twenty-four (24) hours' advance notice, to audit, to examine, and to make copies of or extracts from the books of account and records maintained by the vendor(s) with respect to the Supply/Service and/or Purchase Contract. If such audit shall disclose overpayment by City to vendor, written notice of such overpayment shall be provided to the vendor and the amount of overpayment shall be promptly reimbursed by vendor to the City. In the event any such overpayment is not paid within ten (10) business days after receipt of such notice, the unpaid amount of such overpayment shall bear interest at the rate of one percent (1%) per month from the date of such notice until paid.

VENUE

(23) The parties agree that venue for purposes of any and all lawsuits, cause of action, arbitration, and/or any other dispute(s) shall be in Hidalgo County, Texas.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT. AN OFFENSE UNDER CHAPTER 176 IS A CLASS "C" MISDEMEANOR.

CONFLICT OF INTEREST

(24) CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of Edinburg not later than the 7th business day after the date the person becomes aware of facts that require the statement be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. For more information or to obtain Questionnaire CIQ visit the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

CERTIFICATE OF INTERESTED PARTIES (Form 1295)

(25) In 2015, the Texas Legislature adopted [House Bill 1295](#), which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency

before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016. For more information go to the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

CONSIDERATION OF LOCATION OF BIDDER'S PRINCIPAL PLACE OF BUSINESS

(26) The City may give local vendors, whose principal place of business is located within the City of Edinburg, and whose bid is within five percent (5%) of the lowest bid price preference as allowed by Section 271.9051 of the Local Government Code.

CONFIDENTIALITY OF INFORMATION AND SECURITY

(27) Should the successful respondent become the holder of and have access to confidential information in the process of fulfilling its responsibilities in connection with an awarded contract the successful respondent agrees that it shall keep such information confidential and will comply fully with the laws and regulations of the State of Texas, ordinances and regulations of the City, and any applicable federal laws and regulations relating to confidentiality.

TERMINATION OF CONTRACT

(28) The City of Edinburg reserves the right to terminate the contract if, in the opinion of the City of Edinburg, the successful vendor's performance is not acceptable, no funds are available, or if the City wishes, without cause, to discontinue this contract. Termination will be in written form allowing a 30-day notice.

RESPONSE DEADLINE

(29) Responses to the RFP must be addressed to City Secretary, City of Edinburg, 415 W. University Drive by **Monday, November 21, 2016 until 3:00 p.m.** for consideration. An original and two (2) complete sets of the response must be submitted no later than this date and time in a **sealed envelope** indicating that its contents are in response to the **RFP 2017-004** for **"GROUP LONG TERM DISABILITY INSURANCE COVERAGE"**. **Respondents are advised that all confidential records must be submitted in a separate sealed envelope and marked accordingly.**

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c/o City Secretary
P.O. Box 1079
Edinburg, Texas 78540-1079

ADDENDA AND MODIFICATIONS

(30) Any changes, additions, or clarifications to the RFP are made by amendments (addenda). Any respondent in doubt as to the true meaning of any part of the RFP or other documents may request an interpretation from the Purchasing Division. At the request of the respondent, or in the event the Purchasing Division deems the interpretation to be substantive, the interpretation will be made by written addendum. Said Addenda shall be mailed, e-mailed, hand delivered and/or faxed, to all prospective respondents. All Addenda issued in respect to this RFP shall be considered official changes to the original documents. Verbal statements in response to inquiries and/or requests for explanations shall not be authoritative or binding. It shall be the respondent's responsibility to ensure that they have received all Addenda in respect to this project. Furthermore,

respondents are advised that they must recognize, comply with, and attach a signed copy of each Addendum which shall be made part of their RFP Submittal. Respondent(s) signature on Addenda shall be interpreted as the respondent's "recognition and compliance to" official changes as outlined by the City of Edinburg and as such are made part of the original solicitation documents. Failure of any respondent to receive any such addendum or interpretation shall not relieve such respondent from its terms and requirements. The City may issue a written addendum no later than five calendar days prior to the date bids must be received. Addendums are available online at www.cityofedinburg.com.

RFP PREPARATION COSTS

(31) The City of Edinburg shall not be held liable for any costs incurred by any respondent for work performed in the preparation of and production of a RFP or for any work performed prior to execution of contract.

EQUAL EMPLOYMENT OPPORTUNITY

(32) Respondent agrees that they will not discriminate in hiring, promotion, treatment, or other terms and conditions of employment based on race, sex, national origin, age, disability, or in any way violate Title VII of 1964 Civil Rights Act and amendments, except as permitted by said laws.

AUTHORIZATION TO BIND RESPONDENT TO RFP

(33) RFPs MUST give full firm name and address of respondent, and be manually signed. Failure to do so will disqualify your RFP. Person signing bid must show title or AUTHORITY TO BIND HIS/HER FIRM IN A CONTRACT. Firm name and authorized signature must appear on each page that calls for this information. The legal status of the Respondent whether corporation, partnership, or individual, shall also be stated in the RFP. A corporation shall execute the RFP by its duly authorized officers in accordance with its corporate by-laws and shall also list the state in which it is incorporated. A partnership Respondent shall give full names and addresses of all partners. All partners shall execute the RFP. Partnership and Individual Respondent shall state in the proposal the names and addresses of all persons with a vested interest therein. The place of residence of each Respondent, or the office address in the case of a firm or company, with county and state and telephone number, shall be given after the signature.

Confidential Information Respondents are advised that all confidential records must be submitted in a separate sealed envelope and marked accordingly.



Request for Proposals

**Group Long Term Disability
Insurance Coverage**

RFP #2017-004





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Request for Proposals

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REQUEST FOR PROPOSALS

Specifications and Underwriting Information

Group Long Term Disability Insurance Coverage

1. Proposals may be submitted Monday thru Friday, 8:00 a.m. – 5:00 p.m. to the City Secretary office at address below. Sealed proposal shall be received **by 3:00 p.m., Monday, November 21, 2016** at the office of the City Secretary, at which time all proposals will be publicly opened. Proposals received after the deadline will be returned to sender unopened. The City of Edinburg is not responsible for problems with postal or delivery service.
2. Submit three complete sets, one (1) marked "**ORIGINAL**", and two (2) marked "**COPY**". The sealed proposals shall be received and addressed to:

**City of Edinburg
c/o City Secretary
415 W. University
P.O. Box 1079
Edinburg, Texas 78540-1079**

The envelope shall be clearly identified as follows:

Long Term Disability Insurance Coverage RFP # 2017-004

Request for Proposals submitted via facsimile or e-mail shall ***not*** be accepted. All inquiries can be addressed to Lorena Fuentes, Purchasing Agent at lfuentes@cityofedinburg.com.

3. The City of Edinburg participates in Social Security, Workers' Compensation, and the Texas Municipal Retirement System.
4. Due care and diligence have been used in the preparation of this information, and it is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and verification of all information presented herein shall rest solely upon the proposer.

The City of Edinburg and its representatives will not be responsible for any errors or omissions in these specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

5. The City of Edinburg reserves the right to renegotiate the term of this coverage.

The City of Edinburg shall reserve the right to renew (annually) the contract with the selected proposer, provided that proof is shown that said insurance carrier is providing the lowest possible rate at time of renewal. **Tentative award date is Tuesday, December 06, 2016.**

6. The City of Edinburg reserves the right to accept or reject proposals submitted, waive formalities in proposing, accept the proposal deemed most advantageous to the City of Edinburg, and to hold the proposals for a period of ninety (90) days after publicly opening the proposal without taking action thereon. The City intends to review all aspects of the proposals to determine the best overall program for the City at this time. Since there are important considerations involved in selecting a carrier in addition to the proposed rates, the City will not be required to accept the lowest proposal. Failure to manually sign proposal will disqualify it. Person signing proposal should show title or authority to bind their firm to a contract.
7. All rates shall be guaranteed for twelve (12) months, or longer, to be billed beginning October 1, 2016. However, the City of Edinburg reserves the right to accept a guarantee of more than twelve (12) months if it is in the City's interest.
8. The company shall reference its proposal in the same order as provided in the specifications. Any company seeking to provide or underwrite insured programs for the City of Edinburg must respond to appropriate sections of these specifications and must meet all conditions or standards listed in these specifications.
9. If any commission fees or other reimbursements arrangements are paid to any individual or organization(s), they must be disclosed in the proposal as to who is paid and how much. Include commission formula and annual commission.
10. Each vendor may propose on behalf of one (1) agent only. Multiple proposals from the same carrier/insurance companies may submit an attached list of agents/agencies requesting considerations.
11. The City of Edinburg has named RJG Retirement Services, LLC and Holmes Murphy as agent of record and co-agent, respectively.
12. The City of Edinburg, herewith referred to as the "Planholder", is requesting proposals for Long Term Disability Insurance Plan for eligible individuals.

FIRM and RFP EVALUATION

RFP - EVALUATION

The evaluation system consist of a 100 point system. The RFP will be ranked after evaluation. The RFP submitted evaluation will be based on the following criteria:

1. 35 points Firm Qualifications & Experience
 - a. Firm and personnel qualifications, experiences, financial rating, and reputation
2. 35 points Scope of Work:
 - a. Ability to meet RFP requirements, customer requirements, customer service, reporting capability, employee/consumer tools, claims process and administration, overall RFP submittal
3. 10 points Employee Assistance Program at no additional charge.
4. 20 points Cost proposal.

Part I

QUALIFICATIONS OF PROPOSER

Please read carefully. The Planholder is not required to consider any proposal that does not comply with the criteria set forth herein. All proposers shall utilize the Request for Proposal Form (Part V, pages 7 - 22).

1. All companies and agents submitting proposals must be licensed by the State of Texas and have a demonstrated level of good performance with public entities, including municipalities.
2. The agent must have an errors and omissions policy with a minimum limit of \$500,000. **A copy of policy shall be furnished with the proposal.**
3. The company must be recommended in the latest edition of A. M. Best's Insurance Reports with a general policyholder's rating of "B+" or better with no contingency rating. **The agent shall furnish the A. M. Best's policyholder rating for each company with which coverage is being proposed.**
4. Any agent or agency submitting a proposal must be licensed by the carrier stipulated therein at the time it is submitted.
5. The agent and company must have a willingness to commit to specified levels of performance for services and quality in Agent Scope of Services (Exhibit D).

6. The company and agent must provide sufficient telephone service, preferably toll-free service, to handle inquiries directly from plan participants.
7. The company must provide group plans structured to meet COBRA guidelines if applicable. All proposals must comply with Federal Health Insurance Portability and Accountability Act (HIPAA). All proposals must comply with federal, state, and local insurance laws and regulations in the preparation and submission of insurance proposals. Specifically, services provided must be in compliance with the Americans with Disability Act (ADA) and Texas Insurance Regulations and Laws. All proposals submitted will be presumed to be in compliance with all applicable laws.

Part II

DESCRIPTION OF THE RISK

1. **NAME OF INSURED:**
City of Edinburg, Texas
2. **EFFECTIVE DATE:**
October 1, 2016
3. **TERMS:**
October 1, 2016 through September 30, 2017
For a period of one (1) year with option to extend for two (2) additional one (1) year terms.
4. It is the intent of these specifications to establish a Long Term Disability Insurance Plan with proposer for all full-time employees of the Planholder.
5. The Planholder will pay 100% of cost for Long Term Disability Insurance for all full-time employees (Exhibit A).
5. The Planholder requests that Actively at Work Limitations be waived during the takeover.

Part III

ADMINISTRATION OF CLAIMS

Proposer will act as a third party claims/contractual claims administrator for the express purpose of administering the Planholder Long Term Disability Coverage.

The proposer will be responsible for, but not limited to the following:

- a. Consulting and Installation of the Plan. Reviewing carrier policies to assure they meet specifications.
- b. Drafting of the Plan Document or Master Contract and announcement material.
- c. Policies must be available no later than January 1, 2017.
- d. Coordination with other plans for benefits. The proposer will be responsible for coordination of benefits with all insurance plans or other collectible insurance.
- e. The proposer will analyze all statistical data for future cost projections. Periodic meetings will be held to advise Planholder's staff on these projections.
- f. Original contracts for all carriers will be filed with the Planholder.
- g. Necessary government filings.
- h. All other administrative details.

Part IV

HISTORY OF PAST CARRIERS AND INSURANCE RATES

CURRENT AND PRIOR CARRIERS

FISCAL YEAR(S)	COMPANY
10/01/2003 – Present	Aetna Life Insurance Company
10/01/2001 – 09/30/2003	UNUM Life Insurance Company of North America
10/01/1999 – 09/30/2001	Hartford Life and Accident Insurance Company

HISTORY OF INSURANCE RATES

FISCAL YEAR(S)	RATE PER \$100 OF PAYROLL
10/01/2016 – present	\$0.285
10/01/2005 – 9/30/2016	\$0.190

Part V

REQUEST FOR PROPOSAL FORM

ONLY THOSE REQUEST FOR PROPOSALS SUBMITTED ON THIS FORM AND IN DUPLICATE, WILL BE CONSIDERED. ALL OTHERS WILL BE REJECTED AND DISQUALIFIED.

This form must include all costs of the program, which should include but not be limited to fixed costs, cost containment options, all printing and miscellaneous expenses.

All costs must be shown at the time the proposal is submitted. We reserve the right to get written clarification of any benefits proposed.

1. PROGRAM INFORMATION:

1. What is your company's most current A.M. Best Rating?

2. What is your customer quality service statistics for the most recent twelve (12) months?

3. On the provided form, for reference purposes, a list of at least three (3) governmental entities or clients served in Texas by your company shall be completed along with proposal. List shall include, but not be limited to, name of contact person, telephone number, number of employees, and how long the entity/client was/is contracted by the company.

4. Do you have a toll free telephone number for handling inquiries from staff and employees? If so, is there an additional charge? Is there an assigned claims representative for the Planholder?

5. What procedures have you implemented to become compliant with April 2003 HIPAA, Title H-Privacy/Confidentiality and Security requirements?

6. Define process to transition from social security numbers to unique identification numbers.

7. Will all new full-time employees qualify for full coverage automatically or will they be subject to underwriting conditions?

8. How do you determine pre-existing conditions/exclusions for current/new employees?

9. Will the initial enrollment period for new employees be effective immediately or after 30-60 days?

10. Describe services to be provided by agent.

11. Do you require a claim form to be completed by the employee, doctor, and/or hospital? (Please provide a sample of form.)

12. Please provide company name and address from where claims are processed and paid.

13. Describe claim payment system.

14. Describe your procedures for handling appeals of denied or disputed claims.

15. How do you define turn around time? Provide claim turnaround time statistics for the most recent twelve (12) month period.

16. Does your plan coordinate benefits? Please elaborate.

17. Will there be an assigned claims representative for the Planholder? _____ Yes or _____ No

18. Will you provide a conversion policy? If so, explain.

19. Does the company provide a monthly statement? Can the statement be totaled and sectioned by department? If not, why?

20. Will your carrier provide a service representative for the group? What services are included?

21. Are there any additional administrative fees and if so how much? How long are the administrative fees guaranteed? (Include a sample of administrative document.)

22. What is your time frame for providing renewal rates to the Planholder?

23. If your contract is terminated at the end of the contract year, how long will you continue to pay claims incurred prior to the termination date?

24. Does the quote include a waiver of premium, if applicable?

25. Are your rates guaranteed or subject to final enrollment?

26. Are the rates your company quoted guaranteed for twenty-four (24) months?

27. Will the Actively at Work Limitation be waived during

the take over?

28. The city's current plan provides services for an Employee Assistance Program.

(a.) Does your proposal include on as well? If so, please explain the services and whether it includes a referral program.

(b.) What are the cost associated?

29. IF PREMIUM QUOTE INCLUDES AGENT COMMISSION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

(a.) Agent commission formula & estimated annual commission:

(b.) Are agent commissions negotiable? _____ YES _____ NO

Comments:

(c.) Copy of agent's E&O Insurance Certificate.

(d.) Copy of agent's insurance license.

(e.) Name/Mailing Address for Agent & Local Service Office:

(f.) Agent's relationship with insurance company (length of time, number of groups, amount of premium):

(g.) Agent services to be provided:

(h.) Agent experience with insurance company:

(i.) Please attach biographical information for each agent in local service office.

2. LONG TERM DISABILITY COSTS:

a. Schedule of Benefit & Cost Summary:

All Active Full-Time Employees

	<u>Plan 1</u>	<u>Plan 2</u>
Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$6,803	\$6,803
Elimination Period	90 Days	180 Days
Benefit Period	to Age 65 (ADEA)	To Age 65 (ADEA)
Social Security Integration	Primary & Family	Primary & Family
Own Occ Definition of Disability	24 Months	24 Months
Minimum Monthly Benefit	\$100	\$100
Mental & Nervous Limitation	24 Months	24 Months
Minimum Survivor Benefits	3 Months	3 Months
Pre-Existing Condition		
Contribution	Non-Contributory	Non-Contributory
Number of Employees (As listed on Census)	740	740

Monthly Covered Payroll	\$26,954,377	\$26,954,377
Rate (per \$100 of Payroll)	_____	_____
Monthly Premium	_____	_____
Rate Guarantee	_____	_____

Does your proposal include the following standard provisions? (Yes/No)

Cost of Living Freeze _____	Accumulation of Elimination Period _____
Recurrent Disability _____	Prior Insurance Credit _____
Full Maternity _____	Waiver of Premium _____
Return to Work Incentive _____	Partial Disability _____

Schedule of Benefit & Cost Summary (con't)

All Active Full-Time Employees

	<u>Plan 3</u>	<u>Plan 4</u>
Benefit Percentage	50%	50%
Maximum Monthly Benefit	\$6,803	\$6,803
Elimination Period	90 Days	180 Days
Benefit Period	to Age 65 (ADEA)	To Age 65 (ADEA)
Social Security Integration	Primary & Family	Primary & Family
Own Occ Definition of Disability	24 Months	24 Months
Minimum Monthly Benefit	\$100	\$100
Mental & Nervous Limitation	24 Months	24 Months
Minimum Survivor Benefits	3 Months	3 Months
Pre-Existing Condition		
Contribution	Non-Contributory	Non-Contributory
Number of Employees (As listed on Census)	740	740
Monthly Covered Payroll	\$26,954,377	\$26,954,377
Rate (per \$100 of Payroll)	_____	_____

Monthly Premium _____

Rate Guarantee _____

Does your proposal include the following standard provisions? (Yes/No)

Cost of Living Freeze _____	Accumulation of Elimination Period _____
Recurrent Disability _____	Prior Insurance Credit _____
Full Maternity _____	Waiver of Premium _____
Return to Work Incentive _____	Partial Disability _____

3. ALTERNATE REQUEST FOR PROPOSAL:

This alternate proposal is for Long Term Disability Insurance Plan for eligible individuals. (See exhibit A)

All Active Full-Time Employees

	<u>Plan 1</u>	<u>Plan 2</u>
Benefit Percentage	_____	_____
Maximum Monthly Benefit	_____	_____
Elimination Period	_____	_____
Benefit Period	_____	_____
Social Security Integration	_____	_____
Own Occ Definition of Disability	_____	_____
Minimum Monthly Benefit	_____	_____
Mental & Nervous Limitation	_____	_____
Minimum Survivor Benefits	_____	_____
Pre-Existing Condition	_____	_____
Contribution	_____	_____
Number of Employees (As listed on Census)		
Monthly Covered Payroll		

Rate (per \$100 of Payroll)	_____	_____
Monthly Premium	_____	_____
Rate Guarantee	_____	_____

Plan 3

Plan 4

Benefit Percentage	_____	_____
Maximum Monthly Benefit	_____	_____
Elimination Period	_____	_____
Benefit Period	_____	_____
Social Security Integration	_____	_____
Own Occ Definition of Disability	_____	_____
Minimum Monthly Benefit	_____	_____
Mental & Nervous Limitation	_____	_____
Minimum Survivor Benefits	_____	_____
Pre-Existing Condition	_____	_____
Contribution	_____	_____
Number of Employees (As listed on Census)		
Monthly Covered Payroll		
Rate (per \$100 of Payroll)	_____	_____
Monthly Premium	_____	_____
Rate Guarantee	_____	_____

Does your proposal include the following standard provisions? (Yes/No)

Cost of Living Freeze _____	Accumulation of Elimination Period _____
Recurrent Disability _____	Prior Insurance Credit _____
Full Maternity _____	Waiver of Premium _____
Return to Work Incentive _____	Partial Disability _____

4. DEVIATIONS:

Indicate any deviations or qualifications of the plan proposed with these rates.

5. OTHER FEATURES TO PLAN:

6. OTHER RECOMMENDED CHANGES TO LONG TERM DISABILITY INSURANCE PLAN:

7. COST SAVINGS RECOMMENDATION:

The Planholder is interested in determining the cost or savings related to various changes in plan coverage. After quoting rates to duplicate proposed benefits, please provide the cost or savings related to changes in coverage as a rate change to the base monthly rates.

REQUEST FOR PROPOSAL RESONSE FORM

LONG TERM DISABILITY INSURANCE PLAN

Name of Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone#: _____ Facsimile#: _____

Current "A.M. Best" Rating: _____

***(Shall furnish copy of policyholder rating for each company
with which coverage is being quoted)***

Name of Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Name: _____

Telephone #: _____ Facsimile#: _____

Number of Years in Business: _____

(Must enclose E & O Certificate of Insurance)

Proposal Format

IMPORTANT:

In order for your proposal to receive consideration, you must complete the certification statement below acknowledging that you have full knowledge of the requirements for providing insurance programs to the City of Edinburg.

CERTIFICATION STATEMENT

The undersigned does hereby declare that they have read the specifications for the Long Term Disability Insurance Plan and with full knowledge for the requirements, does hereby agree to furnish the coverage in full accordance with the specifications and requirements.

I certify that _____ and its response
(Name of Company/Organization)
complies with these specifications.

Authorized Signature

Type/Print Name

Title

Date

NON-COLLUSIVE REQUEST FOR PROPOSAL CERTIFICATE

By submission of this proposal, the PROPOSER certifies that:

- (a) This proposal has been independently arrived at without collusion with any other proposer, or with any competitor;
- (b) This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of the proposals for this project, to any other proposer, competitor, or potential competitor;
- (c) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal; and
- (d) The person signing this proposal certifies that he/she has fully informed himself/herself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Authorized Signature

Type/Print Name

Title

Name of Company/Organization

Date

REFERENCES

Please provide the Planholder with three references that have been insured with your company for at least three years.

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

TERMINATIONS

Please provide the Planholder with three references that have terminated with your company in the past year.

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

Company Name: _____
Name of Proposer: _____
Contact Person: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ # of Employees: _____

DECLARATION OF COMPLIANCE

The undersigned does hereby declare that they have read the Request for Proposal on which they are submitting a proposal with full knowledge of the requirements, and does hereby agree to furnish all services in full accordance with the requirements outlined in the Request for Proposal.

The proposer affirms that, to the best of their knowledge, the proposal has been arrived at independently and is submitted without collusion to obtain information or gain any favoritism that would in any way limit competition or give unfair advantage over other proposers.

The undersigned hereby declares that they have the authority to represent the proposer in submitting this proposal at the unit prices and level of services herein after notice of proposal award.

Company Name: _____
Address: _____
City, State, Zip Code: _____
Contact Person/Agent: _____
Area Code & Phone Number: _____
Authorized Signature: _____
Typed Name of Signatory: _____
Title of Signatory: _____
Date: _____

EXHIBIT

A

City of Edinburg
Full Time Employee Census
(October 2016)

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
CITY MANAGER	M	\$84.13	175,000.00	2007	78539	8/21/1953
SYSTEMS ADMINISTRATOR	M	\$22.04	45,847.78	2007	78589	10/24/1978
ADMINISTRATIVE SPECIALIST	F	\$13.60	28,294.03	1996	78542	3/3/1975
TELECOMMUNICATIONS SPECIA	M	\$16.82	34,984.56	2008	78539	4/23/1974
COURT ADMINISTRATOR	F	\$26.20	54,505.00	1996	78542	2/5/1975
ASST COURT ADMINISTRATOR	F	\$17.71	36,846.71	1996	78541	12/10/1957
MUN COURT MARSHAL	M	\$29.40	61,143.89	1999	78541	7/20/1969
WARRANT CLERK SUPV	F	\$15.71	32,676.10	1998	78539	2/27/1967
DEPUTY COURT CLERK	F	\$10.66	22,170.10	2007	78539	6/21/1961
SR COURT CLERK	F	\$14.21	29,565.95	2007	78542	1/24/1977
DEPUTY COURT CLERK	F	\$10.34	21,508.03	2008	78538	6/21/1972
LEGAL ASSISTANT	F	\$24.92	51,831.10	2004	78573	4/30/1960
LEGAL ASSISTANT	F	\$24.92	51,831.10	2005	78542	7/31/1966
CITY SECRETARY	F	\$40.41	84,045.56	1999	78541	11/17/1969
DEPUTY REGISTRAR	F	\$16.04	33,358.62	1998	78541	9/29/1956
ADMINISTRATIVE ASSISTANT	F	\$17.50	36,409.98	2002	78542	10/8/1979
RECORDS PROC SPECIALIST	M	\$16.17	33,642.96	2002	78541	9/3/1969
WATER MAINT SUPERVISOR	M	\$16.80	34,937.60	2013	78542	10/6/1970
SUBDIVISION COORDINATOR	M	\$34.88	72,557.80	2005	78574	10/23/1957
ADMINISTRATIVE SPECIALIST	F	\$17.50	36,409.98	2005	78539	5/17/1981
ENGINEERING/GRAPH TECH 2	F	\$18.42	38,318.18	2007	78541	1/6/1974
VIDEO JOURNALIST	M	\$22.93	47,699.39	2008	78542	12/3/1973
DIR OF PUBLIC INFORMATION	F	\$42.63	88,665.54	2008	78574	3/7/1963
VIDEO JOURNALIST	M	\$22.71	47,231.81	2008	78541	9/7/1982
VIDEO JOURNALIST	M	\$22.48	46,764.43	2008	78577	11/20/1983
ASST CHIEF OF POLICE	M	\$36.63	76,195.81	1979	78539	8/12/1957
ADMINISTRATIVE SPECIALIST	F	\$16.42	34,148.40	1984	78541	5/23/1959
LIEUTENANT	M	\$33.30	69,259.63	1986	78577	8/27/1964
SERGEANT	M	\$30.29	63,012.98	1984	78541	12/11/1960
LIEUTENANT	M	\$33.30	69,259.63	1987	78539	9/24/1965
ASST CHIEF OF POLICE	M	\$36.63	76,195.81	1987	78539	10/28/1966
ADMINISTRATIVE SPECIALIST	F	\$16.28	33,869.89	1989	78539	12/9/1965
POLICE OFFICER 2	M	\$25.04	52,092.35	1990	78540	6/3/1966
CHIEF OF POLICE	M	\$52.39	108,974.00	1991	78539	7/23/1965
LIEUTENANT	M	\$33.30	69,259.84	1991	78539	12/23/1961

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
SERGEANT	M	\$30.29	63,012.77	1992	78542	7/1/1969
POLICE OFFICER 2	M	\$25.04	52,092.35	1992	78539	1/15/1965
POLICE OFFICER 2	M	\$25.04	52,092.35	1992	78541	5/11/1968
LIEUTENANT	M	\$33.30	69,259.63	1993	78539	8/19/1968
SERGEANT	M	\$30.29	63,012.77	1993	78539	10/21/1968
LIEUTENANT	M	\$33.30	69,259.63	1994	78541	11/23/1968
POLICE OFFICER 2	M	\$25.04	52,092.35	1995	78558	9/18/1975
SERGEANT	M	\$30.29	63,012.98	1995	78573	12/28/1966
SERGEANT	M	\$30.29	63,012.77	1995	78540	11/13/1969
POLICE OFFICER 2	M	\$25.04	52,092.35	1995	78572	5/3/1965
POLICE OFFICER 2	M	\$25.04	52,092.35	1996	78539	1/6/1971
POLICE OFFICER 2	M	\$25.04	52,092.35	1996	78504	6/18/1972
SERGEANT	M	\$30.29	63,012.77	1997	78539	4/11/1974
POLICE OFFICER 2	M	\$25.04	52,092.35	1997	78539	5/18/1974
SERGEANT	M	\$30.29	63,012.77	1997	78542	10/16/1966
POLICE OFFICER 2	M	\$25.04	52,092.35	1997	78539	9/6/1969
POLICE OFFICER 2	M	\$25.04	52,092.35	1997	78596	2/18/1970
POLICE OFFICER 2	M	\$25.04	52,092.35	1997	78541	9/11/1968
POLICE OFFICER 2	M	\$25.04	52,092.35	1997	78542	11/6/1974
OFFICE SPECIALIST	M	\$14.08	29,276.00	1998	78539	11/5/1965
SERGEANT	F	\$30.29	63,012.77	1998	78540	7/25/1967
POLICE OFFICER 2	M	\$25.04	52,092.35	1998	78572	4/7/1966
DISPATCHER	F	\$19.30	40,154.19	1998	78504	8/16/1968
OFFICE SPECIALIST	F	\$11.95	24,857.04	2007	78596	3/26/1974
POLICE OFFICER 2	M	\$25.04	52,092.35	1999	78539	3/12/1976
SERGEANT	F	\$30.29	63,012.77	1999	78541	10/19/1974
POLICE OFFICER 2	F	\$25.04	52,092.35	2000	78539	11/17/1969
POLICE OFFICER 2	M	\$25.04	52,092.35	2000	78539	10/1/1962
LIEUTENANT	M	\$33.30	69,259.84	2001	78539	12/21/1974
SERGEANT	M	\$30.29	63,012.77	2002	78540	6/21/1966
POLICE OFFICER 2	M	\$25.04	52,092.35	2002	78539	6/7/1974
POLICE OFFICER 2	M	\$25.04	52,092.35	2002	78539	12/4/1964
DISPATCHER	M	\$12.89	26,817.23	2015	78501	4/5/1962
POLICE OFFICER 2	M	\$25.04	52,092.35	2002	78577	12/18/1969
POLICE OFFICER 2	M	\$25.04	52,092.35	2002	78539	10/8/1975

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
POLICE OFFICER 2	M	\$25.04	52,092.35	2002	78577	7/5/1976
ADMINISTRATIVE ASSISTANT	F	\$15.82	32,904.14	2002	78541	8/22/1967
POLICE OFFICER 2	M	\$25.04	52,092.35	2003	78539	10/12/1977
SERGEANT	F	\$30.29	63,012.77	2003	78539	8/27/1973
SERGEANT	M	\$30.29	63,012.77	2003	78539	7/7/1971
POLICE OFFICER 2	M	\$25.04	52,092.35	2003	78539	2/23/1976
DEPUTY MUN COURT MARSHAL	M	\$27.86	57,958.37	2003	78542	6/2/1969
POLICE OFFICER 2	F	\$25.04	52,092.35	2003	78541	2/24/1978
ADMINISTRATIVE SPECIALIST	F	\$13.31	27,679.60	2003	78539	7/7/1966
ADMINISTRATIVE SPECIALIST	F	\$14.06	29,242.51	2003	78573	6/14/1968
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78516	11/2/1968
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78539	6/11/1975
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78539	2/20/1970
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78539	4/14/1977
SERGEANT	M	\$30.29	63,012.77	2004	78596	1/29/1973
SERGEANT (ACTING)	M	\$30.29	63,012.77	2004	78541	10/14/1978
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78541	6/26/1978
ADMINISTRATIVE SPECIALIST	F	\$11.78	24,511.14	2001	78549	10/29/1975
SERGEANT	M	\$30.29	63,012.77	2004	78541	10/29/1982
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78541	1/15/1973
POLICE OFFICER 2	M	\$25.04	52,092.35	2004	78504	3/24/1963
SERGEANT	F	\$30.29	63,012.77	2004	78541	8/28/1978
POLICE OFFICER 2	M	\$25.04	52,092.35	2005	78504	3/12/1968
SERGEANT	M	\$30.29	63,012.77	2005	78539	1/29/1975
POLICE OFFICER 2	M	\$25.04	52,092.35	2005	78582	8/7/1980
POLICE OFFICER 2	M	\$25.04	52,092.35	2005	78589	5/17/1978
POLICE OFFICER 2	M	\$25.04	52,092.35	2005	78539	11/22/1977
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78539	4/4/1963
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78539	1/13/1975
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78501	8/30/1982
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78572	12/17/1976
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78540	12/6/1979
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78541	8/6/1978
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78596	11/4/1982
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78539	7/12/1984

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
POLICE OFFICER 2	M	\$25.04	52,092.35	2006	78541	3/25/1985
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78501	5/29/1983
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78501	3/13/1979
CHIEF DISPATCHER	F	\$15.85	32,960.00	2007	78539	9/24/1986
PARKING METER ATTENDANT	M	\$12.07	25,115.38	2007	78539	7/3/1968
SERGEANT	M	\$30.29	63,012.98	2007	78539	8/25/1984
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78539	12/13/1982
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78539	12/5/1970
DISPATCHER	F	\$14.53	30,231.97	2007	78542	4/10/1983
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78541	9/20/1985
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78539	10/14/1975
POLICE OFFICER 2	M	\$25.04	52,092.35	2007	78548	1/26/1981
COMM SERVICE OFFICER	F	\$12.82	26,675.17	2007	78589	12/6/1965
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78577	2/1/1975
DATA PROC SUPERVISOR	M	\$14.95	31,094.34	2008	78540	1/14/1974
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78574	7/16/1986
COMM SERVICE OFFICER	M	\$12.82	26,666.02	2008	78574	3/21/1988
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78539	4/9/1986
COMM SERVICE OFFICER	M	\$12.82	26,666.02	2008	78537	11/25/1987
DISPATCHER	M	\$13.86	28,827.34	2008	78541	2/7/1983
ASST ANIMAL CTRL WARDEN	M	\$12.68	26,371.28	2008	78501	1/1/1964
POLICE OFFICER 2	M	\$25.04	52,092.35	2014	78542	2/9/1979
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78541	2/22/1981
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78539	1/14/1984
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78539	5/16/1987
POLICE OFFICER 2	M	\$25.04	52,092.35	2008	78540	11/3/1981
OFFICE SPECIALIST	F	\$10.94	22,749.58	2012	78539	8/1/1971
DEPUTY CHIEF	M	\$29.81	62,011.04	1999	78540	12/19/1956
FIRE CHIEF	M	\$63.60	132,295.88	1991	78539	7/10/1964
DEPUTY CHIEF	M	\$34.74	72,257.33	2001	78539	4/18/1972
LIEUTENANT	M	\$17.47	48,157.24	2003	78539	5/20/1966
LIEUTENANT	M	\$17.47	48,157.24	2003	78540	11/18/1974
LIEUTENANT	M	\$24.31	50,565.01	2003	78540	10/30/1975
ADMINISTRATIVE ASSISTANT	F	\$21.60	44,920.30	1991	78539	6/16/1971
FIREFIGHTER	M	\$15.06	41,504.81	2004	78539	3/21/1984

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
LIEUTENANT	F	\$17.47	48,157.24	2006	78541	9/21/1983
DEPUTY CHIEF	M	\$30.97	64,422.59	2006	78539	1/22/1957
DISPATCHER	F	\$19.94	41,472.08	1997	78539	12/18/1959
FIREFIGHTER	M	\$14.65	40,385.32	2006	78539	11/24/1985
LIEUTENANT	M	\$17.47	48,157.24	2013	78539	7/20/1986
FLEET SPECIALIST	M	\$21.74	45,227.31	2007	78540	12/28/1961
FIREFIGHTER	M	\$14.65	40,385.05	2007	78542	10/5/1979
LIEUTENANT	M	\$17.47	48,157.24	2008	78539	10/10/1988
DEPUTY CHIEF	M	\$31.88	66,300.00	1997	78539	4/21/1975
CAPTAIN	M	\$26.65	55,430.54	2005	78541	1/14/1968
ADMINISTRATIVE SPECIALIST	F	\$12.97	26,979.06	2004	78577	5/20/1981
LIEUTENANT	M	\$24.53	51,030.51	2003	78539	12/4/1970
LIEUTENANT	M	\$24.53	51,030.51	2003	78541	7/20/1981
ADMINISTRATIVE SPECIALIST	F	\$17.50	36,409.98	2003	78538	4/26/1982
ADMINISTRATIVE ASSISTANT	F	\$23.58	49,041.62	1995	78539	8/1/1969
GRANTS ACCOUNTANT	M	\$26.40	54,909.30	1999	78541	3/27/1957
DIRECTOR OF CDBG/GRANTS	F	\$37.93	78,888.52	2001	78539	2/16/1973
BUILDING MAINTENANCE SUPT	M	\$31.73	65,994.52	1992	78572	7/30/1955
ASST BUILDING MAINT SUPT	M	\$17.48	36,352.87	2000	78574	9/14/1976
CUSTODIAN	M	\$12.25	25,477.30	2002	78541	2/23/1967
CUSTODIAN	M	\$10.57	21,988.93	2004	78595	9/12/1961
CUSTODIAN	M	\$13.65	28,397.20	1994	78542	12/30/1960
CUSTODIAN	M	\$12.07	25,115.38	2004	78577	3/19/1951
CUSTODIAN	M	\$10.16	21,127.39	2005	78504	5/10/1986
CUSTODIAN	F	\$10.16	21,136.34	2005	78573	1/22/1954
CUSTODIAN	M	\$10.10	21,011.95	2007	78541	7/15/1961
CUSTODIAN	M	\$10.89	22,660.98	2002	78501	5/11/1973
CUSTODIAN	M	\$12.07	25,115.38	2007	78501	4/5/1953
CUSTODIAN	M	\$12.07	25,115.38	2005	78542	9/5/1981
CUSTODIAN	F	\$10.10	21,011.95	2008	78504	9/28/1969
CUSTODIAN	F	\$10.10	21,011.95	2008	78539	12/28/1964
STREET MAINT TECHNICIAN	M	\$12.51	26,016.85	1994	78542	6/30/1950
LIGHT EQUIPMENT OPERATOR	M	\$16.58	34,489.52	1995	78537	8/23/1965
HEAVY EQUIPMENT OPER	M	\$15.69	32,628.54	1999	78542	3/1/1956
STREETS MANAGER	M	\$20.01	41,611.24	2000	78541	2/24/1963

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
LIGHT EQUIPMENT OPERATOR	M	\$12.50	25,994.59	2002	78541	4/17/1975
TRAFFIC MANAGER	M	\$18.87	39,255.88	2001	78539	9/13/1968
STREET MAINT TECHNICIAN	M	\$10.55	21,938.18	2005	78539	7/25/1967
HEAVY EQUIPMENT OPER	M	\$13.59	28,265.95	2006	78596	11/19/1959
MEDIUM EQUIPMENT OPER	M	\$12.80	26,622.75	2006	78539	6/28/1956
TRAFFIC SIGNAL TECHNICIAN	M	\$14.56	30,289.79	2007	78589	9/11/1954
ADMINISTRATIVE SPECIALIST	F	\$13.34	27,739.30	2007	78541	6/12/1963
LIGHT EQUIPMENT OPERATOR	M	\$12.07	25,104.77	2002	78541	1/3/1983
AIRPORT MANAGER	F	\$25.18	52,377.01	1996	78504	10/17/1959
SENIOR LIBRARY ASST	M	\$16.30	33,895.26	2004	78589	3/23/1961
DIR OF LIBRARY & CUL ARTS	F	\$35.76	74,388.54	1992	78589	5/3/1963
INTER LIB LOAN SPECIALIST	M	\$23.38	48,639.34	1993	78539- 2076	11/6/1967
SENIOR LIBRARY ASST	F	\$16.30	33,895.26	1994	78504	11/23/1969
ADMINISTRATIVE SPECIALIST	F	\$23.52	48,914.32	1995	78539	9/16/1970
REFERENCE SUPERVISOR	M	\$19.61	40,781.23	1996	78501	1/16/1976
LIBRARY ASSISTANT	F	\$12.72	26,459.47	1999	78541	9/26/1959
CATALOGING SUPERVISOR	F	\$15.85	32,960.00	2003	78541	12/13/1979
LIBRARY ASSISTANT	F	\$12.07	25,104.77	2004	78539	11/6/1962
OFFICE SPECIALIST	F	\$12.07	25,114.54	2005	78539	10/16/1964
LIBRARY ASSISTANT	F	\$11.84	24,623.25	2008	78542	7/2/1984
SENIOR LIBRARY ASST	F	\$13.07	27,195.79	2008	78504	9/17/1978
CONSTRUCTION INSPECTOR	M	\$15.51	32,262.05	2004	78596	5/30/1960
HOUSING COORDINATOR	F	\$18.40	38,277.20	2007	78562	4/10/1979
RECREATION SUPERVISOR	M	\$23.44	48,759.46	1984	78539	2/17/1959
PARKS OPERATIONS MANAGER	M	\$37.53	78,061.65	1988	78539	12/12/1966
GROUNDS CREW LEADER	M	\$14.93	31,058.14	1990	78577	7/9/1961
PARKS SUPERINTENDENT	M	\$22.04	45,847.69	1992	78541	2/10/1971
RECREATION MANAGER	M	\$27.94	58,113.74	1993	78539	10/20/1970
MEDIUM EQUIPMENT OPER	M	\$13.36	27,790.05	1996	78541	5/30/1953
PROGRAM COORDINATOR 2	F	\$15.26	31,730.40	1997	78540	6/10/1971
PARK RANGER	M	\$18.44	38,345.42	1997	78504	5/26/1957
GROUNDSKEEPER	M	\$10.55	21,938.18	2007	78538	7/6/1953
PARKS SUPERVISOR	M	\$14.82	30,829.78	2002	78543	4/29/1980
GROUNDS CREW LEADER	M	\$12.82	26,666.02	2001	78516	3/13/1962
PROGRAM COORDINATOR 1	F	\$10.94	22,749.58	2008	78541	9/14/1983

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LIGHT EQUIPMENT OPERATOR	M	\$14.93	31,059.18	1995	78539	2/13/1951
GROUNDSKEEPER	M	\$10.55	21,938.18	2002	78589	6/1/1949
LIGHT EQUIPMENT OPERATOR	M	\$11.61	24,140.69	2003	78543	7/26/1972
GROUNDSKEEPER	M	\$11.18	23,254.40	2003	78504	6/28/1967
OFFICE SPECIALIST	F	\$10.10	21,011.95	2004	78541	2/4/1951
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78542	7/14/1981
LIGHT EQUIPMENT OPERATOR	M	\$11.61	24,140.69	2005	78577	8/20/1972
GROUNDS CREW LEADER	M	\$12.32	25,631.01	2005	78539	1/24/1983
PROGRAM COORDINATOR 2	M	\$13.84	28,784.91	2012	78538	9/13/1989
AQUATICS SUPERVISOR	M	\$18.87	39,255.88	2009	78541	8/24/1989
PROGRAM COORDINATOR 1	F	\$10.94	22,749.79	2009	78539	3/13/1985
GROUNDS CREW LEADER	M	\$12.32	25,631.01	2006	78539	7/6/1975
GROUNDSKEEPER	M	\$10.55	21,938.18	2006	78539	7/17/1971
PARK RANGER	M	\$13.60	28,296.74	2006	78539	11/18/1961
PARK RANGER	M	\$14.01	29,146.62	2007	78577	9/27/1965
GROUNDSKEEPER	M	\$10.55	21,938.18	2007	78541	5/12/1976
PROGRAM COORDINATOR 2	M	\$13.84	28,784.91	2008	78541	6/13/1989
IRRIGATION SPECIALIST	M	\$13.07	27,195.79	2007	78541	7/6/1985
PARK RANGER	M	\$13.60	28,296.74	2007	78541	6/28/1985
GROUNDSKEEPER	M	\$10.55	21,938.18	2007	78539	12/22/1950
GROUNDSKEEPER	M	\$10.55	21,938.18	2007	78577	3/14/1945
GROUNDSKEEPER	M	\$10.55	21,938.18	2007	78577	12/12/1951
GROUNDSKEEPER	M	\$10.96	22,798.26	2008	78539	8/28/1957
GROUNDSKEEPER	M	\$10.55	21,938.18	2008	78577	4/10/1976
GROUNDSKEEPER	M	\$10.55	21,938.18	2008	78589	10/6/1973
LIGHT EQUIPMENT OPERATOR	M	\$11.61	24,140.69	2008	78541	1/29/1977
PARK RANGER	M	\$13.34	27,739.30	2009	78501	7/7/1956
MEDIUM EQUIPMENT OPER	M	\$12.57	26,143.31	2009	78596	6/14/1956
ASST GOLF SUPERINTENDENT	M	\$15.85	32,960.00	2003	78516	10/23/1964
IRRIGATION TECHNICIAN	M	\$12.89	26,817.23	2003	78541	12/28/1969
GROUNDS TECHNICIAN	M	\$10.67	22,195.89	2003	78542	1/30/1963
GROUNDS TECHNICIAN	M	\$10.67	22,195.89	2003	78538	7/14/1983
GROUNDS TECHNICIAN	M	\$11.23	23,359.86	2003	78589	11/2/1971
HEAVY EQUIPMENT OPER	M	\$13.07	27,195.79	2003	78539	10/13/1964
GROUNDS TECHNICIAN	M	\$10.55	21,938.18	2004	78589	9/7/1959

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GOLF SHOP COORD	M	\$12.32	25,631.01	2006	78589	1/12/1954
GROUNDS TECHNICIAN	M	\$10.16	21,136.34	2006	78589	7/7/1967
MECHANIC	M	\$12.89	26,817.23	2007	78572	5/19/1947
GOLF SUPERINTENDENT	M	\$27.95	58,139.26	2007	78599	12/5/1963
GROUNDS TECHNICIAN	M	\$10.55	21,938.18	2007	78542	2/22/1978
WBC MANAGER	F	\$26.50	55,116.02	2003	78577	5/10/1974
LIGHT EQUIPMENT OPERATOR	M	\$13.13	27,312.27	2003	78542	2/26/1957
ADMINISTRATIVE SPECIALIST	F	\$13.60	28,296.74	2004	78542	12/1/1955
CHIEF EXECUTIVE OFFICE	F	\$41.95	87,260.57	2008	78542	1/31/1971
PROGRAM SUPERVISOR 1	F	\$13.83	28,773.08	2004	78537	7/24/1970
PROGRAM SUPERVISOR 2	M	\$17.29	35,959.93	2011	78539	1/14/1987
COMPLIANCE & OUTCOME SPVR	F	\$16.31	33,920.00	2015	78542	11/25/1988
GREENS FOREMAN	M	\$17.99	37,411.66	1999	78539	12/22/1954
DIRECTOR OF FINANCE	M	\$49.10	102,138.06	1989	78541	5/26/1960
ACCOUNTS PAYABLE CLERK	F	\$16.75	34,831.06	1996	78540	12/22/1975
UTILITY BILLING SUPERVISO	F	\$24.01	49,948.08	2001	78589	6/3/1971
ASST UTILITY BILLING SUPV	F	\$16.80	34,937.60	2003	78577	4/20/1972
PURCHASING AGENT	F	\$22.48	46,764.98	2004	78539	2/22/1971
WASTE OPERATIONS SUPV	F	\$18.87	39,255.88	1998	78540	10/29/1965
OFFICE SPECIALIST	F	\$12.69	26,404.35	2005	78540	10/27/1973
ADMINISTRATIVE ASSISTANT	F	\$21.60	44,920.30	2006	78589	9/23/1978
ASST DIRECTOR OF FINANCE	M	\$32.97	68,582.54	1993	78541	9/13/1974
PCARD COORDINATOR	F	\$15.26	31,730.40	2007	78589	3/28/1970
ACCOUNTANT	F	\$20.40	42,428.74	2008	78596	8/9/1978
HUMAN RESOURCES GENERAL	F	\$26.67	55,477.34	1978	78542	2/15/1952
RISK MANAGEMENT COORD	F	\$25.94	53,953.23	1988	78562	1/10/1963
HUMAN RESOURCES COORD	F	\$22.04	45,847.69	1995	78542	8/8/1974
HUMAN RESOURCES GENERAL	F	\$15.19	31,586.26	2007	78539	1/26/1970
EXEC ASST TO CITY MANAGER	F	\$23.08	48,000.00	1982	78539	8/5/1960
ENGINEERING/GRAPH TECH 2	M	\$20.25	42,118.13	2005	78501	8/13/1979
CITY FORESTER	M	\$24.85	51,679.34	2008	78539	9/13/1954
PERMITTING SUPERVISOR	F	\$18.39	38,242.71	1996	78501	12/15/1974
HEALTH INSPECTOR	M	\$16.69	34,705.84	1999	78542	8/15/1976
INSPECTOR 1	M	\$27.04	56,245.70	2006	78504	6/7/1960
INSPECTOR 1	M	\$15.26	31,733.10	2007	78542	6/14/1955

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INSPECTOR 1	F	\$14.12	29,360.66	2007	78542	9/10/1979
ADMINISTRATIVE SPECIALIST	F	\$12.45	25,890.59	2004	78542	2/3/1978
ADMINISTRATIVE SPECIALIST	F	\$11.84	24,623.25	2007	78577	5/22/1982
ASST EXECUTIVE DIRECTOR	F	\$70.28	146,192.02	2000	78504	7/11/1972
BUSINESS MANAGER	F	\$23.20	48,258.46	2003	78542	6/1/1974
DIRECTOR OF BUS DEV & PA	F	\$31.49	65,508.00	2007	78501	10/10/1983
ADMINISTRATIVE ASSISTANT	F	\$23.51	48,893.94	2006	78539	3/11/1977
WATER PLANT SUPT	M	\$26.44	54,989.38	1991	78541	9/17/1970
ASST WATER PLANT SUPT	M	\$23.73	49,356.43	1992	78589	11/22/1963
WATER SPECIALIST	F	\$18.08	37,606.40	2002	78539	9/4/1968
WATER PLANT OPERATOR	M	\$13.07	27,195.79	2013	78501	6/16/1963
WASTEWATER SPECIALIST	M	\$20.23	42,081.52	1997	78516	4/23/1973
LIFT STATION SUPV	M	\$18.75	39,000.29	1997	78539	3/8/1972
WASTEWATER MAINT TECH	M	\$14.92	31,033.18	1996	78541	4/8/1953
WASTEWATER CREW LEADER	M	\$15.68	32,604.21	2002	78538	9/11/1965
WASTEWATER PLANT OPERATOR	M	\$16.69	34,708.96	2002	78501	12/15/1961
LIFT STATION OPERATOR	M	\$13.44	27,959.98	2004	78540	7/28/1980
WASTEWATER CHIEF OPER	M	\$18.57	38,627.47	2006	78541	10/1/1967
WASTEWATER PLANT SUPT	M	\$26.44	54,994.90	2006	78550	3/2/1954
LIFT STATION OPERATOR	M	\$13.44	27,959.98	2006	78541	6/30/1962
JOURNEYMAN ELECTRICIAN 2	M	\$15.71	32,686.37	2006	78501	1/10/1958
WASTEWATER MAINT TECH	M	\$11.96	24,869.73	2007	78541	11/22/1983
SYSTEMS SUPERINTENDENT	M	\$27.66	57,527.97	1990	78541	5/30/1962
WASTEWATER MAINT TECH	M	\$14.93	31,059.18	1991	78538	11/18/1956
HEAVY EQUIPMENT OPER	M	\$18.60	38,686.13	1991	78540	7/11/1957
WATER MAINT TECHNICIAN	M	\$13.40	27,866.18	1996	78537	3/3/1961
ROW SUPERINTENDENT	M	\$18.87	39,255.88	2001	78504	1/9/1978
METER READER SUPERVISOR	M	\$16.80	34,937.60	2002	78541	8/21/1979
WATER MAINT TECHNICIAN	M	\$12.07	25,115.38	2003	78542	3/7/1953
WATER CREW LEADER	M	\$15.68	32,604.00	2004	78558	10/16/1966
WATER MAINT TECHNICIAN	M	\$13.60	28,294.03	2005	78541	4/26/1980
INVENTORY SPECIALIST	M	\$12.06	25,089.58	2005	78541	11/12/1961
ASST SYSTEMS SUPERINT	M	\$25.16	52,325.33	1998	78552	1/8/1962
MEDIUM EQUIPMENT OPER	M	\$12.57	26,143.31	2006	78541	8/26/1979
WATER MAINT TECHNICIAN	M	\$11.61	24,140.69	2007	78539	5/8/1950

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Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
WASTEWATER MAINT TECH	M	\$12.07	25,106.02	2007	78577	1/16/1976
WATER CREW LEADER	M	\$14.76	30,694.77	2007	78541	5/6/1984
WATER MAINT TECHNICIAN	M	\$12.07	25,115.38	2007	78557	7/13/1981
METER READER	M	\$11.61	24,140.69	2007	78540	6/16/1977
WATER MAINT TECHNICIAN	M	\$11.96	24,869.73	2008	78541	6/3/1978
WASTEWATER MAINT TECH	M	\$12.07	25,115.38	2008	78539	11/15/1963
WATER MAINT TECHNICIAN	M	\$12.07	25,115.38	2008	78562	3/19/1975
MEDIUM EQUIPMENT OPER	M	\$12.55	26,100.46	2008	78539	9/27/1983
WELDER	M	\$16.75	34,831.06	1982	78589	5/19/1958
WASTE OPERATIONS SUPT	M	\$21.21	44,107.92	1992	78542	8/20/1972
ADMINISTRATIVE ASSISTANT	F	\$29.84	62,066.78	1993	78542	10/11/1969
ADMINISTRATIVE ASSISTANT	F	\$21.79	45,322.37	1999	78501	12/29/1964
DIR OF SOLID WASTE MGMT	M	\$47.04	97,850.09	2000	78540	5/26/1972
RECYCLING COORDINATOR	F	\$20.40	42,428.74	2000	78542	5/8/1974
SANITATION WORKER	M	\$11.26	23,418.51	2001	78541	3/9/1956
GROUNDSKEEPER	M	\$10.10	21,011.95	2001	78542	9/15/1969
HEAVY EQUIPMENT OPER	M	\$16.09	33,462.00	2001	78541	2/9/1959
SANITATION WORKER	M	\$11.77	24,471.20	2001	78539	3/27/1958
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2016	78539	5/27/1976
MEDIUM EQUIPMENT OPER	M	\$13.49	28,061.70	2004	78541	1/5/1960
MEDIUM EQUIPMENT OPER	M	\$13.11	27,260.48	2004	78557	8/21/1962
HEAVY EQUIPMENT OPER	M	\$14.56	30,283.55	2004	78574	6/9/1965
MEDIUM EQUIPMENT OPER	M	\$12.57	26,143.31	2005	78596	2/15/1967
SANITATION WORKER	M	\$10.73	22,318.61	2005	78503	4/17/1968
SANITATION WORKER	M	\$10.67	22,195.89	2006	78539	4/10/1985
MEDIUM EQUIPMENT OPER	M	\$12.82	13,333.01	2006	78541	7/11/1961
MECHANIC	M	\$12.89	26,817.23	2007	78569	9/24/1984
WASTE OPERATIONS SUPT	M	\$21.21	44,107.92	2007	78541	7/26/1953
LANDFILL ATTENDANT	F	\$11.69	24,323.94	2008	78516	6/2/1981
SANITATION WORKER	M	\$10.10	21,011.95	2008	78542	5/20/1971
WASTE OPERATIONS SUPV	M	\$18.87	39,255.88	2008	78541	10/16/1962
ASST DIR OF PUBLIC WORKS	M	\$27.06	56,289.22	2009	78541	8/29/1973
ADMINISTRATIVE SPECIALIST	F	\$13.84	28,784.91	2008	78537	9/12/1986
LANDFILL ATTENDANT	F	\$11.69	24,323.94	2008	78541	2/5/1969
MEDIUM EQUIPMENT OPER	M	\$12.49	25,973.17	2009	78539	6/3/1985

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ROW SUPERVISOR	M	\$14.10	29,334.29	2009	78541	11/4/1972
ADMINISTRATIVE SPECIALIST	F	\$13.84	28,784.91	2009	78539	9/3/1987
AIRPORT ASSISTANT	M	\$10.10	21,011.95	2010	78543	10/15/1986
HEAVY EQUIPMENT OPER	M	\$13.34	27,739.30	2009	78504	6/7/1966
WATER MAINT TECHNICIAN	M	\$11.84	24,623.25	2009	78589	8/8/1983
WATER CREW LEADER	M	\$14.76	30,694.77	2009	78541	7/27/1979
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2009	78577	9/6/1985
WATER MAINT TECHNICIAN	M	\$11.96	24,883.04	2009	78541	2/18/1981
OFFICE SPECIALIST	M	\$10.94	22,749.58	2009	78542	4/17/1963
WASTE OPERATIONS SUPV	M	\$18.87	39,255.88	2009	78542	9/27/1967
PROGRAM SUPERVISOR 1	F	\$13.83	28,773.08	2012	78539	9/21/1987
MEDIUM EQUIPMENT OPER	M	\$12.57	26,143.31	2009	78541	5/23/1974
POLICE OFFICER 2	M	\$25.04	52,092.35	2009	78542	4/25/1983
COMPUTER NETWORK TECH	M	\$16.49	34,298.58	2009	78539	10/11/1974
ADMINISTRATIVE ASST	F	\$14.21	29,565.95	2009	78542	3/20/1983
COMM SERVICE OFFICER	M	\$12.32	25,631.01	2009	78589	11/22/1988
ASST DIRECTOR OF LIBRARY	M	\$21.21	44,107.92	2009	78540	9/13/1967
HEAVY EQUIP CREW CHIEF	M	\$13.86	28,827.34	2009	78539	4/13/1968
ACCOUNTS RECEIVABLE CLERK	F	\$13.86	28,827.14	2009	78577	3/27/1973
GROUNDSKEEPER	M	\$10.34	21,508.03	2010	78577	6/27/1964
CUSTODIAN	M	\$10.10	21,011.95	2010	78589	8/27/1941
SANITATION WORKER	M	\$10.10	21,011.95	2010	78541	7/8/1977
POLICE OFFICER 2	M	\$25.04	52,092.35	2010	78541	3/15/1988
CUSTODIAN	M	\$10.10	21,011.95	2010	78541	3/3/1964
POLICE OFFICER 1 (ENTRY)	M	\$22.37	46,537.92	2016	78539	6/4/1983
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78542	8/10/1979
ADMINISTRATIVE ASSISTANT	F	\$14.21	29,565.95	2010	78572	11/25/1978
SANITATION WORKER	M	\$10.10	21,011.95	2010	78542	4/11/1953
WASTEWATER PLANT OPERATOR	M	\$14.91	31,015.09	2010	18515- 7006	11/23/1953
WBC INTERPRETER	F	\$15.85	32,960.00	2010	78541	5/23/1986
WASTEWATER MAINT SUPV	M	\$17.35	36,081.51	2010	78577	9/19/1972
METER READER CREW LEADER	M	\$15.68	32,604.21	2010	78539	6/8/1973
POLICE OFFICER 2	M	\$25.04	52,092.35	2010	78538	2/8/1988
DIRECTOR OF INFO TECH	M	\$33.01	68,666.67	2010	78574	8/27/1969
MAINTENANCE OPERATOR	M	\$13.07	27,195.79	2010	78542	9/1/1955

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HEAVY EQUIPMENT OPER	M	\$13.07	27,195.79	2010	78541	4/6/1967
LANDFILL TECHNICIAN	M	\$11.69	24,323.94	2010	78542	8/19/1966
COMM SERVICE OFFICER	M	\$12.32	25,631.01	2010	78539	5/31/1990
POLICE OFFICER 2	M	\$25.04	52,092.35	2010	78557	11/2/1977
POLICE OFFICER 2	M	\$25.04	52,092.35	2010	78539	4/5/1987
DIRECTOR OF UTILITIES	M	\$37.96	78,966.67	2011	78539	4/15/1966
GARAGE ATTENDANT	M	\$11.61	24,140.69	2011	78573	12/1/1971
MECHANIC	M	\$12.89	26,817.23	2011	78539	8/4/1982
WASTEWATER MAINT TECH	M	\$11.61	24,140.69	2011	78557	11/15/1974
DIRECTOR OF PUBLIC WORKS	M	\$48.70	101,295.95	2011	78539	11/11/1972
MAINTENANCE OPERATOR	M	\$13.99	29,105.23	2011	78541	11/22/1970
ACCOUNTS MANAGER	F	\$16.80	34,937.60	2011	78516	9/19/1981
WATER MAINT TECHNICIAN	M	\$11.14	23,165.58	2011	78516	2/21/1964
WATER MAINT TECHNICIAN	M	\$11.61	24,140.69	2011	78516	1/15/1967
WATER PLANT OPERATOR	M	\$13.99	29,105.23	2011	78539	11/1/1983
WATER PLANT OPERATOR	M	\$13.99	29,105.23	2011	78577	7/27/1981
FIREFIGHTER	M	\$14.65	36,575.39	2011	78539	5/26/1975
FIREFIGHTER	M	\$14.65	40,385.32	2011	78541	3/14/1992
POLICE OFFICER 2	M	\$25.04	52,092.35	2011	78580	3/15/1985
MUNICIPAL COURT CLERK	F	\$11.61	24,140.69	2011	78577	6/8/1982
MUNICIPAL COURT CLERK	F	\$11.61	24,140.69	2011	78574	7/23/1986
POLICE OFFICER 2	M	\$25.04	52,092.35	2011	78541	1/10/1986
POLICE OFFICER 2	M	\$25.04	52,092.35	2011	78595	10/10/1984
DEPUTY COURT CLERK	M	\$10.34	21,508.03	2011	78504	5/11/1979
PROGRAM COORDINATOR 1	F	\$9.81	20,400.02	2013	78539	7/22/1963
AUTOMATION NETWORK ADM	M	\$20.01	41,611.23	2011	78596	5/1/1979
HEAVY EQUIPMENT OPER	M	\$13.06	27,168.75	2011	78599	11/7/1977
LIEUTENANT	M	\$17.47	48,157.24	2011	78504	2/17/1984
WATER MAINT TECHNICIAN	M	\$11.14	23,165.79	2016	78572	5/19/1982
POLICE OFFICER 2	F	\$25.04	52,092.56	2011	78539	6/16/1986
ACCOUNTS MANAGER	F	\$16.80	34,937.60	2011	78539	9/3/1988
MUNICIPAL COURT CLERK	F	\$11.61	24,140.69	2011	78572	1/15/1971
WATER CREW LEADER	M	\$13.04	27,124.45	2013	78539	7/16/1988
GROUNDSKEEPER	M	\$10.34	21,508.03	2011	78539	8/29/1971
GROUNDSKEEPER	M	\$10.34	21,508.03	2011	78541	3/18/1970

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DIR OF PLANNING & ZONING	M	\$34.13	71,000.00	2011	78541	12/20/1978
WASTEWATER PLANT OPERATOR	M	\$13.07	13,597.90	2011	78542	5/19/1960
WATER MAINT TECHNICIAN	M	\$11.61	24,140.69	2011	78596	3/25/1989
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.01	2011	78539	4/3/1964
POLICE OFFICER 2	M	\$25.04	52,092.35	2011	78542	8/14/1980
POLICE OFFICER 2	M	\$25.04	52,092.35	2011	78589	4/3/1986
POLICE OFFICER 2	M	\$25.04	52,092.56	2011	78541	5/5/1989
POLICE OFFICER 2	M	\$25.04	52,092.35	2012	78541	9/19/1978
POLICE OFFICER 2	M	\$25.04	52,092.35	2011	78577	9/10/1984
LIBRARY ASSISTANT	M	\$10.10	21,011.95	2011	78541	3/20/1983
WATER MAINT TECHNICIAN	M	\$11.61	24,140.69	2011	78589	6/7/1963
WATER MAINT TECHNICIAN	M	\$11.61	24,140.69	2011	78539	9/8/1960
GROUNDSKEEPER	M	\$10.34	21,508.03	2011	78539	7/29/1979
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2012	78541	4/27/1953
HEAVY EQUIPMENT OPER	M	\$13.07	27,195.79	2012	78577	2/9/1973
WASTEWATER PLANT OPERATOR	M	\$13.43	27,938.35	2012	78538	4/19/1993
OFFICE SPECIALIST	F	\$10.10	21,011.95	2012	78541	3/20/1983
DIRECTOR OF GOLF	M	\$33.01	68,666.67	2012	78539	10/13/1952
ADMINISTRATIVE ASSISTANT	F	\$16.35	34,000.00	2012	78539	1/27/1985
JUVENILE CASE MANAGER	F	\$15.51	32,262.05	2012	78573	5/20/1986
DISPATCHER	F	\$13.86	28,827.55	2012	78504	7/16/1985
DISPATCHER	M	\$13.86	28,827.55	2012	78539	4/21/1986
ADMINISTRATIVE SPECIALIST	M	\$13.84	28,784.91	2012	78542	12/15/1977
GARAGE ATTENDANT	M	\$11.61	24,140.69	2012	78539	4/19/1975
GROUNDSKEEPER	M	\$10.34	21,508.03	2012	78542	4/21/1965
GROUNDSKEEPER	M	\$10.34	21,508.03	2012	78541	8/18/1959
POLICE OFFICER 2	M	\$25.04	52,092.35	2012	78542	4/13/1988
LANDFILL TECHNICIAN	M	\$11.69	24,323.94	2012	78539	10/11/1982
WASTEWATER PLANT OPERATOR	M	\$13.99	29,105.23	2012	78516	12/25/1968
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78539	10/22/1981
POLICE OFFICER 2	M	\$25.04	52,092.56	2016	78541	1/12/1981
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78541	2/6/1980
POLICE OFFICER 2	M	\$25.04	52,092.35	2012	78573	6/25/1989
POLICE OFFICER 2	M	\$25.04	52,092.35	2012	78539	6/7/1988
WATER MAINT TECHNICIAN	M	\$12.52	26,050.13	2012	78543	11/10/1966

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Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
CUSTODIAN	M	\$10.10	21,011.95	2012	78540	11/30/1954
DISPATCHER	F	\$13.84	28,784.91	2012	78537	8/25/1985
PROGRAM COORDINATOR 2	M	\$10.61	22,062.56	2012	78503	12/14/1975
ENGINEERING ASSISTANT	M	\$27.24	56,650.12	2012	78542	10/9/1981
FIREFIGHTER	M	\$14.65	40,385.05	2012	78558	8/31/1988
HUMAN RESOURCES SPECIAL	F	\$13.07	27,195.79	2012	78501	7/26/1984
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.01	2012	78596	10/27/1965
FIREFIGHTER	M	\$14.65	40,385.32	2012	78557	4/30/1977
POLICE OFFICER 2	F	\$25.04	52,092.56	2012	78537	1/3/1986
SALES CLERK	F	\$10.34	21,508.03	2012	78540	1/12/1982
GROUNDSKEEPER	M	\$10.34	21,508.03	2012	78589	5/11/1961
POLICE OFFICER 2	M	\$25.04	52,092.35	2012	78539	6/26/1987
HEAVY EQUIPMENT OPER	M	\$13.07	27,195.79	2012	78541	10/4/1962
EMERGENCY RESPONSE OPER	F	\$13.07	27,195.79	2012	78577	3/5/1971
INSPECTOR 1	M	\$13.84	28,784.91	2013	78541	11/1/1977
INSPECTOR 1	M	\$12.28	25,540.32	2016	78573	9/18/1980
GROUNDS CREW LEADER	M	\$11.69	24,323.94	2013	78540	6/4/1959
OFFICE SPECIALIST	F	\$10.10	21,011.95	2013	78541	5/12/1987
ADMINISTRATIVE SPECIALIST	M	\$11.69	24,323.94	2014	78542	6/20/1986
VICE PRES OF OPERATIONS	F	\$24.48	50,923.20	2013	78586	6/3/1980
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.01	2013	78574	8/8/1974
ASSISTANT CITY MANAGER	F	\$58.42	121,511.54	2013	78574	9/24/1969
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2013	78539	12/29/1984
GROUNDSKEEPER	M	\$10.34	21,508.03	2013	78540	7/22/1992
EEDC EXECUTIVE DIRECTOR	M	\$76.92	160,000.00	2013	78539	5/4/1971
TRAFFIC SIGNAL TECHNICIAN	M	\$11.69	24,323.94	2013	78562	11/16/1964
METER READER	M	\$11.61	24,140.69	2013	78542	2/28/1992
GROUNDSKEEPER	M	\$10.34	21,508.03	2013	78596	4/19/1961
LANDFILL TECHNICIAN	M	\$11.69	24,323.94	2013	78542	9/24/1985
POLICE OFFICER 2	M	\$25.04	52,092.56	2013	78539	11/23/1988
WASTEWATER PLANT OPERATOR	M	\$16.14	33,561.01	2013	78540	2/9/1972
METER READER	M	\$11.61	24,140.69	2013	78542	9/18/1977
SANITATION WORKER	M	\$10.10	21,011.95	2015	78541	5/12/1990
WATER PLANT OPERATOR	F	\$13.07	27,195.79	2013	78541	10/16/1980
GROUNDSKEEPER	M	\$10.34	21,508.03	2013	78540	7/18/1959

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Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
LIFT STATION OPERATOR	M	\$11.69	24,323.94	2013	78541	9/9/1992
GROUNDSKEEPER	M	\$10.34	21,508.03	2013	78537	4/26/1973
WASTEWATER MAINT TECH	M	\$11.61	24,140.69	2013	78573	1/27/1979
WASTEWATER MAINT TECH	M	\$11.61	24,140.69	2013	78577	4/16/1975
FIREFIGHTER	M	\$14.65	40,385.32	2013	78543	4/26/1985
FIREFIGHTER	M	\$14.65	40,385.32	2013	78574	2/14/1990
LIEUTENANT	M	\$24.31	50,565.01	2013	78589	9/13/1981
FIREFIGHTER	M	\$14.65	40,385.32	2013	78539	12/15/1988
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.01	2013	78542	8/17/1974
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78573	6/15/1970
OFFICE SPECIALIST	F	\$10.10	21,011.95	2013	78541	9/5/1973
FIREFIGHTER	M	\$14.65	40,385.32	2013	78572	12/9/1992
COMM SERVICE OFFICER	M	\$12.32	25,631.01	2013	78542	8/18/1992
GARAGE ATTENDANT	M	\$10.10	21,011.95	2013	78542	1/14/1960
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78577	9/7/1989
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2013	78539	8/17/1980
DEPUTY COURT CLERK	F	\$10.34	21,508.03	2013	78541	3/14/1986
WATER PLANT OPERATOR	M	\$13.07	27,195.79	2013	78572	9/18/1987
GROUNDSKEEPER	M	\$10.34	21,508.03	2013	78516	12/24/1992
GROUNDSKEEPER	M	\$10.34	21,508.03	2013	78542	4/15/1964
POLICE OFFICER 2	F	\$25.04	52,092.56	2014	78542	12/19/1991
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78572	3/5/1991
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78539	6/10/1981
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78574	4/20/1989
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78541	1/9/1980
WASTEWATER PLANT OPERATOR	M	\$13.07	27,195.79	2014	78539	2/12/1970
ANIMAL CTRL WARDEN	M	\$13.54	28,158.00	2016	78516	10/13/1988
OFFICE SPECIALIST	F	\$10.94	22,749.58	2014	78502	12/27/1983
ASST ANIMAL CTRL WARDEN	M	\$11.69	24,323.94	2014	78557	11/10/1980
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78539	4/21/1975
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78539	6/26/1979
POLICE OFFICER 2	M	\$25.04	52,092.56	2016	78577	2/8/1988
POLICE OFFICER 2	F	\$25.04	52,092.56	2014	78552	2/2/1988
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78539	11/19/1984
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78541	3/18/1983

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Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
GROUNDSKEEPER	M	\$10.34	21,508.03	2014	78541	10/15/1987
ENVIRONMENTAL EDU COOR	F	\$15.85	32,960.00	2014	78539	11/16/1975
OFFICE SPECIALIST	F	\$10.10	21,011.95	2014	78542	12/21/1992
ART EVENTS COORDINATOR	M	\$17.50	36,410.05	2014	78501	9/2/1986
JOURNEYMAN ELECTRICIAN 1	M	\$13.07	27,195.79	2014	78504	7/25/1981
OFFICE SPECIALIST	F	\$10.94	22,749.58	2014	78572	3/3/1988
DIRECTOR OF PARKS AND REC	M	\$37.74	78,506.87	2014	78539	9/12/1954
CUSTODIAN	M	\$10.10	21,011.95	2014	78542	9/8/1995
CUSTODIAN	F	\$10.10	21,011.95	2014	78537	8/14/1971
ADMINISTRATIVE SPECIALIST	F	\$13.07	27,195.79	2014	78538	8/28/1984
LIGHT EQUIPMENT OPERATOR	M	\$11.61	24,140.69	2014	78541	1/27/1975
CASHIER CLERK	M	\$13.07	27,195.79	2014	78542	9/25/1980
JUVENILE CASE MANAGER	F	\$13.84	28,784.91	2014	78542	11/4/1991
OFFICE SPECIALIST	F	\$10.94	22,749.58	2014	78541	7/4/1959
ACCOUNTANT	F	\$19.61	40,781.23	2014	78537	9/7/1986
GROUNDS TECHNICIAN	M	\$11.61	24,140.69	2014	78542	11/21/1957
WELDER	M	\$12.32	25,631.01	2014	78542	11/8/1991
ADMINISTRATIVE ASSISTANT	F	\$14.21	29,565.95	2014	78542	8/26/1991
HEAVY EQUIPMENT OPER	M	\$13.07	27,195.79	2014	78504	5/11/1970
REPORTER/PRODUCER	F	\$22.04	45,847.69	2014	78542	10/15/1988
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.01	2014	78543	10/24/1986
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.01	2014	78574	11/23/1970
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2014	78504	6/7/1992
HEALTH INSPECTOR	M	\$15.51	32,262.05	2014	78501	6/17/1952
POLICE OFFICER 2	M	\$25.04	52,092.56	2014	78539	5/19/1989
COMM SERVICE OFFICER	M	\$12.32	25,631.01	2014	78589	9/8/1995
WASTEWATER PLANT OPERATOR	M	\$13.07	27,195.79	2014	78502	6/30/1963
METER READER	M	\$11.14	23,165.79	2014	78539	6/5/1995
MECHANIC	M	\$12.89	26,817.23	2014	78574	8/30/1977
CUSTODIAN	M	\$10.10	21,011.95	2014	78539	2/1/1957
MEDIUM EQUIPMENT OPER	M	\$12.32	25,631.22	2014	78595	9/1/1971
GARAGE ATTENDANT	M	\$11.61	24,140.69	2014	78589	7/1/1991
PROGRAM COORDINATOR 1	M	\$10.10	21,011.95	2014	78541	10/21/1961
DIR OF HUMAN RESOURCE	F	\$33.69	70,068.18	2014	78574	8/15/1980
CUSTODIAN	M	\$10.10	21,011.95	2014	78541	2/15/1948

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Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
CUSTODIAN	M	\$10.10	21,011.95	2014	78572	5/28/1958
SANITATION WORKER	M	\$10.10	21,011.95	2014	78538	10/17/1965
INSPECTOR 1	F	\$12.28	25,540.32	2014	78539	6/25/1983
OFFICE SPECIALIST	F	\$10.10	21,011.95	2014	78574	11/17/1979
CASHIER CLERK	F	\$13.07	27,195.79	2014	78541	8/30/1984
PAYROLL SPECIALIST	F	\$14.66	30,498.83	2014	78540	1/12/1982
LIGHT EQUIPMENT OPERATOR	M	\$10.61	22,062.56	2014	78539	5/20/1961
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78541	3/24/1993
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78596	1/29/1956
DEPUTY COURT CLERK	F	\$10.10	21,011.95	2015	78542	9/12/1985
SALES CLERK	M	\$10.10	21,011.95	2015	78542	2/15/1992
OFFICE SPECIALIST	M	\$10.10	21,011.95	2015	78539	2/14/1989
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.11	2015	78569	8/8/1983
WASTEWATER PLANT OPERATOR	M	\$12.89	26,817.23	2015	78542	8/16/1989
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.11	2015	78542	6/6/1968
CASHIER CLERK	F	\$10.10	21,011.95	2015	78541	4/2/1990
METER READER	M	\$11.14	23,165.58	2015	78541	8/8/1991
FIREFIGHTER	M	\$14.65	40,385.32	2015	78516	10/11/1989
FIREFIGHTER	M	\$14.65	40,385.32	2015	78516	11/2/1984
MECHANIC	M	\$12.89	26,817.23	2015	78572	9/20/1978
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78541	10/30/1983
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78537	2/7/1989
POLICE OFFICER 2	F	\$25.04	52,092.56	2015	78542	4/29/1986
COMMUNITY RELATIONS SPV	F	\$16.34	33,990.00	2015	78577	2/26/1990
ACCOUNTS PAYABLE CLERK	F	\$11.14	23,165.58	2015	78577	5/11/1979
MEDIA & GRAPHICS DESIGNER	F	\$11.14	23,165.58	2015	78596	6/1/1991
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78558	8/5/1958
WATER PLANT CHIEF OPER	M	\$14.21	29,565.95	2015	78541	10/25/1977
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78574	3/27/1982
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78589	10/16/1991
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78541	4/19/1977
POLICE OFFICER 2	F	\$25.04	52,092.56	2015	78503	10/11/1986
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78539	8/18/1988
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78589	8/12/1992
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78543	6/2/1989

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COMPUTER NETWORK TECH	M	\$13.54	28,158.00	2015	78542	5/3/1989
COMM SERVICE OFFICER	F	\$12.28	25,540.11	2015	78541	12/6/1989
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78542	7/13/1974
ASST ANIMAL CTRL WARDEN	M	\$11.69	24,323.94	2015	78542	10/4/1989
FIREFIGHTER CERTIFIED	M	\$13.08	36,056.47	2015	78539	12/5/1984
ASST GOLF PROFESSIONAL	M	\$12.89	26,817.02	2015	78572	4/30/1956
DISPATCHER	M	\$12.89	26,817.23	2015	78541	8/8/1986
WATER PLANT OPERATOR	M	\$12.89	26,817.23	2015	78516	7/8/1990
WATER PLANT OPERATOR	M	\$12.89	26,817.23	2015	78542	5/1/1974
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2015	78589	3/28/1994
SPORTS VOLUNTEER COORD	M	\$10.61	22,062.56	2015	78557	1/23/1983
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.11	2015	78539	1/2/1981
POLICE OFFICER 2	M	\$25.04	52,092.56	2015	78521	11/6/1991
GROUNDS TECHNICIAN	M	\$10.10	21,011.95	2015	78541	9/16/1973
CUSTODIAN	M	\$10.10	21,011.95	2015	78542	10/12/1961
CUSTODIAN	F	\$10.10	21,011.95	2015	78542	3/22/1971
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78541	4/10/1981
FIREFIGHTER CERTIFIED	M	\$13.08	36,056.47	2015	78542	11/4/1980
FIREFIGHTER CERTIFIED	M	\$13.08	36,056.47	2015	78573	10/29/1991
CIRCULATION SUPERVISOR	F	\$15.85	32,960.00	2015	78574	9/14/1972
WAS OP SUPV(LD_TD HAPP_LB)	M	\$18.87	39,255.88	2015	78542	6/3/1981
PROGRAM SUPERVISOR 1	F	\$13.83	28,773.08	2015	78503	5/29/1992
OFFICE SPECIALIST	F	\$10.10	21,011.95	2015	78542	6/2/1968
FIREFIGHTER CERTIFIED	M	\$13.08	36,056.47	2015	78539	8/23/1984
FIREFIGHTER	M	\$14.65	40,385.05	2015	78582	4/4/1995
FIREFIGHTER	M	\$14.65	40,385.32	2015	78577	1/5/1990
SANITATION WORKER	M	\$10.10	21,011.95	2015	78539	1/3/1997
LIBRARY ASSISTANT	M	\$10.10	21,011.95	2015	78542	4/12/1991
DISPATCHER	F	\$12.89	26,817.23	2015	78541	5/5/1994
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78516	9/25/1978
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78577	5/29/1972
SANITATION WORKER	M	\$10.10	21,011.95	2015	78589	8/18/1988
LIBRARY ASSISTANT	M	\$10.10	21,011.95	2015	78574	1/7/1991
CUSTODIAN	M	\$10.10	21,011.95	2015	78574	2/27/1950
TRAFFIC SAFETY CREW CHIEF	M	\$14.21	29,565.95	2015	78574	9/17/1958

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ASST ANIMAL CTRL WARDEN	F	\$11.69	24,323.94	2015	78541	12/30/1980
LIGHT EQUIPMENT OPERATOR	M	\$10.61	22,062.56	2015	78589	7/15/1976
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78541	8/22/1996
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78542	8/19/1990
DISPATCHER	M	\$12.89	26,817.23	2015	78541	5/1/1990
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78542	1/15/1993
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78542	7/24/1990
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78542	3/13/1993
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78577	9/1/1969
LIGHT EQUIPMENT OPERATOR	M	\$10.61	22,062.56	2015	78542	6/9/1969
OFFICE SPECIALIST	F	\$10.10	21,011.95	2015	78541	6/23/1983
METER READER	M	\$11.14	23,165.79	2015	78541	9/30/1991
METER READER	M	\$11.14	23,165.79	2015	78539	5/13/1990
GRAPHICS TECH 1	M	\$12.28	25,540.32	2015	78539	10/1/1984
DISPATCHER	F	\$12.89	26,817.23	2015	78516	7/11/1992
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78539	9/17/1991
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78577	6/5/1973
INSPECTOR 1	M	\$12.28	25,540.32	2015	78542	7/12/1986
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2015	78542	6/14/1961
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.32	2015	78503	11/5/1982
GROUNDSKEEPER	M	\$10.10	21,011.95	2015	78541	3/13/1984
WASTEWATER PLANT OPERATOR	M	\$12.89	26,817.23	2015	78596	4/13/1992
LANDFILL ATTENDANT	M	\$11.69	24,323.94	2015	78539	7/12/1961
LIBRARIAN	F	\$18.87	39,255.88	2016	78572	1/4/1985
CUSTODIAN	M	\$10.10	21,011.95	2016	78541	10/26/1959
DISPATCHER	M	\$12.89	26,817.23	2016	78539	9/21/1992
LINE SERVICE TECHNICIAN	M	\$12.28	25,540.32	2016	78543	10/17/1990
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2016	78542	10/7/1991
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.32	2016	78552	7/24/1962
ENGINEERING/GRAPH TECH 1	F	\$12.28	25,540.32	2016	78550	12/6/1992
CASHIER CLERK	F	\$10.10	21,011.95	2016	78542	7/29/1991
WATER MAINT TECHNICIAN	M	\$11.14	23,165.79	2016	78542	4/9/1985
CASHIER CLERK	F	\$10.10	21,011.95	2016	78538	3/22/1989
PURCHASING AIDE	F	\$10.10	21,011.95	2016	78537	10/3/1990
LIBRARIAN	F	\$10.10	39,255.88	2016	78501	3/21/1983

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Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
WASTE OPERATIONS SUPV	M	\$10.10	39,255.88	2016	78585	10/19/1980
INSPECTOR 1	M	\$12.28	25,540.32	2016	78539	11/11/1948
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2016	78574	2/9/1980
BUILDING PLANS EXAMINER	M	\$14.21	29,565.95	2016	78574	9/3/1979
WATER PLANT OPERATOR	M	\$12.89	26,817.23	2016	78539	10/8/1991
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2016	78541	11/1/1992
WASTEWATER PLANT OPERATOR	M	\$12.89	26,817.23	2016	78538	3/21/1963
MECHANIC	M	\$12.89	26,817.23	2016	78503	8/15/1968
GROUNDSKEEPER	M	\$10.10	21,011.95	2016	78542	12/30/1965
CUSTODIAN	M	\$10.10	21,011.95	2016	78541	11/20/1955
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.32	2016	78504	8/16/1964
CUSTODIAN	M	\$10.10	21,011.95	2016	78542	4/20/1995
OFFICE SPECIALIST	F	\$10.10	21,011.95	2016	78598	8/13/1965
INSPECTOR 1	M	\$12.28	25,540.32	2016	78504	10/30/1967
ASST FLEET MAINT MANAGER	M	\$14.21	29,565.95	2016	78572	11/27/1991
OFFICE SPECIALIST	F	\$10.10	21,011.95	2016	78542	4/15/1983
OPERATIONS TECHNICIAN	M	\$11.14	23,165.79	2016	78504	11/28/1981
PROGRAM SUPERVISOR 2	F	\$10.10	35,955.20	2016	78541	3/3/1988
GROUNDSKEEPER	M	\$10.10	21,011.95	2016	78501	10/15/1985
CUSTODIAN	M	\$10.10	21,011.95	2016	78539	7/26/1962
GROUNDSKEEPER	M	\$10.10	21,011.95	2016	78541	8/27/1965
OFFICE SPECIALIST	F	\$10.10	21,011.95	2016	78501	6/6/1963
GROUNDSKEEPER	M	\$10.10	21,011.95	2016	78542	7/12/1990
POLICE OFFICER 1 (ENTRY)	M	\$22.37	46,537.92	2016	78576	12/1/1988
POLICE OFFICER 1 (ENTRY)	M	\$22.37	46,537.92	2016	78570	12/30/1988
POLICE OFFICER 1 (ENTRY)	M	\$22.37	46,537.92	2016	78539	2/23/1984
GROUNDSKEEPER	M	\$10.10	21,011.95	2016	78539	3/16/1956
EMERGENCY RESPONSE OPER	F	\$11.69	24,323.94	2016	78504	8/11/1990
OFFICE SPECIALIST	M	\$10.10	21,011.95	2016	78582	10/8/1990
URBAN PLANNER	F	\$10.10	39,255.88	2016	78599	12/3/1984
MECHANIC	M	\$12.89	26,817.23	2016	78574	9/5/1987
OFFICE SPECIALIST	M	\$10.10	21,011.95	2016	78504	5/22/1997
CUSTODIAN	F	\$10.10	21,011.95	2016	78543	12/2/1966
JOURNEYMAN ELECTRICIAN 2	M	\$14.21	29,565.95	2016	78550	12/2/1976
SANITATION WORKER	M	\$10.10	21,011.95	2016	78572	9/28/1989

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
WATER PLANT OPERATOR	M	\$12.89	26,817.23	2016	78577	6/19/1991
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2016	78501	5/7/1969
RISK SPECIALIST	F	\$11.69	24,323.94	2016	78504	7/17/1985
PUBLIC INFO SPECIALIST	M	\$10.10	37,033.86	2016	78566	9/1/1990
DISPATCHER	M	\$12.89	26,817.23	2016	78539	1/5/1993
BUILDING OFFICIAL	F	\$10.10	44,107.92	2016	78501	9/11/1981
CHILDRENS SUPERVISOR	F	\$10.10	32,960.00	2016	78539	6/16/1984
METER READER	M	\$11.14	23,165.79	2016	78541	1/7/1964
CONSTRUCTION INSPECTOR	M	\$11.69	24,323.94	2016	78539	9/21/1968
LIFT STATION OPERATOR	M	\$11.69	24,323.94	2016	78570	11/9/1974
CUSTODIAN	M	\$10.10	21,011.95	2016	78539	9/30/1968
FIREFIGHTER CERTIFIED	M	\$13.08	36,056.47	2016	78589	12/13/1988
LIFT STATION OPERATOR	M	\$11.69	24,323.94	2016	78539	9/28/1977
POLICE OFFICER 1 NON CERT	M	\$16.68	34,691.49	2016	78579	12/4/1994
POLICE OFFICER 1 NON CERT	M	\$16.68	34,691.49	2016	78542	9/28/1994
POLICE OFFICER 1 NON CERT	M	\$16.68	34,691.49	2016	78573	7/7/1991
POLICE OFFICER 1 NON CERT	M	\$16.68	34,691.49	2016	78572	5/15/1991
POLICE OFFICER 1 NON CERT	M	\$16.68	34,691.49	2016	78516	12/14/1990
ACCOUNTANT	M	\$10.10	39,255.88	2016	78516	12/1/1989
DISPATCHER	F	\$12.89	26,817.23	2016	78542	8/24/1994
ADMINISTRATIVE SPECIALIST	F	\$11.69	24,323.94	2016	78538	5/26/1981
LIBRARY ASSISTANT	F	\$10.10	21,011.95	2016	78562	3/26/1970
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2016	78557	7/23/1981
LIGHT EQUIPMENT OPERATOR	M	\$10.61	22,062.56	2016	78501	2/6/1958
MEDIUM EQUIPMENT OPER	M	\$11.69	24,323.94	2016	78570	12/13/1984
LIGHT EQUIPMENT OPERATOR	M	\$10.61	22,062.56	2016	78539	6/28/1971
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.32	2016	78573	6/6/1967
ART EVENTS COORDINATOR	F	\$10.10	29,334.29	2016	78586	7/5/1989
DEPUTY COURT CLERK	F	\$10.10	21,011.95	2016	78589	12/29/1992
LANDFILL ATTENDANT	M	\$11.69	24,323.94	2016	78542	4/21/1997
CUSTODIAN	M	\$10.10	21,011.95	2016	78516	10/3/1955
OPERATIONS TECHNICIAN	M	\$11.14	23,165.79	2016	78541	12/10/1983
RISK SPECIALIST	M	\$11.69	24,323.94	2016	78599	3/30/1974
HEAVY EQUIPMENT OPER	M	\$12.28	25,540.32	2016	78589	11/26/1980
OFFICE SPECIALIST	F	\$10.10	21,011.95	2016	78541	5/14/1997

City of Edinburg
Employee Census
as of October 2016

Title	Gender	Pay Rate	Yearly	Hired Year	Zip	DOB
MECHANIC	M	\$12.89	26,817.23	2016	78582	6/8/1990
LINE SERVICE TECHNICIAN	M	\$12.65	26,306.38	2016	78577	1/0/1900
LIGHT EQUIPMENT OPERATOR	M	\$10.93	22,724.42	2016	78577	1/0/1900
LIGHT EQUIPMENT OPERATOR	M	\$10.93	22,724.42	2016	78536	1/0/1900
SANITATION WORKER	M	\$10.41	21,642.40	2016	78542	1/0/1900

EXHIBIT B

City of Edinburg
Long Term Disability Insurance
Premiums/Claims History



CITY OF EDINBURG
Customer Number: 885194

Long Term Disability Renewal Analysis

Payment Period	Incurral Period					Total
	10/11 - 9/12	10/12 - 9/13	10/13 - 9/14	10/14 - 9/15	10/15 - 7/16	
10/11 - 9/12	\$0	-	-	-	-	\$0
10/12 - 9/13	\$0	\$4,065	-	-	-	\$4,065
10/13 - 9/14	\$0	\$16,137	\$0	-	-	\$16,137
10/14 - 9/15	\$0	\$2,928	\$0	\$18,265	-	\$21,193
10/15 - 7/16	\$0	\$2,440	\$0	\$77,045	\$0	\$79,485
Total Paid Claims	\$0	\$25,570	\$0	\$95,310	\$0	\$120,880
Claim Reserves	\$0	\$40,715	\$0	\$198,169	\$0	\$238,884
IBNR Reserves	\$0	\$0	\$0	\$0	\$27,243	\$27,243
Interest Discount	\$0	(\$6,096)	\$0	(\$12,828)	(\$441)	(\$19,365)
Net Incurred Claims	\$0	\$60,188	\$0	\$280,652	\$26,801	\$367,642

Credited Premium	\$256,155
Current Composite Rate	0.190
Constant Premium	\$256,155

Incurred Loss Ratio	144%
Constant Loss Ratio	144%

Experience Claim Rate	\$0.279
Experience Credibility	32%
Final Experience Claim Rate	\$0.089

Manual Claim Rate	\$0.252
1 minus Credibility	68%
Final Manual Claim Rate	\$0.172

Blended Claim Rate	\$0.261
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Tolerable Loss Ratio	68%
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Current Composite Rate	\$0.190
Current Volume	\$2,253,498
Current Annual Premium	\$51,380

Formula Renewal Rate	\$0.386
Formula Renewal Annual Premium	\$104,382
Formula Renewal Rate Increase	103%

	Current	Formula Renewal	Delivered Renewal
Rate per \$100 of CMP	\$0.190	\$0.285	\$0.285
Annual Premium	\$51,380	\$77,070	\$77,070
Rate Change		50.00%	50.00%

Total Claims Incurred	5
Current Lives	742
Incidence per 1,000 Lives	1.66



CITY OF EDINBURG
Customer Number: 885194

Long Term Disability Claim Listing

<u>Gender</u>	<u>DOB</u>	<u>DCI</u>	<u>Termination Date</u>	<u>Current Benefit</u>	<u>Reserve</u>	<u>SSD Approved</u>	<u>Status</u>
M	01/07/47	10/04/06	01/31/13	\$0	\$0	4	Resolved
M	12/20/54	10/15/14	10/04/15	\$0	\$0	4	Resolved
M	05/26/51	04/01/11	06/07/12	\$0	\$0	4	Resolved
F	11/07/53	03/16/07	08/10/13	\$0	\$0	4	Resolved
F	04/08/73	06/15/11	12/29/12	\$0	\$0	4	Resolved
M	09/13/82	02/11/13		\$244	\$40,715	1	Open
M	07/13/77	02/03/15		\$2,605	\$50,958	4	Open
M	09/22/69	02/23/09	04/26/11	\$0	\$0	1	Resolved
M	10/23/69	04/30/15		\$3,202	\$147,211	4	Open
M	09/01/52	12/15/12	12/09/13	\$0	\$0	4	Resolved
				Total Reserve	\$238,884		

EXHIBIT C

The Aetna Life Insurance
Company Policy and
Aetna's Employee Assistance Program

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Summary of Coverage

Employer: City of Edinburg

Group Policy: GP-885194

SOC: 1A

Issue Date: October 16, 2003

Effective Date: October 1, 2003

The benefits shown in this Summary of Coverage are available for you.

Eligibility

Employees

You are in an Eligible Class if you are a regular full-time active employee, excluding elected officials, of an Employer participating in this Plan.

In addition, to be in an Eligible Class you must be:

- scheduled to work on a regular basis at least 40 hours per week during your Employer's work week; and
- working within the United States.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer.

Effective Date of Coverage

Employees

Your coverage will take effect on your Eligibility Date.

Active Work Rule: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until the date you return to work full-time.

You will be considered to be active at work on any of your Employer's scheduled work

Long Term Disability

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05/19/2016

days if, on that day, you are performing the regular duties of your job on a full time basis. In addition, you will be considered to be active at work on the following days:

- Any day which is not one of your Employer's scheduled work days if you were active at work on the preceding scheduled work day.
- A normal vacation day.

This rule also applies to an increase in your coverage.

Disability Coverage

Long Term Disability Benefits

Employees

Elimination Period: The first 90 days of a period of disability.

Scheduled Monthly LTD Benefit 60% of your monthly predisability earnings.

Maximum Monthly Benefit
Under this Plan (together with
all other income benefits) \$ 6,083

Minimum Monthly Benefit The greater of:
(a) \$ 100; and
(b) 10% of your Scheduled Monthly LTD
Benefit or, if less, 10% of the
Maximum Monthly Benefit

Benefits Actually Payable

Any monthly benefit actually payable will be reduced by "other income benefits." In figuring any monthly benefit, other income benefits do not include income from any employer or income from any occupation for compensation or profit.

Benefit Adjustment While Disabled and Working

If, while monthly benefits are payable, you have income from:

- any employer; or
- any occupation for compensation or profit;

which is more than 20% of your adjusted predisability earnings; the monthly benefit will be adjusted as follows:

During the first 12 months that you have such income, the monthly benefit will be reduced only to the extent the sum of the amount of that income and the monthly benefit payable, without any reduction for other income benefits, exceeds 100% of your adjusted predisability earnings.

Thereafter, the monthly benefit will be the product of the following:

(A divided by B) x C where:

A = Your adjusted predisability earnings minus such income.

B = Your adjusted predisability earnings.

C = The monthly benefit payable.

Income means income you receive, while disabled and working, from your Employer and from any other employer. However, any income received from another employer will be considered income only to the extent that it exceeds the amount of income you were receiving from such employer immediately before the date a period of disability started.

Maximum Benefit Duration*

Your period of disability will end on the later of:

- The calendar month in which you reach normal retirement age, as determined by the 1983 Amended Social Security Normal Retirement Age; and
- The expiration of the number of months of disability, after the elimination period is met as figured from the following Schedule, if your period of disability starts on or after the date you reach age 62:

Maximum Benefit Duration Schedule

Age When Period of Disability Starts	Months of Disability
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and over	12 months

1983 Amended Social Security Normal Retirement Age

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

* Unless your period of disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

Pregnancy Coverage

Benefits are payable on the same basis as for a disease if a female employee, while covered under this Plan, is absent from active work because of a disabling pregnancy-related condition. A physician's certification that the employee is disabled because of the condition will be necessary. Further, Aetna may request any additional evidence it believes is necessary before deciding that benefits are payable.

If, during the 3 months before coverage took effect, services are rendered or supplies are received in connection with a pregnancy or a pregnancy is confirmed, the pregnancy is a pre-existing condition whether or not the pregnancy commenced during that 3 month period.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE
WITH YOUR BOOKLET-CERTIFICATE**

Additional Information

Claim Procedures

Your booklet-certificate contains information on reporting claims. Claim forms may be obtained at your place of employment. These forms tell you how and when to file a claim.

Note: If applicable state law requires the Plan to take action on a claim or appeal within a shorter timeframe, the shorter period will apply.

Filing Disability Claims under the Plan

You may file claims for Plan benefits, and appeal adverse claim decisions, either yourself or through an authorized representative.

An "authorized representative" means a person you authorize, in writing, to act on your behalf. The Plan will also recognize a court order giving a person authority to submit claims on your behalf.

You will be notified of an adverse benefit determination not later than 45 days after receipt of the claim. This time period may be extended up to an additional 30 days due to circumstances outside the Plan's control. In that case, you will be notified of the extension before the end of the initial 45 day period. If a decision cannot be made within this 30 day extension period due to circumstances outside the Plan's control, the time period may be extended up to an additional 30 days, in which case you will be notified before the end of the first 30 day extension period. The notice of extension will explain the standards on which entitlement to a benefit are based, the unresolved issues that prevent a decision, and the additional information needed to resolve those issues. You will be given at least 45 days after receiving the notice to furnish that information.

Filing of an Appeal of an Adverse Benefit Determination for a Disability Claim

You will have 180 days following receipt of an adverse benefit decision to appeal the decision. You will ordinarily be notified of the decision not later than 45 days after the appeal is received. If special circumstances require an extension of time of up to an additional 45 days, you will be notified of such extension during the 45 days following receipt of your request. The notice will indicate the special circumstances requiring an extension and the date by which a decision is expected.

You may submit written comments, documents, records, and other information relating to your claim, whether or not the comments, documents, records, or information were submitted in connection with the initial claim. You may also request that the Plan provide you, free of charge, copies of all documents, records, and other information relevant to the claim.

ERISA Rights

As a participant in the group insurance plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) that is filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series), and an updated Summary Plan Description. The Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in your interest and that of other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$ 110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court.

If it should happen that plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator.

If you have any questions about this statement or about your rights under ERISA, you should contact:

- the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or
- the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Your Group Coverage Plan

This Plan is underwritten by the Aetna Life Insurance Company, of Hartford, Connecticut (called Aetna). The benefits and main points of the group contract for persons covered under this Plan are set forth in this Booklet. They are effective only while you are covered under the group contract.

If you become covered, this Booklet will become your Certificate of Coverage. It replaces and supersedes all Certificates issued to you by Aetna under the group contract.



President

Group Policy: GP-885194
Cert. Base: 1
Issue Date: October 16, 2003
Effective Date: October 1, 2003

Long Term Disability Coverage

This Plan will pay a Monthly Benefit for a period of disability caused by a disease or injury. There is an elimination period. (This is the length of time during a period of disability that must pass before benefits start.)

Test of Disability

From the date that you first become disabled and until Monthly Benefits are payable for 24 months, you will be deemed to be disabled on any day if:

- you are not able to perform the material duties of your own occupation solely because of: disease or injury; and
- your work earnings are 80% or less of your adjusted predisability earnings.

After the first 24 months that any Monthly Benefit is payable during a period of disability, you will be deemed to be disabled on any day if you are not able to work at any reasonable occupation solely because of:

- disease; or
- injury.

If your own occupation requires a professional or occupational license or certification of any kind, you will not be deemed to be disabled solely because of the loss of that license or certification.

Monthly Benefit

The Scheduled Monthly LTD Benefit, the Maximum Monthly Benefit, and the Minimum Monthly Benefit are shown on the Summary of Coverage.

The monthly benefit is an amount based on your monthly predisability earnings. Other income benefits, as defined later, are taken into account.

- If no other income benefits are payable for a given month:

The monthly benefit payable under this Plan for that month will be the lesser of:

the Scheduled Monthly LTD Benefit; and

the Maximum Monthly Benefit.

- If other income benefits are payable for a given month:

The monthly benefit payable under this Plan for that month will be the lesser of:

the Scheduled Monthly LTD Benefit; and

the Maximum Monthly Benefit;

minus all other income benefits, but not less than the Minimum Monthly Benefit.

When Benefits Are Payable

Monthly benefits will be payable if a period of disability:

- starts while you are covered; and
- continues during and past the elimination period.

These benefits are payable after the elimination period ends for as long as the period of disability continues.

A Period of Disability

A period of disability starts on the first day you are disabled as a direct result of a significant change in your physical or mental condition occurring while you are insured under this Plan. You must be under the regular care of a **physician**. (You will not be deemed to be under the regular care of a **physician** more than 31 days before the date he or she has seen and treated you in person for the disease or **injury** that caused the disability.)

Your period of disability ends on the first to occur of:

- The date Aetna finds you are no longer disabled or the date you fail to furnish proof that you are disabled.
- The date Aetna finds that you have withheld information which indicates you are performing, or are capable of performing, the duties of a **reasonable occupation**.
- The date you refuse to be examined by, or cooperate with, an independent **physician** or a licensed or certified health care practitioner, as requested.
- The date you cease to be under the regular care of a **physician**.
- The date an independent medical exam report or functional capacity evaluation fails to confirm your disability.
- The date you reach the end of your Maximum Benefit Duration.
- The date you are not undergoing **effective treatment for alcoholism or drug abuse**, if your disability is caused to any extent by alcoholism or drug abuse.
- The date you refuse to cooperate with or accept:

changes made to a work site or job process to suit your identified medical limitations; or

adaptive equipment or devices designed to suit your identified medical limitations;

which would enable you to perform your **own occupation** or a **reasonable occupation** (if you are receiving benefits for being unable to work any **reasonable occupation**) and provided that a **physician** agrees that such changes or adaptive equipment suit your medical limitations.

- The date you refuse to receive treatment recommended by your attending **physician** that in Aetna's opinion would: cure; correct; or limit your disability.
- The date your condition would permit you to work, or increase the number of hours you work, or the number or type of duties you perform in your **own occupation**, but you refuse to do so.
- The date of your death.
- The day after Aetna determines you are able to participate in an **Approved Rehabilitation Program** and you refuse to do so.

A period of disability will end after 24 monthly benefits are payable if it is determined that the disability is primarily caused by:

- a Mental Health or Psychiatric condition, including physical manifestations of these conditions, but excluding those conditions with demonstrable, structural brain damage; or
- Alcohol and/or Drug Abuse.

There are two exceptions which apply if you are confined as an inpatient in a hospital or treatment facility for treatment of that condition at the end of such 24 months.

- If the inpatient confinement lasts less than 30 days, the period of disability will cease when you are no longer confined.
- If the inpatient confinement lasts 30 days or more, the period of disability may continue until 90 days after the date you have not been so continuously confined.

The Separate Periods of Disability section does not apply beyond 24 months to periods of disability which are subject to the above paragraph.

How Separate Periods of Disability Are Treated

Once a period of disability has ended, any new period of disability will be treated separately.

However, 2 or more separate periods of disability due to the same or related causes will be deemed to be one period of disability and only one elimination period will apply if:

the separation occurs during the elimination period and the periods are separated by less than 15 days in a row of work.

the separation occurs after the elimination period and the periods are separated by less than 6 months in a row of work.

The first period will not be included if it began while you were not covered under this LTD Plan.

If you become eligible for coverage under any other group long term disability benefits plan carried or sponsored by your Employer, this Separate Periods of Disability section will cease to apply to you.

Other Income Benefits

They are:

- 50% of any award provided under The Jones Act or The Maritime Doctrine of Maintenance, Wages and Cure.
- Disability, retirement, or unemployment benefits required or provided for under any law of a government. Examples are:

Unemployment compensation benefits.

Temporary or permanent, partial or total disability benefits under any state or federal workers' compensation law or any other like law, which are meant to compensate the worker for any one or more of the following: loss of past and future wages; impaired earning capacity; lessened ability to compete in the open labor market; any degree of permanent impairment; and any degree of loss of bodily function or capacity.

Automobile no-fault wage replacement benefits to the extent required by law.

Statutory disability benefits.

Benefits under the Federal Social Security Act, the Railroad Retirement Act, the Canada Pension Plan, and the Quebec Pension Plan.

Veterans' benefits.

-
- Statutory disability benefits.
 - Disability or unemployment benefits under any plan or arrangement of coverage:
 - as a result of employment by or association with the Employer; or
 - as a result of membership in or association with any group, association, union or other organization.

This includes both, plans that are insured and those that are not.
 - Unreduced retirement benefits for which you are or may become eligible under a group pension plan at the later of:
 - age 62, and
 - the Plan's Normal Retirement Age,

but only to the extent that such benefits were paid for by an employer.
 - Voluntarily elected retirement benefits received under any group pension plan; but only to the extent that such benefits were paid for by an employer.
 - Disability payments which result from the act or omission of any person whose action caused your disability. These payments may be from insurance or other sources.
 - Disability benefits under any group mortgage or group credit disability plan.

Other income benefits include those, due to your disability or retirement, which are payable to: you; your spouse; your children; your dependents.

Effect of Increases In Other Income Benefits On Monthly Benefits

Increases in the level of other income benefits due to the following will be considered "other income benefits":

- a change in the number of your family members;
- a recomputation or recalculation to correct or adjust your benefit level as first established for the period of disability; or
- a change in the severity of your disability.

There may be cost of living increases in the level of other income benefits received from a governmental source during a period of disability. These increases will not be deemed to be "other income benefits."

There may be cost of living or general increases in the level of other income benefits from a non-governmental source during a period of disability. These increases will not be considered other income benefits to the extent they are based on the annual average increase in the Consumer Price Index.

Other Income Benefits Which Do Not Reduce Monthly Benefits

The amount of any retirement or disability benefits you were receiving from the following sources before the date you become disabled under this LTD Plan will not reduce your monthly benefits:

- military and other government service pensions;
- retirement benefits from a prior employer;
- veterans' benefits for service related disabilities;
- individual disability income policies; and
- Federal Social Security Act.

Also, the amount of any income or other benefits you receive from the following sources will not reduce your monthly benefits:

- profit sharing plans;
- thrift plans;
- 401(k) plans;
- Keogh plans;
- employee stock option plans;
- tax sheltered annuity plans;
- severance pay;
- individual disability income policies; or
- individual retirement accounts (IRAs).

Aetna will determine other income benefits as follows:

Lump Sum and Periodic Payments From Any Other Income Benefits

Any lump sum or periodic other income payments that you receive will be prorated on a monthly basis over the period of time for which the payment was made. If a period of time is not indicated, Aetna will prorate the payments over a reasonable period of time, taking into account the expected length of disability benefits and other relevant factors.

That part of the lump sum or periodic payment that is for disability will be counted, even if it is not specifically apportioned or identified as such. If there is no proof acceptable to Aetna as to what that part reasonably is, 50% will be deemed to be for disability.

Any of these "Other Income Payments" that date back to a prior date may be allocated on a retroactive basis.

Estimated Payments

The amount of other income benefits for which you appear to be eligible will be estimated, unless you have signed and returned a reimbursement agreement to Aetna. This agreement contains your promise to repay Aetna for any overpayment of benefits made to you.

If other income benefits are estimated, your monthly benefit will be adjusted when we receive proof:

- of the exact amount awarded; or
- that benefits have been denied after review at the highest administrative level.

Aetna will pay you if any underpayment in your monthly benefit results. You will have to repay Aetna if any overpayment results. When Aetna has to take legal action against you to recover any overpayment, you will also have to pay Aetna's reasonable attorney's fees and court costs, if Aetna prevails.

Required Proof of Income

Aetna has the right to require proof that:

- you, your spouse, child, or dependent has made application for all other income benefits which you or they are, or may be, eligible to receive relative to your disability and has made a timely appeal of any denial through the highest Administrative level; timely appeal means making such an appeal as required, but in no case later than 60 days from the latest denial;
- the person has furnished proof needed to obtain other income benefits, which includes, but is not limited to, Workers' Compensation Benefits;
- the person has not waived any other income benefits without Aetna's written consent; and
- the person has sent copies of the documents to Aetna showing the effective dates and the amounts of other income benefits.

In addition to the above, for purposes of Federal Social Security, when a timely application for benefits has been made and denied, a request for reconsideration must be made within 60 days after the denial, unless Aetna states, in writing, that it does not require you to do so. Also, if the reconsideration is denied, an application for a hearing before an Administrative Law Judge must be made within 60 days of that denial unless Aetna relieves you of that obligation.

Aetna also requires proof:

- of income you receive from any occupation for compensation or profit; and
- if your income from any such occupation is 80% or less of your **adjusted predisability earnings**, proof that you are unable, due to disease or injury, to earn more than 80% of your **adjusted predisability earnings**.

You do not have to apply for:

- retirement benefits paid only on a reduced basis; or
- disability benefits under group life insurance if they would reduce the amount of group life insurance;

but, if you do apply for and receive these benefits, they will be deemed to be other income benefits for which proof is required.

If you do not furnish proof of other income benefits, Aetna reserves the right to suspend or adjust benefits by the estimated amount of such other income benefits.

Approved Rehabilitation Program

Aetna retains the right to evaluate you for participation in an **Approved Rehabilitation Program**.

If, in Aetna's judgment, you are able to participate, Aetna may, in its sole discretion require you to participate in an **Approved Rehabilitation Program**.

This Plan will pay for all services and supplies, approved in advance by Aetna, needed in connection with such participation; except for those for which you can otherwise receive reimbursement from any third party payor, including any governmental benefits to which you may be entitled.

During your active participation in an Aetna **Approved Rehabilitation Program**, Aetna will pay you an additional 10% of your monthly benefit after all applicable reductions for other income benefits. Not more than a maximum of \$ 500 monthly, for a one time maximum of 6 consecutive months for each period of disability will be paid.

Exclusions

Long Term Disability Coverage does not cover any disability that:

- is due to intentionally self-inflicted **injury** (while sane or insane).
- results from your commission of, or attempting to commit, a criminal act.
- results from driving an automobile while intoxicated. ("Intoxicated" means: the blood alcohol level of the driver of the automobile meets or exceeds the level at which intoxication would be presumed under state law.)
- is due to war or any act of war (declared or not declared).
- is due to: insurrection; rebellion; or taking part in a riot or civil commotion.

On any day during a period of disability that a person is confined in a penal or correctional institution for conviction of a criminal or other public offense:

- the person will not be deemed to be disabled; and
- no benefits will be payable.

Pre-existing Conditions

No benefit is payable for any disability that is caused by or contributed to by a "pre-existing condition" and starts before the end of the first 12 months following your effective date of coverage.

A disease or **injury** is a pre-existing condition if, during the 3 months before your effective date of coverage:

- it was diagnosed or treated; or
- services were received for the diagnosis or treatment of the disease or **injury**; or
- you took drugs or medicines prescribed or recommended by a **physician** for that condition.

General Information

About Your Coverage

(including information about Termination of Coverage and the Effect of Prior Coverage)

Termination of Coverage

Coverage under this Plan terminates at the first to occur of:

- When employment ceases.
- When the group contract terminates as to the coverage.
- When you are no longer in an Eligible Class. (This may apply to all or part of your coverage.)
- When you fail to make any required contribution.

Ceasing active work will be deemed to be cessation of employment. If you are not at work due to one of the following, employment may be deemed to continue up to the limits shown below.

If you are not at work due to disease or injury, your employment may be continued until stopped by your Employer, but not beyond 12 months from the start of the absence.

If you are not at work due to temporary lay-off or leave of absence, your employment will be deemed to cease on your last full day of active work before the start of the lay-off or leave of absence.

In figuring when employment will stop for the purposes of termination of any coverage, Aetna will rely upon your Employer to notify Aetna. This can be done by telling Aetna or by stopping premium payments. Your employment may be deemed to continue beyond any limits shown above if Aetna and your Employer so agree in writing.

Benefits May Continue After Termination

If your coverage ceases during a period of disability which began while you had coverage, benefits will be available as long as your period of disability continues.

Reinstatement of Coverage

If your coverage terminates, you may again become covered in accordance with the terms of this Plan; except that:

- If:
 - you return to active work within 6 months of the date coverage terminated; and
 - you request coverage from your Employer within 31 days of your return to active work;

any Limitation as to a pre-existing condition will apply only to the extent it would have applied if your coverage had not terminated. Also, any period of continuous service required before your Eligibility Date will apply only to the extent it would have applied if coverage had not terminated.

• If:

you return to active work between the 7th and the 24th month following the date coverage terminated; and

you request coverage from your Employer within 31 days of your return to active work;

any period of continuous service required before your Eligibility Date will apply only to the extent it would have applied if coverage had not terminated.

How "Prior Coverage" Affects Coverage Under This Plan

If the coverage of any person under this Plan replaces any prior coverage of the person, the following will apply.

"Prior coverage" is any plan of group long term disability coverage that has been replaced by coverage under part or all of this Plan. It must have been sponsored by your Employer who is participating in this Plan. The replacement can be complete or in part for the Eligible Class to which you belong. Any such plan is prior coverage if provided by another group insurance plan.

A person's coverage under this Plan replaces and supersedes any prior coverage. It will be in exchange for everything under such prior coverage except coverage will not be available as to a particular period of disability for which a benefit is available or would be available under the prior coverage in the absence of coverage under this Plan.

As stated earlier, this Plan has a Limitation as to a disability caused by a preexisting condition.

However, if:

- you had prior coverage on the day before Long Term Disability Coverage took effect; and
- you became covered for this LTD Plan on the date it takes effect;

such Limitation applies only until a continuous period of coverage under the prior coverage and this LTD Plan are equal to the lesser of:

- 12 months; and
- any period of limitation as to a preexisting condition remaining under the prior coverage.

Where the Limitation no longer applies, the amount of monthly benefit and the maximum period for which benefits will be payable, as to a period of disability caused by such preexisting condition, will be as provided in this LTD Plan.

In no event will:

- A benefit be payable as to a period of disability caused by a preexisting condition, if the disability is excluded by any other terms of this LTD Plan.
 - A condition be considered to be a preexisting condition under this LTD Plan if it was not a preexisting condition under the prior coverage.
-

Survivor Benefit

If you die while disabled, a single, lump sum benefit will be paid under this provision if:

- there is an Eligible Survivor as defined below; and
- a Monthly Benefit was payable under this Plan.

The benefit amount will be:

- 3 times the Monthly Benefit, not reduced by other income benefits, for which you were eligible in the full month just before the month in which you die.

If you die before you are eligible for one full Monthly Benefit, however, the benefit will be:

- 3 times the Monthly Benefit, not reduced by other income benefits for which you would have been eligible if you had not died, for the first full month after the month in which you die.

An Eligible Survivor is:

- Your legally married spouse at the date of your death.
- If there is no such spouse, your biological or legally adopted child who, when you die:

is not married; and

is depending mainly on you for support; and

is under age 25. This age limit will not apply if the child is not capable of self-sustaining employment because of mental or physical handicap which existed prior to age 25.

How the Survivor Benefit Will Be Paid

The benefit will be paid as soon as the necessary written proof of your death and disability status is received.

The benefit will be paid to your eligible surviving spouse, if any. Otherwise, it will be paid in equal shares to your eligible surviving children.

If Monthly Benefit payments are made in amounts greater than the Monthly Benefits that you are entitled to receive, Aetna has the right to first apply the survivor benefit to any such overpayment.

Aetna may pay the benefit to anyone who, in Aetna's opinion, is caring for and supporting the eligible survivor; or, if proper claim is made, Aetna may pay the benefit to an eligible survivor's legally appointed guardian or committee.

Assignment of Insurance

Coverage may be assigned only with the consent of Aetna.

How and When To Report Your Claim

You are required to submit a claim to Aetna by following the procedure chosen by your Employer. If the procedure requires that claim forms be submitted, they may be obtained at your place of employment or from Aetna. Your claim must give proof of the nature and extent of the loss. Aetna may require copies of documents to support your claim, including data about any other income benefits. You must also provide Aetna with authorizations to allow it to investigate your claim and your eligibility for and the amount of other income benefits.

You must furnish such true and correct information as Aetna may reasonably request.

The deadline for filing a claim for benefits is 90 days after the end of the elimination period. If, through no fault of your own, you are not able to meet the deadline for filing a

claim, your claim will be accepted if you file as soon as possible; but not later than 1 year after the deadline unless you are legally incapacitated. Otherwise, late claims will not be covered.

How Benefits Will Be Paid

Benefits will be paid to you at the end of each calendar month during the period for which benefits are payable. Benefits for a period less than a month will be prorated. This will be done on the basis of the ratio, to 30 days, of the days of eligibility for benefits during the month.

Any unpaid balance at the end of Aetna's liability will be paid within 15 days of receipt by Aetna of the due written proof.

Aetna may pay up to \$ 1,000 of any benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate.

Examinations and Evaluations

Aetna will have the right and opportunity to examine and evaluate any person who is the basis of any claim at all reasonable times while that claim is pending or payable. This will be done at Aetna's expense.

Legal Action

No legal action can be brought to recover under any benefit after 3 years from the deadline for filing claims.

Aetna will not try to reduce or deny a benefit payment on the grounds that a condition existed before a person's coverage went into effect, if the loss occurs more than 2 years from the date coverage commenced. This will not apply to conditions excluded from coverage on the date of the loss.

Recovery of Benefits Paid (Subrogation)

As a condition to paying or providing any disability benefits under this Plan, the Plan shall be subrogated to (has the right to pursue) all rights of recovery you have against any third party with respect to such disability, to the extent of benefits provided. The term "third party" includes any party possibly responsible for your injuries or illnesses, or your no-fault automobile insurance coverage.

The following terms and provisions shall apply with regard to the Plan's right of recovery:

- you shall not prejudice the Plan's subrogation rights in any way;
- you shall cooperate fully with the Plan's efforts to recover its benefits paid;
- you shall notify Aetna within 45 days of the date when any notice is given to any other party (including an attorney) of any intention to pursue or investigate a claim to recover damages due to: injuries; or illnesses; that you sustained;
- the Plan's subrogation rights are a first priority claim against all potential liable parties and are to be paid before any other claim for your damages. This applies even if the remainder of the payments from such third party is insufficient to make you whole or compensate you: in part; or in whole for the damages that you sustained.

This provision will apply regardless of whether:

- liability for payment is admitted by the third party; or

-
- the settlement or judgement you receive identifies the specific benefits this Plan provided.

Recovery of Overpayments

If payments are made in amounts greater than the benefits that you are entitled to receive, Aetna has the right to do any one or all of the following:

- to require you to return the overpayment on request;
- to stop payment of benefits until the overpayment is recovered;
- to take any legal action needed to recover the overpayment; and
- to place a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any other income, whether on a periodic or lump sum basis.

If the overpayment:

- occurs as a result of your receipt of other income benefits for the same period for which you have received a benefit under this Plan; and
- to obtain such other income benefits, advocate or legal fees were incurred;

Aetna will exclude from the amount to be recovered, such advocate or legal fees; provided you return the overpayment to Aetna within 30 days of Aetna's written request for the overpayment. If you do not return the overpayment to Aetna within such 30 days, such fees will not be excluded; you will remain liable for repayment of the total overpaid amount.

Examples of other income referred to in the preceding paragraph are:

- Workers' compensation.
- Federal Social Security benefits.
- Disability payments which result from the act or omission of any person whose action caused your disability.

Contract Not a Substitute for Workers' Compensation Insurance

The group contract is not in lieu of and does not affect workers' compensation benefits. However, any workers' compensation benefits are considered other income benefits.

General Provisions

The following additional provisions apply to your coverage.

You cannot receive multiple coverage under this Plan because you are connected with more than one Employer.

In the event of a misstatement of any fact affecting your coverage under this Plan, the true facts will be used to determine the coverage in force.

This document describes the main features of this Plan. Additional provisions are described elsewhere in the group contract. If you have any questions about the terms of this Plan or about the proper payment of benefits, you may obtain more information from your Employer or, if you prefer, from the Home Office of Aetna. Your Employer hopes to continue this Plan indefinitely but, as with all group plans, this Plan may be changed or discontinued with respect to all or any class of employees.

Glossary

The following definitions of certain words and phrases will help you understand the benefits to which the definitions apply. Some definitions which apply only to a specific benefit appear in the benefit section. If a definition appears in a benefit section and also appears in the Glossary, the definition in the benefit section will apply in lieu of the definition in the Glossary.

Adjusted Predisability Earnings

This is your predisability earnings plus any increase made on each January 1, starting on the January 1 following 12 months of a period of disability. The increase on each such January 1 will be by the percentage increase in the **Consumer Price Index**, rounded to the nearest tenth; but not by more than 10%.

Approved Rehabilitation Program

This is a written program approved by Aetna which provides for services and supplies that are intended to enable you to return to work. This program may include, but is not limited to:

- vocational testing;
- vocational training;
- alternative treatment plans such as:
 - support groups;
 - physical therapy;
 - occupational therapy;
 - speech therapy;
- workplace modification to the extent not otherwise provided;
- part time employment; and
- job placement.

A rehabilitation program will cease to be An **Approved Rehabilitation Program** on the date Aetna withdraws, in writing, its approval of the program.

Consumer Price Index

The CPI-W, Consumer Price Index for Urban Wage Earners and Clerical Workers is published by the United States Department of Labor. If the CPI-W is discontinued or changed, Aetna reserves the right to use a comparable index.

Effective Treatment of Alcoholism or Drug Abuse

This means a program of alcoholism or drug abuse therapy that is prescribed and supervised by a physician and either:

- has a follow-up therapy program directed by a physician on at least a monthly basis;
or
- includes meetings at least twice a month with organizations devoted to the treatment of alcoholism or drug abuse.

These are not effective treatment:

- Detoxification. This means solely treating the aftereffects of a specific episode of alcoholism or drug abuse.
- Maintenance care. This means primarily providing an environment free of alcohol or drugs.

Hospital

This is an institution that:

- mainly provides, on an inpatient basis, diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment, and care of injured and sick persons; and
- is supervised by a staff of **physicians**; and
- provides 24 hour a day registered nursing (RN) service; and
- is not mainly a place for rest, for the aged, for drug addicts, for alcoholics, or a nursing home.

An institution which does not provide complete surgical services, but which meets all the other tests listed above, will also be deemed a hospital if:

- it provides services chiefly to patients all of whom have conditions related either by a medical specialty field or a specific disease category; and
- while confined, the patient is under regular therapeutic treatment by a **physician** for the **injury** or disease.

Injury

An accidental bodily injury.

Material Duties

These are duties that:

- are normally required for the performance of your **own occupation**; and
- cannot be reasonably: omitted or modified. However, to be at work in excess of 40 hours per week is not a material duty.

Own Occupation

This is the occupation that you are routinely performing when your period of disability begins. Your occupation will be viewed as it is normally performed in the national economy instead of how it is performed:

- for your specific employer; or
- at your location or work site; and

without regard to your specific reporting relationship.

Physician

"Physician" means a person who is a legally qualified physician. Also, to the extent required by law, a practitioner who performs a service for which coverage is provided when it is performed by a physician.

Regular care of a physician means you are attended by a physician:

- who is not you or related to you;
- who is practicing within the scope of his or her license;
- who has the medical training and clinical expertise suitable to treat your disabling condition;
- who specializes in psychiatry, if your disability is caused, to any extent, by a mental health or psychiatric condition; and
- whose treatment is:

consistent with the diagnosis of the disabling condition; and
according to guidelines established by medical, research and rehabilitative organizations; and
administered as often as needed.

Predisability Earnings

This is the amount of salary or wages you were receiving from an employer participating in this Plan on the day before a period of disability started, calculated on a monthly basis.

It will be figured from the rule below that applies to you.

If you are paid on an annual contract basis, your monthly salary is 1/12th of your annual contract salary.

If you are paid on an hourly basis, the calculation of your monthly wages is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month; but not more than 173 hours per month.

If you do not have regular work hours, the calculation of your monthly salary or wages is based on the average number of hours you worked per month during the last 12 calendar months (or during your period of employment if fewer than 12 months); but not more than 173 hours per month.

Included in salary or wages are:

- Commissions averaged over the last 12 months of actual employment or such shorter period if actual employment was for fewer than 12 months.
- Contributions you make through a salary reduction agreement with your Employer to any of the following:

An Internal Revenue Code (IRC) Section 125 plan for your fringe benefits.

An IRC 401(k), 403(b), or 457 deferred compensation arrangement.

An executive nonqualified deferred compensation agreement.

Not included in salary or wages are:

- Awards and bonuses.
- Overtime pay.
- Contributions made by your Employer to any deferred compensation arrangement or pension plan.

A retroactive change in your rate of earnings will not result in a retroactive change in coverage.

Reasonable Occupation

This is any gainful activity for which you are; or may reasonably become; fitted by: education; training; or experience; and which results in; or can be expected to result in; an income of more than 80% of your **adjusted predisability earnings**.

Treatment Facility

This is an institution (or distinct part thereof) that is for the treatment of alcoholism or drug abuse and which meets fully every one of the following tests:

- It is primarily engaged in providing on a full-time inpatient basis, a program for diagnosis, evaluation, and treatment of alcoholism or drug abuse.
- It provides all medical detoxification services on the premises, 24 hours a day.
- It provides all normal infirmary-level medical services required during the treatment period, whether or not related to the alcoholism or drug abuse, on a 24 hour daily basis. Also, it provides, or has an agreement with a hospital in the area to provide, any other medical services that may be required during the treatment period.
- On a continuous 24 hour daily basis, it is under the supervision of a staff of **physicians**, and provides skilled nursing services by licensed nursing personnel under the direction of a full-time registered graduate nurse.
- It prepares and maintains a written individual plan of treatment for each patient based on a diagnostic assessment of the patient's medical, psychological and social needs with documentation that the plan is under the supervision of a **physician**.
- It meets any applicable licensing standards established by the jurisdiction in which it is located.

Confidentiality Notice

Aetna considers personal information to be confidential and has policies and procedures in place to protect it against unlawful use and disclosure. By "personal information," we mean information that relates to a member's physical or mental health or condition, the provision of health care to the member, or payment for the provision of health care or disability or life benefits to the member. Personal information does not include publicly available information or information that is available or reported in a summarized or aggregate fashion but does not identify the member.

When necessary or appropriate for your care or treatment, the operation of our health, disability or life insurance plans, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers), payors (health care provider organizations, employers who sponsor self-funded health plans or who share responsibility for the payment of benefits, and others who may be financially responsible for payment for the services or benefits you receive under your plan), other insurers, third party administrators, vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. In our health plans, participating network providers are also required to give you access to your medical records within a reasonable amount of time after you make a request.

Some of the ways in which personal information is used include claim payment; utilization review and management; medical necessity reviews; coordination of care and benefits; preventive health, early detection, vocational rehabilitation and disease and case management; quality assessment and improvement activities; auditing and anti-fraud activities; performance measurement and outcomes assessment; health, disability and life claims analysis and reporting; health services, disability and life research; data and information systems management; compliance with legal and regulatory requirements; formulary management; litigation proceedings; transfer of policies or contracts to and from other insurers, HMOs and third party administrators; underwriting activities; and due diligence activities in connection with the purchase or sale of some or all of our business. We consider these activities key for the operation of our health, disability and life plans. To the extent permitted by law, we use and disclose personal information as provided above without member consent. However, we recognize that many members do not want to receive unsolicited marketing materials unrelated to their health, disability and life benefits. We do not disclose personal information for these marketing purposes unless the member consents. We also have policies addressing circumstances in which members are unable to give consent.

To obtain a copy of our Notice of Privacy Practices, which describes in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Member Services number on your ID card or visit our Internet site at www.aetna.com.

**Continuation of Coverage
During an Approved Leave of
Absence Granted to Comply**

This continuation of coverage section applies only for the period With Federal Law of any approved family or medical leave (approved FMLA leave) required by Family and Medical Leave Act of 1993 (FMLA). If your Employer grants you an approved FMLA leave for a period in excess of the period required by FMLA, any continuation of coverage during that excess period will be subject to prior written agreement between Aetna and your Employer.

If your Employer grants you an approved FMLA leave in accordance with FMLA, your Employer may allow you to continue coverage for which you are covered under the group contract on the day before the approved FMLA leave starts.

At the time you request the leave, you must agree to make any contributions required by your Employer to continue coverage. Your Employer must continue to make premium payments.

Coverage will not be continued beyond the first to occur of:

- The date you are required to make any contribution and you fail to do so.
- The date your Employer determines your approved FMLA leave is terminated.
- The date the coverage involved discontinues as to your eligible class.

If you return to work for your Employer following the date your Employer determines the approved FMLA leave is terminated, your coverage under the group contract will be in force as though you had continued in active employment rather than going on an approved FMLA leave provided you make request for such coverage within 31 days of the date your Employer determines the approved FMLA leave to be terminated. If you do not make such request within 31 days, coverage will again be effective under the group contract only if and when Aetna gives its written consent.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
FAX No. (512) 475-1771

Premium or Claim Disputes:

Should you have a dispute concerning your premium or about a claim you should contact Aetna first. If the dispute is not resolved you may contact the Texas Department of Insurance.

Notice:

This notice is for information only and does not become a part or condition of your Certificate.

THE GROUP CONTRACT UNDER WHICH THIS BOOKLET-CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKER'S COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKER'S COMPENSATION SYSTEM.

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos, o quejas llamando al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
FAX No. (512) 475-1771

Disputas Sobre Primas o Reclamaciones:

Si surge una disputa concerniente a su prima o a una reclamación, debe comunicarse con Aetna primero. Si no se resuelve la disputa puede comunicarse con el Departamento de Seguros de Texas.

Aviso:

Este aviso es sólo para propósito de información y no se convierte en una parte o condición de su Folleto.

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetnaSM

When you need someone to listen, we're here

Aetna Resources For LivingSM

**Aetna's Employee Assistance Program
for Long-Term Disability members**

www.aetna.com

aetnaSM

We can help you

Problems? We can connect you with resources and support on:

- Stress
- Substance abuse
- Depression and anxiety
- Family/parenting issues
- Anger management
- Marital issues

Carry this card for convenience.

Kids, job, bills, health, world events ... Life — it happens to all of us

Some days it can be tough to manage the competing priorities in our lives, and keep it all running smoothly. If you are enrolled in an Aetna Long-Term Disability plan and need help with an everyday issue that's becoming a little hard to handle, your Employee Assistance Program (EAP) is here for you.

Aetna Resources For Living, our comprehensive Employee Assistance Program, is there for you when you need it. This confidential and round-the-clock service offers support and resources, whether your issues are parenting, work situations, a troubled relationship, substance abuse or even just a desire for self-improvement. And, this program is available to you and others in your household as an Aetna Long-Term Disability plan member.

Everyone needs a little help sometimes

Your Aetna Long-Term Disability insurance policy includes three face-to-face counseling sessions a year with an EAP network provider. That's up to three visits a year for you and also for members of your household.

Just a call or click away, we can confidentially discuss your situation and help you get information and education, as well as referrals to local counselors if you want face-to-face visits.

Common issues:

- Mental health and well-being
- Personal and professional relationships
- Substance abuse
- Family life
- Daily stress

Online worklife resources: there when you need them

Visit www.mylifevalues.com for free webinars; online child care, eldercare, education searches; concierge database; and discount programs. You'll also have access to thousands of articles, videos, and tools on worklife and behavioral health topics.

Ready when you are

We're available whenever you are. We're here 24 hours a day, 7 days a week, either by phone or online. If it's not convenient to call, you can find resources and self-help tools for your personal, family and work-related concerns on the EAP website.

There is no charge to you or your family for using the program. However, if you choose to use any referrals to additional resources, their charges, if any, would be your responsibility. Check your company benefits plan for coverage of those additional services.

Contact the Aetna EAP anytime,
toll-free **1-855-283-1915**.

Or visit www.mylifevalues.com,
(Log in user name and password:
RESOURCES)

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Aetna is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC.

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All EAP calls are confidential, except as required by law (i.e., when a person's emotional condition is a threat to himself/herself or others, or there is suspected child, spousal or elder abuse, or abuse to people with disabilities). This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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