

**Addendum #3
BID02-720
Long Term Disability
HUMAN RESOURCES DEPARTMENT**

THIS ADDENDUM IS TO BE COMPLETED, SIGNED BY AN AUTHORIZED AGENT OF YOUR COMPANY, AND INCLUDED IN YOUR BID SUBMISSION. FAILURE TO DO SO MAY RESULT IN REJECTION OF YOUR BID.

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SUMMARY OF COVERAGE

Employer: City of Tulsa

Group Policy: GP-701360

SOC: 2A

Issue Date: August 24, 2001

Effective Date: July 1, 2000

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 employee of the City of Tulsa, or an approved associated agency or an elected official of the City of Tulsa, excluding police officers at 20 years of service and all firefighters.

In addition, to be in an Eligible Class you must be a citizen or resident of and working within the United States or Canada.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the first day of the calendar month coinciding with or next following the date you complete a probationary period of 30 days of continuous service for your Employer or, if later, the date you enter the Eligible Class.

Enrollment Procedure

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your

Long Term Disability

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Employer. See your Employer for details.

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 you return to full-time work for one full day. This rule also applies to an increase in your coverage.

DISABILITY COVERAGE

Long Term Disability Benefits

Employees

Waiting Period: The first 90 days of a period of total disability.

If, solely due to disease or injury, you are unable to earn more than 80% of your adjusted predisability earnings, you will not be deemed to have performed the material duties of your own occupation, as defined by the City of Tulsa, on that day.

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

(Any benefit actually payable may be reduced by "other income benefits". The Booklet-Certificate has definitions of "other income benefits" {page 10}, "adjusted predisability earnings" {page 14}, and "predisability earnings" {page 13}.)

Maximum Monthly Benefit
Under this Plan (together with
all other income benefits)

\$ 4,000

Minimum Monthly Benefit

The greater of:
(a) \$ 100; and
(b) 10% of your Monthly Benefit
unreduced by Other Income Benefits
and the Maximum Monthly Benefit,
whichever is less.

Benefit Adjustment During Return to Work

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 (see page 14); the monthly benefit as figured above 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 amount of that income and the monthly benefit payable, as figured above, 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 figured without regard to this paragraph.

In figuring the monthly benefit, other income benefits do not include income from any employer or income from any occupation for compensation or profit.

Maximum Benefit Duration*

- If your period of total disability starts prior to the date you reach age 62, it will end with the calendar month in which you reach age 65.
- If your period of total disability starts on or after the date you reach age 62, it will end with the expiration of the number of months of total disability, after the waiting period is met, as figured from the following Schedule:

Maximum Benefit Duration Schedule

Age When Period of Total Disability Starts	Months of Total 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

* Unless your period of total 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 totally disabling pregnancy-related condition.

A physician's certification that the employee is totally 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 preexisting 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**.

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.



Chairman, President and Chief Executive Officer

Group Policy: GP-701360
Cert. Base: 2
Issue Date: August 24, 2001
Effective Date: July 1, 2000

LONG TERM DISABILITY COVERAGE

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

Total Disability

You are deemed to be totally disabled while either of the following applies to you:

- **From the date that you first become disabled and until Monthly Benefits are payable for 24 months:**

You are not able, solely because of injury or disease, to perform the material duties of your own occupation, **as defined by the City of Tulsa**; except that if you start work at a reasonable occupation you will no longer be deemed totally disabled.

- **After the first 24 months that any Monthly Benefits is payable:**

You are not able, solely because of injury or disease, to work at any reasonable occupation.

You will not be deemed to be performing the material duties of your own occupation, **as defined by the City of Tulsa**, or working at a reasonable occupation on any day if:

- you are performing at least one, but not all, of the material duties of your own occupation, **as defined by the City of Tulsa**, or you are working at any occupation (full-time or part-time); and
- solely due to disease or injury, your income from either is 80% or less of your adjusted predisability earnings.

Reasonable Occupation

This is any gainful activity for which you are, or may reasonably become, fitted by education, training, or experience. It does not include work under an Approved Rehabilitation Program.

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 total disability:

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

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

A Period of Total Disability

A period of total disability starts on the first day you are totally 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 care of a physician. (You will not be deemed to be under the 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 total disability.)

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

- The date you are not totally disabled.
- The date you start work at a reasonable occupation (see page 7).
- The date you fail to give proof that you are still totally disabled.
- The date you refuse to be examined.
- The date you cease to be under the care of a physician.
- The date you reach the expiration of the Maximum Benefit Duration shown on the Summary of Coverage.
- The date you become eligible for benefits under any other long term disability benefits plan carried or sponsored by your Employer, if such date occurs after the date the group policy terminates.
- The date you have income from any employer or from any occupation for compensation or profit equal to more than 80% of your adjusted predisability earnings.
- The date you fail to give proof that you are unable to perform the duties of any occupation for compensation or profit equal to more than 80% of your adjusted predisability earnings.
- The date of your death.

Also, a period of total disability will end after 24 months if it is determined that the disability is, at that time, caused to any extent by a mental condition (including conditions related to alcoholism or drug abuse) described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (hereafter called DSM). There are two exceptions to this rule which apply if you are confined as an inpatient in a hospital or treatment facility at the end of the first 24 months for treatment of that condition. If the inpatient confinement lasts less than 30 days, the period of total disability will cease when you are no longer confined. If the inpatient confinement lasts 30 days or more, the period of total disability may continue until the date you have not been so confined for that condition for a total of 90 days during any 12 month period.

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

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.

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.

How Separate Periods of Total Disability Are Treated

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

However, 2 or more separate periods of total disability due to the same or related causes, which are separated by less than 6 months, will be deemed to be one period of total disability. Only one waiting period will apply.

Any day on which, solely due to disease or injury, your income is less than or equal to 80% of your adjusted predisability earnings, you will not, on that day, be deemed to be working at:

- your own occupation; or
- any reasonable occupation.

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

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.

- Disability or unemployment benefits under:
any group insurance plan.

any other type of coverage for persons in a group. This includes both plans that are insured and those that are not.
- Full 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 date;

but only to the extent that such benefits were paid for by an employer.
- 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.

Aetna will determine other income benefits as follows:

Lump Sum Payments From Workers' Compensation Or Which Result From The Act Or Omission Of Any Person Who Caused Your Disability:

That part of the lump sum payment that is for disability will be counted, even if it is not specifically apportioned or identified as such. This will be done if it is or is not the result of a compromise, settlement, award or judgment. If there is no proof acceptable to Aetna as to what that part is, 50% will be deemed to be for disability.

This amount will be broken down to a period of time equal to the lesser of: (a) the remaining benefit duration; and (b) 60 months. If the lump sum payment is tied to a specific period, the period of time will start on the same date as the period for which the lump sum payment is made. If the lump sum payment is not tied to a specific period, the period of time will start on the first day of the calendar month following the date that the lump sum payment is made.

Other Payments:

Payments In A Lump Sum: These will be broken down to a period of time equal to the lesser of: (a) the remaining benefit duration; and (b) 60 months. These will include periodic payments that could have been chosen in a lump sum.

Periodic Payments: These will be broken down to monthly periods. These will include amounts which are an accumulation of past due periodic payments.

Any of these "Other 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.

Approved Rehabilitation Program

This is a program of physical, mental, or vocational rehabilitation which:

- is expected to result in maximizing your employability; and
- is approved, in writing, by Aetna.

A rehabilitation program will cease to be an Approved Rehabilitation Program on the earliest to occur of:

- the date you are able to perform the material duties of your own occupation or work at any other reasonable occupation;
- the date Aetna withdraws, in writing, its approval of the program.

Physician

"Physician" means a legally qualified physician. If any part of a period of total disability is caused, to any extent, by a mental condition that is described in the most current edition of the DSM (see page 9), "physician" shall mean a legally qualified physician who:

- specializes in psychiatry; or
- is trained or experienced to evaluate and treat a mental condition.

If any part of a period of total disability is caused, to any extent, by a condition related to alcoholism or drug abuse that is described in the most current edition of the DSM, "physician" shall mean a legally qualified physician who is trained or experienced to evaluate and treat the condition.

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 total 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 total 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 total 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; and
- veterans' benefits for service related disabilities.

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, or 457 plans;
- Keogh plans;
- employee stock option plans;
- tax sheltered annuity plans; or

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.
- **Longevity and education pay.**

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.

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%.

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.

Limitations Which Apply To Long Term Disability Coverage

Long Term Disability Coverage does not cover any disability that:

- Is due to intentionally self-inflicted injury (while sane or insane).
- Results from your committing, or attempting to commit, an assault, battery, or felony.
- 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 totally disabled; and
 - no benefits will be payable.
 - Starts during the first 12 months of your current Long Term Disability Coverage, if it is caused or contributed to by a "preexisting condition". A disease or injury is a preexisting condition if, during the 3 months before the date you last became covered:
 - it was diagnosed or treated; or
 - services were received for the disease or injury; or
 - you took drugs or medicines prescribed or recommended by a physician for that condition.
-

Preexisting Condition

A disease or injury is a preexisting condition if, during the 3 months before the date you last became covered:

it was diagnosed or treated; or

services were received for 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 total disability which began while you had coverage, benefits will be available as long as your period of total disability continues.

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 total 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 total 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 totally disabled, a single, lump sum benefit will be paid under this provision if there is an Eligible Survivor as defined below.

The benefit amount will be:

- 6 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:

- 6 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 total 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.

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 and your employer must submit your claim to Aetna in writing on forms supplied by 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 (see page 10).

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 waiting 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.

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 proofs needed to obtain other income benefits;
- the person has not waived any other income benefits without Aetna's written consent; and
- the person has sent copies of documents to Aetna showing the effective dates and the amounts of other income benefits.

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.

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.

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.

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 30 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 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.

Aetna's rights, as described above, will not apply more than 24 months after the overpayment was made unless:

- the overpayment was made due to fraud; or
- you have otherwise agreed to return the overpayment.

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.

Privacy Notice

The information in this Notice is not a part of either the group contract, your Certificate of Coverage or the Booklet. It is important to you as a covered person under the group contract. We have bound it into this document only as an aid to you in keeping insurance related material together.

This Notice describes certain aspects of Aetna U.S. Healthcare's insurance privacy policy which apply to you as a covered person in a plan of group insurance insured by Aetna. The policy does not apply where a different approach is required by law.

Information Which May be Collected

Aetna, in providing insurance services to you, relies mainly on the information you give on your group enrollment form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question. For example, if the amount or type of coverage you are entitled to depends on your earnings or job class, Aetna would obtain that information from your Employer.

Disclosure of Information To Others

All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Financial information (but not medical information) may be made available to your Employer or his or her representative in connection with the administration of the Plan. Information may also be made available in connection with policyholder audits.
- Information may be disclosed to other insurers if there may be duplicate coverage or a need to preserve the continuity of your coverage.
- Information may be disclosed to Peer Review Organizations and other agencies to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business and to others as may be required by law. It may also be given to law enforcement authorities when needed to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) physician. If you wish to exercise this right or if you wish to have more detail on our information practices, please contact:

Aetna Life Insurance Company
Executive Response Team, MCAF
151 Farmington Avenue
Hartford, Connecticut 06156

Under New Mexico law, a resident of New Mexico has the right to register as a "protected person" in connection with disclosure of confidential domestic abuse information. If you wish to exercise this right, contact the Member Services number on your ID card, or write to the address shown above.

Continuation of Coverage During an Approved Leave of Absence Granted to Comply With Federal Law

This continuation of coverage section applies only for the period 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. However, if a period of disability starts while you are on an approved FMLA leave, the waiting period for such period of disability will not be deemed to end until the later of:

- the date you complete the waiting period; and
- the date you are scheduled to return to active work following the approved FMLA leave.

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.

In response to your telephone message (question) on STD information, the City's plan is 2 in 1. Short & Long term disability plan combined. Initially we were of the mind our benefit was standard in the industry; however, we have since found we are unique.

Our plan has 1 elimination (waiting) period (90 days) at the beginning. The claimants transition from own occupation to long term based on medical but only apply 1 time. own occupation is 24 months and any occupation runs thereafter.

EARNINGS	GROSS BEN AMT	PRIM SS OFFSET AMT	DEP SS OFFSET AMT	WC OFFSET AMT	PENSION OFFSET AMT	ALL OTHER OFFSET AMT	NET BEN AMT	FICA AMT	FIT AMT	SIT AMT	LIT AMT	NET PAY AMT	OVRPYMT BAL AMT
\$2,291.47	\$1,374.88	\$1,144.00	\$0.00	\$0.00	\$0.00	\$0.00	\$230.88	\$0.00	\$0.00	\$0.00	\$0.00	\$230.88	\$0.00
\$1,944.36	\$1,166.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,166.62	\$77.64	\$0.00	\$0.00	\$0.00	\$1,088.98	\$0.00
\$1,595.37	\$957.22	\$0.00	\$0.00	\$0.00	\$0.00	#####	\$457.22	\$0.00	\$0.00	\$0.00	\$0.00	\$457.22	\$0.00
\$2,426.56	\$970.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$970.63	\$0.00	\$0.00	\$0.00	\$0.00	\$970.63	\$0.00
\$2,133.68	\$1,280.21	\$756.00	\$0.00	\$0.00	\$0.00	\$0.00	\$524.21	\$0.00	\$0.00	\$0.00	\$0.00	\$524.21	\$0.00
\$3,011.44	\$1,806.86	\$1,270.00	\$0.00	\$0.00	\$1,209.00	\$0.00	\$180.68	\$0.00	\$0.00	\$0.00	\$0.00	\$180.68	\$0.00
\$1,542.67	\$925.60	\$573.00	\$0.00	\$0.00	\$0.00	\$0.00	\$352.60	\$0.00	\$0.00	\$0.00	\$0.00	\$352.60	\$0.00
\$1,767.92	\$353.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$353.58	\$0.00	\$0.00	\$0.00	\$0.00	\$353.58	\$0.00
\$3,057.28	\$1,834.37	\$1,264.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.37	\$0.00	\$0.00	\$0.00	\$0.00	\$570.37	\$0.00
\$2,523.73	\$1,514.24	\$0.00	\$0.00	\$0.00	\$280.00	\$0.00	\$1,234.24	\$0.00	\$0.00	\$0.00	\$0.00	\$1,234.24	\$0.00
\$2,849.62	\$1,709.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,709.77	\$0.00	\$0.00	\$0.00	\$0.00	\$1,709.77	\$0.00
\$5,177.62	\$3,106.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,106.57	\$0.00	\$0.00	\$0.00	\$0.00	\$3,106.57	\$0.00
\$2,336.53	\$794.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$794.42	\$46.19	\$0.00	\$0.00	\$0.00	\$748.23	\$0.00
\$2,065.52	\$1,239.31	\$770.00	\$0.00	\$0.00	\$0.00	\$0.00	\$469.31	\$0.00	\$0.00	\$0.00	\$0.00	\$469.31	\$0.00
\$1,878.52	\$1,127.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,127.11	\$0.00	\$0.00	\$0.00	\$0.00	\$1,127.11	\$0.00
\$1,804.40	\$1,082.64	\$0.00	\$0.00	\$1,027.00	\$0.00	\$0.00	\$108.26	\$0.00	\$0.00	\$0.00	\$0.00	\$108.26	\$1,515.76
\$3,369.40	\$2,021.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,021.64	\$98.98	\$0.00	\$0.00	\$0.00	\$1,922.66	\$0.00
\$1,899.73	\$1,139.84	\$1,059.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.98	\$0.00	\$0.00	\$0.00	\$0.00	\$113.98	\$10,144.62
\$2,234.27	\$1,340.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,340.56	\$0.00	\$0.00	\$0.00	\$0.00	\$1,340.56	\$0.00
\$2,812.62	\$1,687.57	\$1,300.00	\$0.00	\$0.00	\$1,011.50	\$0.00	\$168.75	\$0.00	\$0.00	\$0.00	\$0.00	\$168.75	\$0.00
\$2,846.13	\$853.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$853.84	\$0.00	\$58.91	\$0.00	\$0.00	\$794.93	(\$1,707.68)
\$3,284.08	\$1,970.45	\$1,470.60	\$0.00	\$0.00	\$0.00	\$0.00	\$499.85	\$0.00	\$0.00	\$0.00	\$0.00	\$499.85	\$7,736.48
\$2,770.56	\$1,662.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,662.34	\$0.00	\$0.00	\$0.00	\$0.00	\$1,662.34	\$0.00

\$1,750.67	\$1,050.40	\$0.00	\$0.00	\$1,067.36	\$0.00	\$0.00	\$105.04	\$0.00	\$0.00	\$0.00	\$0.00	\$105.04	\$0.00
\$3,078.50	\$1,847.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,847.10	\$0.00	\$0.00	\$0.00	\$0.00	\$1,847.10	\$0.00
\$2,434.94	\$1,460.96	\$1,108.00	\$0.00	\$0.00	\$0.00	\$0.00	\$352.96	\$0.00	\$26.47	\$0.00	\$0.00	\$326.49	\$0.00
\$6,639.94	\$3,983.96	\$1,680.00	\$840.00	\$0.00	\$0.00	\$0.00	\$1,463.96	\$0.00	\$0.00	\$0.00	\$0.00	\$1,463.96	\$8,587.36
\$2,416.27	\$1,449.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,449.76	\$0.00	\$110.00	\$0.00	\$0.00	\$1,339.76	\$0.00
1943.3	1165.98	0	0	0	0	0	1165.98	76.71	0	0	0	1089.27	0
2355.6	1413.36	0	0	0	0	0	1413.36	0	0	0	0	1413.36	0
3120.86	1872.52	0	0	0	0	3120.9	187.25	7.02	0	0	0	180.23	0
4032.1	2419.26	0	0	1772.34	0	0	646.92	0	0	0	0	646.92	0
3029.18	1817.51	0	0	0	0	0	1817.51	0	121.77	0	0	1695.74	-1817.51
2362.18	1417.31	961	0	0	718	0	141.73	0	0	0	0	141.73	235.09
2065.52	1239.31	0	0	0	0	0	1239.31	0	101.62	0	0	1137.69	0
1572.36	943.42	0	0	0	0	0	943.42	0	0	0	0	943.42	-503.16
2502.86	1501.72	0	0	1625	0	0	150.17	0	0	0	0	150.17	0
1666.04	999.62	0	0	0	0	0	999.62	0	0	0	0	999.62	0
2256	1353.6	0	0	0	0	0	1353.6	0	0	0	0	1353.6	0
1948.27	1168.96	0	0	0	0	0	1168.96	0	0	0	0	1168.96	0
1552	931.2	0	0	0	0	0	931.2	0	0	0	0	931.2	0
2117.16	1185.61	0	0	0	1039.88	0	145.73	0	0	0	0	145.73	0
3284.28	1970.57	0	0	929.28	0	0	1041.29	0	0	0	0	1041.29	0

Signature of Authorized Agent

Date

December 26, 2002

Addendum #2
BID02-720
Long Term Disability
HUMAN RESOURCES DEPARTMENT

THIS ADDENDUM IS TO BE COMPLETED, SIGNED BY AN AUTHORIZED AGENT OF YOUR COMPANY, AND INCLUDED IN YOUR BID SUBMISSION. FAILURE TO DO SO MAY RESULT IN REJECTION OF YOUR BID.

- ✓ See attached census:
- ✓ Note new opening date: January 30, 2003

L1L2	LVL3	Hire Date	Birthdate	SEX	Emp Age	6/30 Annual Salary	Cur Annual Salary
CITY	007	11/16/1998	09/29/1946	M	56	31880.64	31880.64
CITY	007	02/15/2000	02/17/1973	M	29	27566.40	27566.40
CITY	007	04/06/1981	05/05/1956	M	46	30843.36	30843.36
CITY	007	05/01/1999	04/03/1962	M	40	28669.20	28669.20
CITY	007	06/16/1976	07/28/1944	M	58	31180.56	31180.56
CITY	007	02/16/1999	07/05/1966	M	36	27566.40	27566.40
CITY	007	08/22/1994	11/15/1942	M	60	30251.28	30251.28
CITY	007	11/26/2001	07/17/1965	M	37	24944.40	24944.40
CITY	007	12/28/2000	01/03/1948	M	54	26316.48	26316.48
CITY	007	07/02/1984	07/03/1946	M	56	30034.32	30034.32
CITY	007	11/16/1998	11/09/1953	M	49	28669.20	28669.20
CITY	007	11/08/2000	12/08/1954	M	48	26316.48	26316.48
CITY	007	06/16/1976	03/18/1947	M	55	31180.56	31180.56
CITY	007	07/08/2002	03/30/1965	M	37	24944.40	24944.40
CITY	007	01/03/1972	11/10/1947	M	55	32564.88	32564.88
CITY	007	07/18/1994	02/01/1941	F	61	30034.32	30034.32
CITY	007	07/01/2001	02/05/1951	M	51	24944.40	24944.40
CITY	007	06/29/1978	06/02/1956	M	46	50280.48	31180.56
CITY	007	06/06/2002	08/16/1971	M	31	24944.40	24944.40
CITY	007	06/16/1971	07/04/1948	M	54	37416.72	37416.72
CITY	007	05/01/1999	11/30/1973	M	29	28669.20	28669.20
CITY	007	01/02/2001	10/05/1977	M	25	26316.48	26316.48
CITY	007	05/01/2001	08/19/1950	M	52	26316.48	26316.48
CITY	007	02/18/2002	09/16/1955	M	47	24944.40	24944.40
CITY	007	12/16/1968	10/08/1946	M	56	32100.72	32100.72
CITY	007	07/21/1994	10/19/1949	M	53	30034.32	30034.32
CITY	007	01/01/1976	04/22/1953	M	49	37756.08	37756.08
CITY	007	08/16/2002	01/07/1958	M	44	24320.88	24320.88
CITY	007	02/18/2002	07/19/1945	M	57	24944.40	24944.40
CITY	007	11/16/1998	07/02/1951	M	51	28669.20	28669.20
CITY	007	06/02/1969	12/30/1945	M	57	37427.04	37427.04
CITY	007	03/02/2001	04/30/1953	M	49	26316.48	26316.48
CITY	004	10/26/1992	01/04/1956	F	46	39553.44	38513.52
CITY	004	08/01/1999	12/29/1959	F	43	43262.88	42125.52
CITY	004	12/01/1992	11/27/1948	F	54	41760.48	40662.48
CITY	005	09/04/2001	08/15/1960	M	42	35937.12	34992.24
CITY	005	05/20/1997	12/24/1966	F	36	39849.12	38801.52
CITY	005	06/11/1993	09/14/1957	F	45	35942.40	32313.60
CITY	005	09/24/1987	04/16/1962	F	40	41443.20	40353.60
CITY	005	06/02/1976	08/06/1950	F	52	42126.72	41019.12

Benefit	6/28/2002	6/14/2002	Total Payment
Basic	3372	1	248,051,840
AD&PL	3372	1	\$44,649.33
Adj L & AD&PL	0	6	\$6,201.30
Depdt Life	1762	1	\$103.31
Adj DL		0	\$2.78
LTD	2	3158	\$0.00
		9,270,017	\$42,642.07
		380	\$50,740.07
		3160	\$50,740.07

Supplemental life	Employee	199	1,480,000	0.00007	\$803.60
<30	101	217	23,703,142	0.00007	\$1,659.22
30-34	102	283	37,749,000	0.00009	\$3,397.41
35-39	103	291	39,571,538	0.00013	\$5,136.50
40-44	104	304	37,080,500	0.00024	\$8,899.32
45-49	105	304	37,080,500	0.00039	\$7,388.16
50-54	106	175	18,944,000	0.00065	\$2,816.90
55-59	107	65	4,026,000	0.0008	\$944.80
60-64	108	18	1,181,000	0.00134	\$475.92
65-69	109	6	355,164	0.00242	\$0.00
70-74	110	0	0	0.00395	\$0.00
75->	111	0	0		\$0.00
Spouse					\$31,321.83

Supplemental	Child	124	896	8,626,666	0.00012	\$1,035.20
Total Supp			3432	235,407,256		\$41,811.51
Total Life, AD&PL, Dependent Life, Supplemental Life & Long Term Disability Prepayment.						\$148,406.55
Adjusted Life, AD&PL, Dependent Life, Supplemental Life & Long Term Disability Prepayment.						\$9,454.48
Payment Issued For						\$1,035.20

LTD	06/28/02	\$50,740.07
LTD		\$97,666.58
Total		\$148,406.65

Signature of Authorized Agent

Date

November 6, 2002

Addendum #1
BID02-720
Long Term Disability
HUMAN RESOURCES DEPARTMENT

THIS ADDENDUM IS TO BE COMPLETED, SIGNED BY AN AUTHORIZED AGENT OF YOUR COMPANY, AND INCLUDED IN YOUR BID SUBMISSION. FAILURE TO DO SO MAY RESULT IN REJECTION OF YOUR BID.

✓ See attached scope of current coverage:

Signature of Authorized Agent

Date

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SUMMARY OF COVERAGE

Employer: City of Tulsa

Group Policy: GP-701360

SOC: 2A

Issue Date: August 24, 2001

Effective Date: July 1, 2000

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 employee of the City of Tulsa, or an approved associated agency or an elected official of the City of Tulsa, excluding police officers at 20 years of service and all firefighters.

In addition, to be in an Eligible Class you must be a citizen or resident of and working within the United States or Canada.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the first day of the calendar month coinciding with or next following the date you complete a probationary period of 30 days of continuous service for your Employer or, if later, the date you enter the Eligible Class.

Enrollment Procedure

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your

Long Term Disability

GR-9

0030-0120

32

08/17/00

Employer. See your Employer for details.

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 you return to full-time work for one full day. This rule also applies to an increase in your coverage.

DISABILITY COVERAGE

Long Term Disability Benefits

Employees

Waiting Period: The first 90 days of a period of total disability.

If, solely due to disease or injury, you are unable to earn more than 80% of your adjusted predisability earnings, you will not be deemed to have performed the material duties of your own occupation, as defined by the City of Tulsa, on that day.

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

(Any benefit actually payable may be reduced by "other income benefits". The Booklet-Certificate has definitions of "other income benefits" {page 10}, "adjusted predisability earnings" {page 14}, and "predisability earnings" {page 13}.)

Maximum Monthly Benefit
Under this Plan (together with
all other income benefits)

\$ 4,000

Minimum Monthly Benefit

The greater of:
(c) \$ 100; and
(d) 10% of your Monthly Benefit
unreduced by Other Income Benefits
and the Maximum Monthly Benefit,
whichever is less.

Benefit Adjustment During Return to Work

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 (see page 14); the monthly benefit as figured above 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 amount of that income and the monthly benefit payable, as figured above, 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 figured without regard to this paragraph.

In figuring the monthly benefit, other income benefits do not include income from any employer or income from any occupation for compensation or profit.

Maximum Benefit Duration*

- If your period of total disability starts prior to the date you reach age 62, it will end with the calendar month in which you reach age 65.
- If your period of total disability starts on or after the date you reach age 62, it will end with the expiration of the number of months of total disability, after the waiting period is met, as figured from the following Schedule:

Maximum Benefit Duration Schedule

Age When Period of Total Disability Starts	Months of Total 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

* Unless your period of total 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 totally disabling pregnancy-related condition.

A physician's certification that the employee is totally 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 preexisting 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.

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.



Chairman, President and Chief Executive Officer

Group Policy: GP-701360
Cert. Base: 2
Issue Date: August 24, 2001
Effective Date: July 1, 2000

LONG TERM DISABILITY COVERAGE

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

Total Disability

You are deemed to be totally disabled while either of the following applies to you:

- From the date that you first become disabled and until Monthly Benefits are payable for 24 months:

You are not able, solely because of injury or disease, to perform the material duties of your own occupation, as defined by the City of Tulsa; except that if you start work at a reasonable occupation you will no longer be deemed totally disabled.

- After the first 24 months that any Monthly Benefits is payable:

You are not able, solely because of injury or disease, to work at any reasonable occupation.

You will not be deemed to be performing the material duties of your own occupation, as defined by the City of Tulsa, or working at a reasonable occupation on any day if:

- you are performing at least one, but not all, of the material duties of your own occupation, as defined by the City of Tulsa, or you are working at any occupation (full-time or part-time); and
- solely due to disease or injury, your income from either is 80% or less of your adjusted predisability earnings.

Reasonable Occupation

This is any gainful activity for which you are, or may reasonably become, fitted by education, training, or experience. It does not include work under an Approved Rehabilitation Program.

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 total disability:

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

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

A Period of Total Disability

A period of total disability starts on the first day you are totally 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 care of a physician. (You will not be deemed to be under the 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 total disability.)

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

- The date you are not totally disabled.
- The date you start work at a reasonable occupation (see page 7).
- The date you fail to give proof that you are still totally disabled.
- The date you refuse to be examined.
- The date you cease to be under the care of a physician.
- The date you reach the expiration of the Maximum Benefit Duration shown on the Summary of Coverage.
- The date you become eligible for benefits under any other long term disability benefits plan carried or sponsored by your Employer, if such date occurs after the date the group policy terminates.
- The date you have income from any employer or from any occupation for compensation or profit equal to more than 80% of your adjusted predisability earnings.
- The date you fail to give proof that you are unable to perform the duties of any occupation for compensation or profit equal to more than 80% of your adjusted predisability earnings.
- The date of your death.

Also, a period of total disability will end after 24 months if it is determined that the disability is, at that time, caused to any extent by a mental condition (including conditions related to alcoholism or drug abuse) described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (hereafter called DSM). There are two exceptions to this rule which apply if you are confined as an inpatient in a hospital or treatment facility at the end of the first 24 months for treatment of that condition. If the inpatient confinement lasts less than 30 days, the period of total disability will cease when you are no longer confined. If the inpatient confinement lasts 30 days or more, the period of total disability may continue until the date you have not been so confined for that condition for a total of 90 days during any 12 month period.

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

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.

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.

How Separate Periods of Total Disability Are Treated

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

However, 2 or more separate periods of total disability due to the same or related causes, which are separated by less than 6 months, will be deemed to be one period of total disability. Only one waiting period will apply.

Any day on which, solely due to disease or injury, your income is less than or equal to 80% of your adjusted predisability earnings, you will not, on that day, be deemed to be working at:

- your own occupation; or
- any reasonable occupation.

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

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.

- Disability or unemployment benefits under:
any group insurance plan.

any other type of coverage for persons in a group. This includes both plans that are insured and those that are not.
- Full 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 date;

but only to the extent that such benefits were paid for by an employer.
- 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.

Aetna will determine other income benefits as follows:

Lump Sum Payments From Workers' Compensation Or Which Result From The Act Or Omission Of Any Person Who Caused Your Disability:

That part of the lump sum payment that is for disability will be counted, even if it is not specifically apportioned or identified as such. This will be done if it is or is not the result of a compromise, settlement, award or judgment. If there is no proof acceptable to Aetna as to what that part is, 50% will be deemed to be for disability.

This amount will be broken down to a period of time equal to the lesser of: (a) the remaining benefit duration; and (b) 60 months. If the lump sum payment is tied to a specific period, the period of time will start on the same date as the period for which the lump sum payment is made. If the lump sum payment is not tied to a specific period, the period of time will start on the first day of the calendar month following the date that the lump sum payment is made.

Other Payments:

Payments In A Lump Sum: These will be broken down to a period of time equal to the lesser of: (a) the remaining benefit duration; and (b) 60 months. These will include periodic payments that could have been chosen in a lump sum.

Periodic Payments: These will be broken down to monthly periods. These will include amounts which are an accumulation of past due periodic payments.

Any of these "Other 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.

Approved Rehabilitation Program

This is a program of physical, mental, or vocational rehabilitation which:

- is expected to result in maximizing your employability; and
- is approved, in writing, by Aetna.

A rehabilitation program will cease to be an Approved Rehabilitation Program on the earliest to occur of:

- the date you are able to perform the material duties of your own occupation or work at any other reasonable occupation;
- the date Aetna withdraws, in writing, its approval of the program.

Physician

"Physician" means a legally qualified physician. If any part of a period of total disability is caused, to any extent, by a mental condition that is described in the most current edition of the DSM (see page 9), "physician" shall mean a legally qualified physician who:

- specializes in psychiatry; or
- is trained or experienced to evaluate and treat a mental condition.

If any part of a period of total disability is caused, to any extent, by a condition related to alcoholism or drug abuse that is described in the most current edition of the DSM, "physician" shall mean a legally qualified physician who is trained or experienced to evaluate and treat the condition.

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 total 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 total 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 total 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; and
- veterans' benefits for service related disabilities.

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, or 457 plans;
- Keogh plans;
- employee stock option plans;
- tax sheltered annuity plans; or

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.
- Longevity and education pay.

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.

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%.

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.

Limitations Which Apply To Long Term Disability Coverage

Long Term Disability Coverage does not cover any disability that:

- Is due to intentionally self-inflicted injury (while sane or insane).
- Results from your committing, or attempting to commit, an assault, battery, or felony.
- 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 totally disabled; and
 - no benefits will be payable.
 - Starts during the first 12 months of your current Long Term Disability Coverage, if it is caused or contributed to by a "preexisting condition". A disease or injury is a preexisting condition if, during the 3 months before the date you last became covered:
 - it was diagnosed or treated; or
 - services were received for the disease or injury; or
 - you took drugs or medicines prescribed or recommended by a physician for that condition.
-

Preexisting Condition

A disease or injury is a preexisting condition if, during the 3 months before the date you last became covered:

it was diagnosed or treated; or

services were received for 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 total disability which began while you had coverage, benefits will be available as long as your period of total disability continues.

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 total 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 total 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 totally disabled, a single, lump sum benefit will be paid under this provision if there is an Eligible Survivor as defined below.

The benefit amount will be:

- 6 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:

- 6 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 total 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.

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 and your employer must submit your claim to Aetna in writing on forms supplied by 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 (see page 10).

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 waiting 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.

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 proofs needed to obtain other income benefits;
- the person has not waived any other income benefits without Aetna's written consent; and
- the person has sent copies of documents to Aetna showing the effective dates and the amounts of other income benefits.

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.

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.

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.

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 30 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 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.

Aetna's rights, as described above, will not apply more than 24 months after the overpayment was made unless:

- the overpayment was made due to fraud; or
- you have otherwise agreed to return the overpayment.

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.

Privacy Notice

The information in this Notice is not a part of either the group contract, your Certificate of Coverage or the Booklet. It is important to you as a covered person under the group contract. We have bound it into this document only as an aid to you in keeping insurance related material together.

This Notice describes certain aspects of Aetna U.S. Healthcare's insurance privacy policy which apply to you as a covered person in a plan of group insurance insured by Aetna. The policy does not apply where a different approach is required by law.

Information Which May be Collected

Aetna, in providing insurance services to you, relies mainly on the information you give on your group enrollment form and when you file claims.

Aetna may also collect information about you from other sources. This is information necessary for Aetna to perform its function with regard to the insurance transaction in question. For example, if the amount or type of coverage you are entitled to depends on your earnings or job class, Aetna would obtain that information from your Employer.

Disclosure of Information To Others

All of this information will be treated as confidential. It will not be disclosed to others without your authorization, except in some instances where such disclosure is necessary for the conduct of Aetna's business. Disclosure cannot be contrary to any law which applies.

The following sets forth the types of disclosure that may be made:

- Financial information (but not medical information) may be made available to your Employer or his or her representative in connection with the administration of the Plan. Information may also be made available in connection with policyholder audits.
- Information may be disclosed to other insurers if there may be duplicate coverage or a need to preserve the continuity of your coverage.
- Information may be disclosed to Peer Review Organizations and other agencies to determine whether health services were necessary and reasonably priced.

In addition, information may be given to regulators of Aetna's business and to others as may be required by law. It may also be given to law enforcement authorities when needed to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information Aetna has in its files about you. You may also have a right of access to such files, except information which relates to a claim or a civil or criminal proceeding, and to ask for correction, amendment, or deletion of personal information. This can be done in states which provide such rights and which grant immunity to insurers providing such access. If you request any health information, Aetna may elect to disclose details of the information you request to your (attending) physician. If you wish to exercise this right or if you wish to have more detail on our information practices, please contact:

Aetna Life Insurance Company
Executive Response Team, MCAF
151 Farmington Avenue
Hartford, Connecticut 06156

Under New Mexico law, a resident of New Mexico has the right to register as a "protected person" in connection with disclosure of confidential domestic abuse information. If you wish to exercise this right, contact the Member Services number on your ID card, or write to the address shown above.

Continuation of Coverage During an Approved Leave of Absence Granted to Comply With Federal Law

This continuation of coverage section applies only for the period 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. However, if a period of disability starts while you are on an approved FMLA leave, the waiting period for such period of disability will not be deemed to end until the later of:

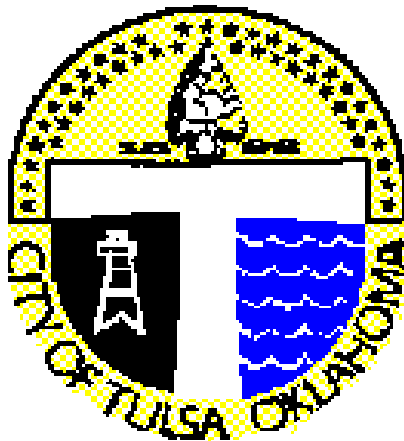
- the date you complete the waiting period; and
- the date you are scheduled to return to active work following the approved FMLA leave.

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.



INVITATION FOR SEALED PROPOSAL

RFP 02-720

Description: Long Term Disability

Department: Human Resources

NIGP Commodity Code(s): 958-61-00-000-0

Total pages including this page is 20

NOTE: FAXING OF PROPOSAL NOT ACCEPTED

Important Instruction – Read Carefully:

If you have obtained these proposal specifications from either of:
City of Tulsa's Fax-on-Demand (918-596-1171) or
City of Tulsa's Website : <http://www.cityoftulsapurchasing.org/>

you must notify the buyer Patricia Cummings of your intent to proposal by e-mail at pcummings@ci.tulsa.ok.us in order to receive addenda. The buyer will always acknowledge your e-mail for your records. All addenda will be posted on fax-on-demand and the website.

TABLE OF CONTENTS

Pay special attention to those pages with a reference to the following notes:

Note #1: Signature of authorized agent required

Note #2: Signature of an authorized agent and notarized required

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Your proposal response should follow the same format listed above plus any additional format requested in the body of the proposal invitation.

**INVITATION FOR SEALED PROPOSALS
TO
City of Tulsa**

200 CIVIC CENTER, ROOM 109, TULSA, OKLAHOMA 74103

Proposal number and date of proposal opening must appear on the lower
left outside corner of proposal envelopes and all related containers.

DATE OF OPENING: December 5, 2002

PROPOSAL NUMBER: **RFP 02-720**

PROPOSAL MUST BE IN THE CITY CLERK'S OFFICE AT THE ABOVE ADDRESS BY 5:00 P.M. THE DAY PRECEDING THE "DATE OF OPENING" SHOWN ABOVE.

PROPOSALS WILL BE OPENED AT 8:30 A.M. IN THE CITY COUNCIL ROOM ON THE DAY SPECIFIED UNDER "DATE OF OPENING."

PUBLISHED IN THE TULSA DAILY COMMERCE AND LEGAL NEWS: November 4, 2002

Proposal must be accompanied by proposal's bond, cashier's check or certified check in the amount of: NONE

PLEASE READ TERMS AND CONDITIONS ON THE NEXT PAGE BEFORE COMPLETING PROPOSAL DOCUMENTS

THE FOLLOWING SECTION MUST BE COMPLETED BY PROPOSAL

Delivery will be made in not more than _____ days after receipt of order.

Payment terms _____ % _____ days.

City of Tulsa may increase quantity of order at the unit price proposal for _____ days. (Proposal to Specify Days) I have examined the terms and specifications and the instructions to proposals herein and agree, provided I am awarded a contract, to provide the above described items for the sum shown in accordance with the terms and specifications stated herein. All deviations are in writing and attached hereto.

Enclosed is a [] PROPOSAL BOND ; [] CASHIER'S CHECK; [] Certified Check in the amount of \$ _____, which I agree the City of Tulsa may retain as liquidated damages in the event of my failure to comply with the terms of this proposal.

MUST BE SIGNED BY AUTHORIZED AGENT TO BE VALID

FIRM NAME _____ by _____

SIGNATURE OF AUTHORIZED AGENT

STREET _____ TITLE _____

CITY STATE _____ ZIP CODE _____ PHONE NUMBER _____ DATE _____

GENERAL TERMS AND CONDITIONS OF SEALED PROPOSALS

THESE ITEMS APPLY TO AND BECOME A PART OF THE PROPOSAL.

NO EXCEPTIONS TO THESE TERMS & CONDITIONS WILL BE CONSIDERED.

1. **PROPOSALS MUST BE SUBMITTED ON THIS FORM ONLY INCLUDING A SIGNATURE OF AN AUTHORIZED AGENT.** Each proposal shall be placed in a separate envelope. Be sure envelope is completely and properly identified and sealed, showing the proposal number and date in the lower left hand corner. Proposals must be time stamped in the office of the City Clerk by 5:00 P.M. on the day before date of opening.
2. No proposal may withdraw his proposal for a period of thirty (30) days after the date and hour set for the opening of proposals.
3. All prices shall be quoted F.O.B. Tulsa, Oklahoma, and delivery to City of Tulsa location shall be without additional charge.
4. The proposal shall attach the manufacturer's name of the equipment or material to be furnished, type, model numbers, manufacturer's descriptive bulletins and specifications. All guarantees and warranties should be clearly stated. This data shall be in sufficient detail to describe accurately the equipment or material to be furnished. Manufacturer's specifications, in respect to the successful proposal, shall be considered as part of his contract with the City of Tulsa.
5. The proposal shall show in the proposal both the unit prices and total amount, where required, of each item listed. In the event of error or discrepancy in the mathematics, the unit prices shall prevail.
6. Any exceptions or deviations from written specifications shall be shown in writing and attached to the proposal form.
7. Each proposal agrees to comply with the terms of Title 5, Chapter 1, of Tulsa, Oklahoma Charter and revised ordinances relating to equal employment opportunity.
8. **THE ENCLOSED FORMS REGARDING NON-COLLUSION AND FINANCIAL INTEREST MUST BE SIGNED, NOTARIZED, AND RETURNED WITH THE PROPOSAL.**
9. The City of Tulsa reserves the right to reject any and all proposals, to waive any technicalities in the proposal, and to award each item to different proposals or all items to a single proposal.
10. All proposals must be accompanied by proposals bond, cash, certified or cashier's check in the amount shown on the face of the proposal form. This amount shall be retained by the City of Tulsa as liquidated damages in the event the successful proposal (or proposal) fails to execute a contract, if required. The proposal agrees that said amount is presumed to be the damages sustained by the City due to the impracticability and extreme difficulty in fixing the actual damages. The office of the City Clerk will return the proposal deposits to the unsuccessful proposals, after a contract has been awarded or all proposals have been rejected.
11. In the event cash discounts are offered by the proposal, the discount date shall begin with the date of invoice, the date of receipt of all material covered by the purchase order, or the date of receipt by the City of Tulsa of the original copy of the purchase order with properly executed Affidavit of Claimant, whichever is the later date.
12. Direct purchase of certain items of equipment or material by the City of Tulsa are exempt from Federal Excise Tax and Oklahoma Sales Tax. In such cases the proposal shall quote prices which do not include Federal Excise Tax and Oklahoma Sales Tax. The City of Tulsa will furnish executed exemption certificates upon presentation by the proposal at the time of purchase.
13. Proposal must show number of days required for delivery under normal conditions. Failure to state delivery time obligates proposal to complete delivery in fourteen (14) calendar days. Unrealistically short or long delivery promises may cause proposal to be disregarded. Contractor must keep Purchasing Department advised at all times of status of order. Default in promised delivery or failure to meet specifications authorizes the Purchasing Agent to purchase supplies elsewhere and charge full increase of cost and handling to defaulting contractor. Consistent failure to meet delivery promises without valid reason may cause removal from proposal list.
14. Proposal agrees to defend and save City of Tulsa from and against all demands, claims, suits, costs, expenses, damages and judgments based upon infringement of any patent relating to goods specified in this order or the ordinary use or operation of such goods by City or use or operation of such goods in accordance with proposals direction.
15. If the proposal requires a written contract, the successful proposal shall execute a written contract with the City of Tulsa and return the

required bonds and insurance certificates within ten (10) days after submission of contracts to said proposal by the City.

INTEREST AFFIDAVIT

STATE OF _____ }
 } ss

COUNTY OF _____ }

_____, of lawful age, being first duly sworn, states that s(he) is the agent authorized by the proposal to submit the attached proposal. Affiant further states that no officer or employee of the City of Tulsa either directly or indirectly, owns a twenty-five percent (25%) interest in the proposal's business or such a percentage which constitutes a controlling interest. Affiant further states that the following officers and/or employees of the City of Tulsa have some direct or indirect interest in the proposal's business:

By _____
(Signature)

(Title)

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC SIGNATURE

My Commission Expires:

The Interest Affidavit must be completed, signed by an authorized agent, and notarized.

BIDDER AFFIDAVIT - TITLE 74 O.S. (1974 SUPP.) 85.22-85.25

STATE OF _____ COUNTY OF _____

_____, of lawful age, being first duly sworn on oath says

Authorized Agent

1. (s)he is the duly authorized agent of _____, the proposal submitting the competitive proposal which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among proposals and between proposals and municipal officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the proposal to which this statement is attached.
2. (s)he is fully aware of the facts and circumstances surrounding the making of the proposal to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such proposal; and
3. neither the proposal nor anyone subject to the proposal's direction or control has been a party;
 - a. to any collusion among proposals in restraint of freedom of competition by agreement to proposal at a fixed price or to refrain from proposal.
 - b. to any collusion with any municipal official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between proposals and any municipal official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

SIGNATURE OF AUTHORIZED AGENT

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

MY COMMISSION EXPIRES

The Proposal Affidavit must be completed, signed by an authorized agent, and notarized.

CONTRACTOR/BIDDER INFORMATION SHEET

To be completed by all Bidders
For Contracts with the City of Tulsa
(Please print or type)

Project No. or Description _____

Full Name of Proposal _____

Legal Identity
(Corporation, Partnership,
Individual, etc.) _____

Address _____

Telephone No. _____

FAX No. _____

Taxpayer Identification Number _____

Contact Person _____

Phone No. _____

Fax No. _____

E-mail address _____

Webpage Address _____

REQUEST FOR PROPOSAL 02-720
THE CITY OF TULSA
EMPLOYEE BENEFITS - LONG TERM DISABILITY

The City of Tulsa's Long Term Disability has mandatory participation and generally covers all non-uniform employees and sworn police officers. You are invited to submit a proposal to the City of Tulsa, Oklahoma, in accordance with the terms, conditions, and instructions as set forth in this Request for Proposal. No commissions or brokerage fees will be paid by the City of Tulsa in the selection or employment of a disability provider. You must give a proposal on the attached Plan design for all affected participants. If you believe there are additional changes required in the plan design to control cost indicate such in your response to the RFP. Your response must include:

Disability Program

The cost of the City of Tulsa's health benefit plan continues to be a major area of expense. The Employee Benefits Committee would like to review the market for one provider to deliver disability coverage to all its participants. The current disability contract is fully insured. The City would like a minimum commitment of three years with rate quotations for those initial three years. We would also request that renewal provisions be included within the contract for an additional two (2) years, (total of five years), subject to rate negotiation agreement being reached between the parties for the final two years. Due to State Law requirements, the new contract would be renewable annually on consent of both parties involved, or to cancel the contract with a sixty (60) day written notice.

The City of Tulsa's covered population is approximately 3,138 lives The current rate structure is \$.46 per \$100 of covered payroll which is estimated at \$9,000,000.

Your response must include:

- a copy of your standard contract;
- a list of exclusions;
- the completed Interest Affidavit;
- the completed Proposal Affidavit;
- the completed Pricing Page, Attachment 1
- the completed Questionnaire, Attachment 2
- the completed Benefits Summary, Attachment 3

SPECIFIC REQUIREMENTS

- Benefit level as described in Attachment 1.
- Produce W-2's in accordance with the requirement by the State of Oklahoma for disability recipients on a timely basis using the City's employer identification number.
- Provide a self-funded short-term period plus a pooled long-term period.

All questions should be submitted in writing to:

**Patricia Cummings
City of Tulsa
200 Civic Center, Room 802F
Tulsa, OK 74103
918/596-7561
Fax 918/699-3021**

All responses to questions will be in writing to all potential proposals. Questions received later than five days prior to proposal submission date may not be answered.

TIMETABLE FOR PROPOSALS

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
Release of specifications	October 24, 2002
Submission of proposals	December 4, 2002, by 5 p.m. CST
Opening of Proposals	December 5, 2002, at 8:30 a.m. CST
Selection of Finalists	December 19, 2002
Finalists presentations	to be announced
Enrollment elections completed	May 24, 2003

SUBMISSION OF PROPOSALS

Each proposal package must be sealed and include fifteen (15) copies of the completed proposal. The

original proposal must be clearly marked as "Original." All proposals must be received by 5 p.m. CST on December 4, 2002, and be addressed to:

**Deputy City Clerk
Attn: Dana Towers
City Hall, Room 109
200 Civic Center Plaza
Tulsa, OK 74103**

Proposals received after this time and date **will not** be accepted.

EFFECT OR PERIOD OF PROPOSALS

All terms and conditions within the proposal must remain in effect until at least August 1, 2003, to allow sufficient review, negotiation and approval time by the City of Tulsa.

EVALUATION OF PROPOSALS

The City of Tulsa will evaluate proposals. Each proposal will be evaluated according to a number of criteria that will be grouped into seven (7) major categories:

1. General organization and experience of the administrator.
2. Financial arrangement, including guaranteed cost contract and performance guarantees.
3. Scope, responsiveness, and quality of administrative services, including data processing and management information reporting capabilities.
4. Claims processing organization and procedure.
5. Utilization management and quality assurance programs and services.
6. Customer service including reference gained information and/or previous contact with the provider.
7. Providers and geographic locations of providers.

ORAL PRESENTATION

Each finalist, not to exceed four (4), will be required to conduct a final oral presentation at the City's headquarters at a time selected by the City and agreeable to the administrator. Such presentations will be announced at a later date. The purpose of this presentation will be to:

- Substantiate proposal representations made by the finalists.
- Supplement information obtained through the proposal questionnaire.
- Provide a better understanding of the services and operations of the administrator.
- Meet the individuals who will have a significant role in providing services to the City.

IMPORTANT

Selection shall be based on the determination of the most attractive offer as evaluated by the City of Tulsa. Each finalist will be notified in writing of the City's final decision. The final approval of the selected provider will be subject to the final determination of the City and will be contingent on the successful completion of a contract between the City and the successful proposal.

Award of Contract

1. Authority of the Mayor. The Mayor shall have the authority to award contracts within the purview of this chapter.
2. The City of Tulsa reserves the right to refuse any and all proposals.

Additionally, the City shall evaluate proposals based on those criteria identified in the Mayor's Executive Order No. 90-08 as factors to be considered in the review of proposals including:

1. Professional qualifications, specialized experienced and technical competence of the firm with respect to the types of service required;
2. Capacity and capability of the firm with respect to such factors as cost control, quality of work and ability to meet schedules;

3. Record of past performance with the City and other jurisdiction;
4. Proximity to and familiarity with the area of service;
5. Qualifications and experience of the principals of the firm, managing professional and key staff professionals selected for the project;
6. Size and experience of the professional and technical staff with respect to the magnitude of the assignment;
7. Financial standing;
8. Estimated schedule for completion of the project.

Your proposal responses should be based on the following assumptions:

EFFECTIVE DATE

- 1) July 1, 2003
- 2) July 1, 2004 (first renewal, with quoted rate)
- 3) July 1, 2005 (second renewal, with quoted rate)
- 4) July 1, 2006 (third renewal, rate negotiable)
- 5) July 1, 2007 (fourth renewal, rate negotiable)

CONTRACT

The City reserves the right to renew the contract for up to four (4) or additional one-year periods. The new contract would be renewable annually on consent of both parties involved, or to cancel the contract with a sixty (60) day written notice. The parties understand that rate guarantees for the initial three years shall be based on the vendors response to this request for bid. The additional two option years shall be based on mutual agreement of the parties at the appropriate time and subject to negotiations and/or contract cancellation.

CONTRACT RENEWAL RATES

Price adjustment of any renewal contract shall be approved prior to each renewal period. Any escalation or de-escalation of prices shall be based on the verifiable data approved by and agreed upon by the City of Tulsa.

In the event a price adjustment is requested, the contract holder shall notify the City (in writing) within sixty (60) days prior to expiration of each contract period of such price adjustments. Such notice shall be delivered to Larry Stovall, Employee Benefits Manager, City of Tulsa.

AUDITED FINANCIAL STATEMENT

Each provider must include in his response to this Request for Proposal an audited financial statement covering the provider's most recent fiscal year of operation and any other financial data which will serve to support the financial strength of the company.

NEGOTIATION

The City of Tulsa reserves the rights to negotiate any portion of the contract in order to clarify any areas of concern and to reach agreement on other factors.

FUNDING

All proposals should assume liability for claims **incurred** on or after the effective date (July 1, 2003). The current carrier will be responsible for administration of run out claims incurred before July 1,2003.

ACCOUNT SERVICE

- Routine account administration and service.
- Participation in employee enrollment meetings.
- The City desires the ability to provide a monthly eligibility tape to the administrator.
- Overall account responsibility is to be handled by one primary contact that is located in Tulsa.

ACTIVELY-AT-WORK REQUIREMENT

- All participants currently enrolled in the City's option must continue to receive coverage; the quotes should reflect the cost of these participants.
- No disabled individuals shall lose coverage as a result of the change in carrier.

PREMIUM AND BILLING RATES

- No commissions will be paid.
- The first plan year is to be from July 1, 2003, through June 30, 2004.
- Subsequently, changes in rates and fees must be provided by March 1, for rates to be effective on the subsequent July 1.

ADMINISTRATION

- The Administrator will be required to use enrollment/change forms customized by the employer.
- Summary Plan Descriptions and Member Handbooks will be prepared and distributed by the carrier. Bid should include the printing and mailing costs.
- The provider will be totally responsible for its errors.
- The City will retain the rights of eligibility.
- No commissions will be paid.
- Subsequently, changes in rates and fees must be provided by March 1st for rates to be effective on the subsequent July 1st.

Performance Guarantees

Performance guarantees related to claim payment, service, member satisfaction, etc. will be negotiated prior to the nomination of a provider. Proposals should include any performance guarantees and standards, which the provider wishes to propose.

Contract Guarantee

All contracts must be guaranteed for the rate guarantee periods and cannot be canceled by the provider except for the City's non payment of rates or fees.

Management Reports

Management reports will be required quarterly, showing utilization patterns and trends.

Audits

With reasonable prior notice, the selected carrier must agree to all City auditors to conduct and audit of all claims and billing systems and records related to the City account.

LTD Questionnaire Attachment 1

1. How long has this product been available with your company?
2. Who will have overall responsibility for our client's satisfaction?
3. Describe your service team.
4. Are any activities performed by outside administrators or advisors?
5. Provide a list of three (3) client references that have purchased your group life product.
6. Present an implementation schedule.
7. Provide samples of your standard enrollment materials and application.
8. To what extent will you subsidize preparation of enrollment materials?
9. Do you have a toll-free number for handling employee inquiries? Describe your client service center.
10. Provide a sample summary plan description.
11. Describe your suggested billing process.
12. Describe your definition of total disability for police officers.
13. Describe your pre-existing provisions.
14. Describe your successive period of disability.
15. Describe your offset for earnings for work performed while disabled.
16. Describe how you integrate income an employee would receive from other sources.
17. Identify all types of income your firm would consider as employee earned income.
18. Describe your contact with the employee during and after claim approval.
19. What is the average number of claims assigned to each claims adjuster?
20. The Employee and Employer averages 15% and 85%. Does that split change your quote?
21. Are commissions being paid on this LTD policy?
22. What is the average length of time to approve a claim once you have received the documentation?

ATTACHMENT 2 LTD PROVIDER HISTORY

The plan was originally underwritten by Cigna in 1975. The original intent was to provide a program of long-term protection, coupled with a funding mechanism that would eliminate wide fluctuations from year to year. Additionally, the City wanted an opportunity to self-insure the more predictable short-term claims. The plan has both a short-term and a long-term program. The short term period had a benefit waiting period of 150 days with a benefit payment period of 21 months, followed by the long term payment period. Effective July 1, 1989, the short-term program was changed to a 90 day waiting period followed by a benefit period of 21 months. This portion of the benefit is experience rated. The long-term disability has a concurrent benefit waiting period of 24 months. Benefits are paid until age 65 or as per ADA mandates. In essence, the City self-insures the finite disabilities and transfers the permanent disability risk to the insurance carrier.

The plan was underwritten by UNUM in 1994. UNUM increased the minimum from \$50.00 per month to \$100.00. In addition they increased the short-term benefit period from 21 to 24 months. In 1996 Standard increased the Plan's minimum benefits to 10% or \$100.

HISTORY OF PLAN AMENDMENTS:

- 05/01/85
 - 6 month pre-existing condition
 - City pays premiums for first \$1,500.00 of monthly income
 - Participation mandatory

- 07/01/89
 - 150 day waiting period changed to 90 day
 - Maximum monthly benefit changed from \$2,500.00 to \$4,000.00

- 07/01/91
 - Residual Disability Benefit
 - Americans with Disabilities Amendments
 - Limited duty qualifiers

- 07/01/94
 - UNUM changes short term disability to 24 months
 - Minimum is changed to \$100.00 per month

- 07/01/96
 - Sworn Police Officers added to coverage

- 08/01/96
 - Sworn Police Officers with 20 or more years of service were excluded from the Plan

**ATTACHMENT #3
LONG TERM DISABILITY
PRICING PAGE**

	2003/04	2004/05	2005/06
STD per hundred dollars of Monthly payroll	_____	_____	_____
LTD per hundred dollars of Monthly payroll	_____	_____	_____
Total of STD & LTD	_____	_____	_____

SUMMARY OF LTD PREMIUM, CLAIMS AND RESERVES

		7/00 - 7/01	7/01 - 7/02	7/02 - 10/02	Total
	Payment Period				
	-				
Recorded Claims	7/00 - 7/01	\$22,411	-		\$22,411
	7/01 - 7/02	\$229,750	\$63,665	-	\$293,415
	7/02 - 10/02	\$31,522	\$41,784	\$0	\$73,306
	Total	\$283,683	\$105,449	\$0	\$778,264
Claim Reserves		\$332,583	\$63,728	\$0	\$396,311
IBNR Reserves		\$0	\$198,862	\$119,318	\$318,180
Incurred Claims		\$616,266	\$368,039	\$119,318	\$1,492,755
Interest Discount		(\$18,804)	(\$1,572)	\$0	(\$20,376)
Net Incurred Claims		\$597,462	\$366,467	\$119,318	\$1,472,379
Paid Premium		\$509,627	\$528,718	\$135,588	\$1,173,933
Rate History Constant Premium		\$0.460 \$509,627	\$0.460 \$528,718	\$0.460 \$135,588	\$1,173,933
Constant Loss Ratio		117%	69%	88%	125%

Notes:

IBNR Represents 6 months of premium to account for claims in the elimination period and reporting lag.

Incurred Claims = Recorded Claims + Claim Reserves + IBNR Reserves

Net Incurred Claims = Recorded Claims + Claim Reserves + IBNR Reserves - Interest Discount

Constant Premium = Premium that would have been paid had the existing rate been in effect over the entire review period.

Constant Loss Ratio = Net Incurred Claims ÷ Constant Premium

Summary of LTD Claim Incurrels

				Total
	7/00 - 7/01	7/01 - 7/02	7/02 - 10/02	
Open Claims	18	7	0	25
<u>Closed Claims</u>	<u>6</u>	<u>7</u>	<u>0</u>	<u>13</u>
Total Claims	24	14	0	38
Life Years	3,212	3,226	790	7,228
Total Life Years				
Incidence per 1,000 Lives	7.47	4.34	0.00	5.26