



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
DPS1127

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
TARA LYLE 304-558-2544

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

WEST VIRGINIA STATE POLICE

4124 KANAWHA TURNPIKE  
 SOUTH CHARLESTON, WV  
 25309 304-746-2141

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/19/2011				

BID OPENING DATE: 05/04/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. TO MOVE THE BID OPENING DATE FROM 04/21/2011 TO 05/04/2011. 3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 1						
0001	1	LS		962-47		
INSURANCE SERVICES						
***** THIS IS THE END OF RFQ DPS1127 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS**  
**REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

**DPS1127**  
**ADDENDUM NO. 1**

Q1: In order to receive a competitive quote to compete with your current standard life quote, I will need the following census-gender and date of birth, salary and occupation, 2 years claims versus premiums paid, and a copy of insurance booklet outlining coverages.

A1: Please see attachments.

End of Addendum No. 1

### WVSP CENSUS

Sex	Birth Year	Salary Range	Title
F	1963	\$15,000 - \$20,000	CUSTODIAN
M	1988	\$15,000 - \$20,000	CUSTODIAN
F	1955	\$15,000 - \$20,000	TAILOR
F	1969	\$15,000 - \$20,000	COOK
M	1966	\$15,000 - \$20,000	CUSTODIAN
F	1943	\$15,000 - \$20,000	COOK
F	1960	\$15,000 - \$20,000	COOK
F	1968	\$15,000 - \$20,000	OFFICE ASST II
F	1951	\$15,000 - \$20,000	OFFICE ASST II
F	1955	\$15,000 - \$20,000	STOREKEEPER II
F	1985	\$15,000 - \$20,000	OFFICE ASST II
M	1966	\$15,000 - \$20,000	OFFICE ASST II
F	1959	\$15,000 - \$20,000	OFFICE ASST II
F	1965	\$15,000 - \$20,000	OFFICE ASST II
F	1949	\$15,000 - \$20,000	OFFICE ASST II
M	1982	\$15,000 - \$20,000	STOREKEEPER II
F	1959	\$15,000 - \$20,000	OFFICE ASST II
F	1965	\$20,001 - \$25,000	OFFICE ASST III
F	1977	\$20,001 - \$25,000	OFFICE ASST III
F	1969	\$20,001 - \$25,000	ACCOUNTING TECH III
F	1966	\$20,001 - \$25,000	OFFICE ASST III
F	1957	\$20,001 - \$25,000	PAYROLL ASSISTANT
F	1985	\$20,001 - \$25,000	OFFICE ASST III
F	1960	\$20,001 - \$25,000	OFFICE ASST III
F	1978	\$20,001 - \$25,000	OFFICE ASST III
F	1963	\$20,001 - \$25,000	OFFICE ASST III
F	1975	\$20,001 - \$25,000	OFFICE ASST III
F	1957	\$20,001 - \$25,000	OFFICE ASST III
F	1973	\$20,001 - \$25,000	OFFICE ASST III
F	1966	\$20,001 - \$25,000	OFFICE ASST III
F	1960	\$20,001 - \$25,000	OFFICE ASST III
F	1951	\$20,001 - \$25,000	OFFICE ASST III
F	1962	\$20,001 - \$25,000	OFFICE ASST III
F	1986	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1976	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1954	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1972	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
M	1955	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1971	\$20,001 - \$25,000	OFFICE ASST III
F	1977	\$20,001 - \$25,000	SECRETARY I
F	1975	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1980	\$20,001 - \$25,000	OFFICE ASSISTANT III
F	1988	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1988	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1959	\$20,001 - \$25,000	OFFICE ASST III
F	1965	\$20,001 - \$25,000	SECRETARY I
F	1977	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR

F	1982	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1967	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
M	1977	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1978	\$20,001 - \$25,000	OFFICE ASST III
F	1976	\$20,001 - \$25,000	OFFICE ASST III
F	1979	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1947	\$20,001 - \$25,000	FINGERPRINT TECH
M	1972	\$20,001 - \$25,000	CARPENTER
F	1980	\$20,001 - \$25,000	SUPERVISOR I
F	1982	\$20,001 - \$25,000	FINGERPRINT TECH
F	1961	\$20,001 - \$25,000	SECRETARY I
F	1956	\$20,001 - \$25,000	FINGERPRINT TECH
F	1960	\$20,001 - \$25,000	SUPERVISOR I
M	1978	\$20,001 - \$25,000	BLDG MAINT MECHANIC
M	1981	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR SUPV
F	1964	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1964	\$20,001 - \$25,000	E-911 TELECOMMUNICATOR
M	1969	\$20,001 - \$25,000	MECHANIC II
F	1969	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
F	1949	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
M	1948	\$20,001 - \$25,000	CARPENTER
M	1942	\$20,001 - \$25,000	OFFICE ASST II
F	1983	\$20,001 - \$25,000	DATA ANALYST I
F	1955	\$20,001 - \$25,000	PURCHASING ASST
F	1950	\$20,001 - \$25,000	OFFICE ASST II
M	1961	\$20,001 - \$25,000	ELECTRONICS TECH I
F	1956	\$20,001 - \$25,000	OFFICE ASST III
F	1953	\$20,001 - \$25,000	OFFICE ASST II
F	1961	\$20,001 - \$25,000	OFFICE ASST III
F	1954	\$20,001 - \$25,000	OFFICE ASST III
F	1959	\$20,001 - \$25,000	OFFICE ASST III
F	1954	\$20,001 - \$25,000	OFFICE ASST III
M	1967	\$20,001 - \$25,000	MECHANIC II
M	1947	\$20,001 - \$25,000	MECHANIC II
M	1962	\$20,001 - \$25,000	POLICE TELECOMMUNICATOR
M	1959	\$20,001 - \$25,000	CUSTODIAN
F	1968	\$20,001 - \$25,000	PURCHASING ASST
M	1985	\$20,001 - \$25,000	EVIDENCE TECH I
M	1964	\$20,001 - \$25,000	BLDG MAINT MECHANIC
M	1957	\$25,001 - \$30,000	BLDG MAINT MECHANIC
F	1971	\$25,001 - \$30,000	SECRETARY II
M	1951	\$25,001 - \$30,000	POLICE TELECOMMUNICATOR
F	1971	\$25,001 - \$30,000	POLICE TELECOMMUNICATOR
F	1974	\$25,001 - \$30,000	OFFICE ASST III
F	1969	\$25,001 - \$30,000	OFFICE ASST III
F	1966	\$25,001 - \$30,000	ADM SERVICES ASST II
F	1973	\$25,001 - \$30,000	OFFICE ASST III
F	1973	\$25,001 - \$30,000	OFFICE ASST III
F	1968	\$25,001 - \$30,000	OFFICE ASST III
F	1967	\$25,001 - \$30,000	OFFICE ASST III
F	1969	\$25,001 - \$30,000	OFFICE ASST III
F	1953	\$25,001 - \$30,000	OFFICE ASST III

F	1955	\$25,001 - \$30,000	OFFICE ASST III
M	1973	\$25,001 - \$30,000	MECHANIC II
F	1949	\$25,001 - \$30,000	OFFICE ASST III
F	1970	\$25,001 - \$30,000	POLICE TELECOMMUNICATOR
F	1970	\$25,001 - \$30,000	OFFICE ASST III
F	1968	\$25,001 - \$30,000	OFFICE ASST III
F	1967	\$25,001 - \$30,000	DATA ANALYST I
M	1970	\$25,001 - \$30,000	STOREKEEPER III
F	1954	\$25,001 - \$30,000	SECRETARY II
F	1963	\$25,001 - \$30,000	OFFICE ASST III
F	1957	\$25,001 - \$30,000	OFFICE ASST III
M	1970	\$25,001 - \$30,000	SUPERVISOR I
M	1949	\$25,001 - \$30,000	CARPENTER
M	1961	\$25,001 - \$30,000	BLDG MAINT MECHANIC
F	1958	\$25,001 - \$30,000	ADM SERVICES ASST II
M	1947	\$25,001 - \$30,000	FOOD SERVICE SUPERVISOR
F	1960	\$25,001 - \$30,000	POLICE TELECOMMUNICATOR
F	1960	\$25,001 - \$30,000	OFFICE ASST III
M	1978	\$25,001 - \$30,000	POLICE TELECOMMUNICATOR
F	1972	\$25,001 - \$30,000	SECRETARY I
M	1963	\$25,001 - \$30,000	MECHANIC I
F	1958	\$25,001 - \$30,000	OFFICE ASST III
F	1981	\$25,001 - \$30,000	POLICE TELECOMMUNICATOR SUPV
F	1948	\$25,001 - \$30,000	FINGERPRINT TECH
F	1956	\$25,001 - \$30,000	SECRETARY I
M	1957	\$25,001 - \$30,000	GRAPHIC DESIGNER
F	1962	\$25,001 - \$30,000	OFFICE ASST III
F	1959	\$25,001 - \$30,000	OFFICE ASST III
F	1961	\$25,001 - \$30,000	OFFICE ASST III
F	1968	\$25,001 - \$30,000	SECRETARY II
M	1944	\$25,001 - \$30,000	BLDG MAINT MECHANIC
F	1959	\$25,001 - \$30,000	OFFICE ASST III
M	1967	\$25,001 - \$30,000	BLDG MAINT SUPV I
F	1967	\$25,001 - \$30,000	SECRETARY II
F	1956	\$25,001 - \$30,000	OFFICE ASST III
F	1951	\$25,001 - \$30,000	OFFICE ASST III
F	1950	\$25,001 - \$30,000	WEAPON INSTRUCTOR/AUDITOR
F	1957	\$25,001 - \$30,000	ACCOUNTING TECH III
F	1959	\$25,001 - \$30,000	OFFICE ASST III
F	1953	\$25,001 - \$30,000	OFFICE ASST III
F	1964	\$25,001 - \$30,000	FORENSIC ANALYST I
M	1988	\$25,001 - \$30,000	FORENSIC ANALYST I
M	1954	\$25,001 - \$30,000	CARPENTER
M	1964	\$25,001 - \$30,000	MECHANIC III
M	1961	\$25,001 - \$30,000	BLDG MAINT MECHANIC
F	1952	\$25,001 - \$30,000	OFFICE ASST III
F	1945	\$25,001 - \$30,000	OFFICE ASST III
F	1955	\$30,001 - \$35,000	ADM SERVICES ASST II
M	1972	\$30,001 - \$35,000	ELECTRONICS TECH II
M	1963	\$30,001 - \$35,000	MEDICAL CLAIMS ANALYST II
M	1970	\$30,001 - \$35,000	MECHANIC III
M	1954	\$30,001 - \$35,000	ELECTRONICS TECH I

F	1954	\$30,001 - \$35,000	POLICE TELECOMMUNICATOR
F	1983	\$30,001 - \$35,000	FORENSIC ANALYST II
F	1986	\$30,001 - \$35,000	FORENSIC ANALYST II
F	1986	\$30,001 - \$35,000	FORENSIC ANALYST I
F	1949	\$30,001 - \$35,000	POLICE TELECOMMUNICATOR
F	1968	\$30,001 - \$35,000	ADM SERVICES ASST I
F	1981	\$30,001 - \$35,000	FORENSIC ANALYST I
F	1955	\$30,001 - \$35,000	SECRETARY II
F	1954	\$30,001 - \$35,000	ADM SERVICES ASST II
F	1955	\$30,001 - \$35,000	OFFICE ASST III
M	1975	\$30,001 - \$35,000	WEAPON INSTRUCTOR/AUDITOR
F	1957	\$30,001 - \$35,000	SECRETARY II
F	1962	\$30,001 - \$35,000	SECRETARY II
M	1983	\$30,001 - \$35,000	FORENSIC ANALYST II
M	1960	\$30,001 - \$35,000	MECHANIC III
M	1989	\$30,001 - \$35,000	CADET
M	1974	\$30,001 - \$35,000	CADET
M	1987	\$30,001 - \$35,000	CADET
M	1977	\$30,001 - \$35,000	CADET
M	1986	\$30,001 - \$35,000	CADET
M	1988	\$30,001 - \$35,000	CADET
M	1980	\$30,001 - \$35,000	CADET
M	1989	\$30,001 - \$35,000	CADET
M	1979	\$30,001 - \$35,000	CADET
M	1988	\$30,001 - \$35,000	CADET
M	1988	\$30,001 - \$35,000	CADET
M	1985	\$30,001 - \$35,000	CADET
M	1986	\$30,001 - \$35,000	CADET
M	1989	\$30,001 - \$35,000	CADET
M	1989	\$30,001 - \$35,000	CADET
M	1986	\$30,001 - \$35,000	CADET
M	1986	\$30,001 - \$35,000	CADET
F	1963	\$30,001 - \$35,000	ADM SECRETARY
F	1950	\$30,001 - \$35,000	FINGERPRINT TECH SR
M	1960	\$30,001 - \$35,000	POLICE TELECOMMUNICATOR SUPV
M	1961	\$30,001 - \$35,000	POLICE TELECOMMUNICATOR
F	1968	\$30,001 - \$35,000	ACCOUNTING TECH IV
F	1960	\$30,001 - \$35,000	ADM SERVICES ASST I
M	1948	\$30,001 - \$35,000	ELECTRONICS TECH I
M	1961	\$30,001 - \$35,000	FINGERPRINT TECH SR
F	1955	\$30,001 - \$35,000	SUPERVISOR II
F	1962	\$30,001 - \$35,000	ACCOUNTANT/AUDITOR III
M	1962	\$30,001 - \$35,000	POLICE TELECOMMUNICATOR SUPV
F	1960	\$30,001 - \$35,000	FINGERPRINT TECH SUPV
M	1961	\$30,001 - \$35,000	MECHANIC III
F	1977	\$35,001 - \$40,000	INFORMATION SYSTEMS SPEC I
F	1959	\$35,001 - \$40,000	ADM SERVICES ASST I
M	1948	\$35,001 - \$40,000	MECHANIC III
M	1959	\$35,001 - \$40,000	POLICE TELECOMMUNICATOR SUPV
M	1955	\$35,001 - \$40,000	SUPERVISOR III
M	1955	\$35,001 - \$40,000	ELECTRONICS TECH II
M	1981	\$35,001 - \$40,000	INFORMATION SYSTEMS SPEC I

M	1978	\$35,001 - \$40,000	INFORMATION SYSTEMS SPEC I
M	1961	\$35,001 - \$40,000	SUPERVISOR III
F	1977	\$35,001 - \$40,000	FORENSIC ANALYST IV
F	1980	\$35,001 - \$40,000	FORENSIC ANALYST IV
F	1963	\$35,001 - \$40,000	ADM SERVICES MGR I
M	1949	\$35,001 - \$40,000	ELECTRONICS TECH III
M	1985	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
F	1982	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
F	1987	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
M	1971	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
F	1986	\$40,001 - \$45,000	TROOPER
M	1988	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1987	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1984	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
M	1987	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
M	1984	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
M	1981	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1986	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1949	\$40,001 - \$45,000	INFORMATION SYSTEMS SPEC III
M	1981	\$40,001 - \$45,000	TROOPER
F	1952	\$40,001 - \$45,000	ADM SERVICES ASST II
F	1976	\$40,001 - \$45,000	FORENSIC ANALYST IV
F	1962	\$40,001 - \$45,000	FORENSIC ANALYST IV
F	1975	\$40,001 - \$45,000	FORENSIC ANALYST IV
M	1985	\$40,001 - \$45,000	TROOPER
M	1965	\$40,001 - \$45,000	TROOPER
M	1975	\$40,001 - \$45,000	TROOPER



M	1978	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1974	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1975	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1977	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1975	\$40,001 - \$45,000	TROOPER
M	1985	\$40,001 - \$45,000	TROOPER
M	1973	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	K-9 HANDLER MARTINSBURG
M	1980	\$40,001 - \$45,000	TROOPER
M	1980	\$40,001 - \$45,000	CHAPLAIN TROOP 2
M	1977	\$40,001 - \$45,000	TROOPER
M	1973	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1984	\$40,001 - \$45,000	TROOPER
M	1973	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1981	\$40,001 - \$45,000	TROOPER
M	1984	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1977	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
M	1979	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	SS III
M	1980	\$40,001 - \$45,000	SS II
M	1971	\$40,001 - \$45,000	TROOPER
M	1970	\$40,001 - \$45,000	TROOPER
M	1981	\$40,001 - \$45,000	TROOPER
M	1979	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1975	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1984	\$40,001 - \$45,000	TROOPER
M	1980	\$40,001 - \$45,000	TROOPER
F	1982	\$40,001 - \$45,000	TROOPER

M	1983	\$40,001 - \$45,000	TROOPER
M	1973	\$40,001 - \$45,000	TROOPER
M	1983	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1968	\$40,001 - \$45,000	TROOPER
M	1979	\$40,001 - \$45,000	TROOPER
M	1975	\$40,001 - \$45,000	TROOPER
M	1965	\$40,001 - \$45,000	TROOPER
M	1950	\$40,001 - \$45,000	INFORMATION SYSTEMS SPEC III
M	1985	\$40,001 - \$45,000	DATABASE ADM I
M	1970	\$40,001 - \$45,000	DATABASE ADM I
M	1952	\$40,001 - \$45,000	EMS COMMUNICATIONS CORD.
F	1948	\$40,001 - \$45,000	NURSE IV
M	1979	\$40,001 - \$45,000	TROOPER
M	1980	\$40,001 - \$45,000	TROOPER
M	1970	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
M	1972	\$40,001 - \$45,000	TROOPER
M	1972	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
M	1971	\$40,001 - \$45,000	TROOPER
M	1977	\$40,001 - \$45,000	TROOPER
M	1974	\$40,001 - \$45,000	TROOPER
M	1974	\$40,001 - \$45,000	K-9 HANDLER/MARLINTON SSIII
M	1972	\$40,001 - \$45,000	TROOPER
M	1977	\$40,001 - \$45,000	TROOPER
F	1980	\$40,001 - \$45,000	TROOPER
M	1976	\$40,001 - \$45,000	TROOPER
M	1978	\$40,001 - \$45,000	TROOPER
M	1982	\$40,001 - \$45,000	TROOPER
M	1975	\$40,001 - \$45,000	TROOPER
M	1982	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	TROOPER
M	1976	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	TROOPER
M	1968	\$45,001 - \$50,000	TROOPER
M	1976	\$45,001 - \$50,000	K-9 HANDLER ELKINS
M	1977	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	CACU MARTINSBURG
M	1977	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1979	\$45,001 - \$50,000	TROOPER
M	1979	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1966	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1980	\$45,001 - \$50,000	K-9 HANDLER MOOREFIELD
M	1976	\$45,001 - \$50,000	CACU INV T-3 SSIII
M	1976	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	TROOPER
M	1980	\$45,001 - \$50,000	TROOPER

M	1977	\$45,001 - \$50,000	TROOPER
M	1978	\$45,001 - \$50,000	TROOPER
F	1981	\$45,001 - \$50,000	BCI/FAIRMONT
M	1976	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	TROOPER
M	1978	\$45,001 - \$50,000	K-9 MORGANTOWN SS III
M	1973	\$45,001 - \$50,000	TROOPER
M	1964	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	INVESTIGATOR
M	1980	\$45,001 - \$50,000	TROOPER
M	1977	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1967	\$45,001 - \$50,000	TROOPER
F	1980	\$45,001 - \$50,000	CACU INV T-4 SSIII
M	1974	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	K-9 HUNTINGTON / SSV IV
M	1981	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1980	\$45,001 - \$50,000	SS IV
M	1961	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	CACU INV T-5 SSIII
M	1968	\$45,001 - \$50,000	SS III
M	1978	\$45,001 - \$50,000	TROOPER
M	1981	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	BCI/HUNTINGTON
M	1978	\$45,001 - \$50,000	TROOP 8 / BCI BECKLEY
M	1966	\$45,001 - \$50,000	POLYGRAPH EXAMINER T-6 SSIII
M	1976	\$45,001 - \$50,000	PO BOX 56 CAMP CREEK WV 25820
M	1964	\$45,001 - \$50,000	TROOPER
M	1971	\$45,001 - \$50,000	TROOPER
M	1972	\$45,001 - \$50,000	TROOPER
M	1972	\$45,001 - \$50,000	TROOPER
F	1957	\$45,001 - \$50,000	CACU HUNTINGTON/SS IV
M	1973	\$45,001 - \$50,000	SS IV
M	1976	\$45,001 - \$50,000	SS IV
M	1972	\$45,001 - \$50,000	TROOPER
M	1977	\$45,001 - \$50,000	TROOPER
M	1968	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1977	\$45,001 - \$50,000	INVESTIGATOR
M	1973	\$45,001 - \$50,000	TROOPER
M	1966	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1971	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	TROOPER
M	1976	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1971	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1977	\$45,001 - \$50,000	TROOPER

M	1974	\$45,001 - \$50,000	TROOPER
M	1971	\$45,001 - \$50,000	TROOPER
M	1978	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	BCI/FAIRMONT
M	1974	\$45,001 - \$50,000	TROOPER
F	1976	\$45,001 - \$50,000	TROOPER
M	1972	\$45,001 - \$50,000	TROOPER
M	1968	\$45,001 - \$50,000	TROOPER
M	1965	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1960	\$45,001 - \$50,000	TROOPER
M	1972	\$45,001 - \$50,000	CACU SOUTH CHARLESTON
M	1969	\$45,001 - \$50,000	FAIRMONT
M	1977	\$45,001 - \$50,000	TROOPER
M	1976	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1965	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	TROOPER
M	1967	\$45,001 - \$50,000	TROOPER
M	1964	\$45,001 - \$50,000	TROOPER
M	1967	\$45,001 - \$50,000	ADM SERVICES MGR IV
M	1975	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1972	\$45,001 - \$50,000	TROOPER
M	1977	\$45,001 - \$50,000	BCI CHARLESTON
M	1974	\$45,001 - \$50,000	TROOPER
M	1971	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1968	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	BCI PETERSBURG
M	1972	\$45,001 - \$50,000	BCI/CHARLESTON
M	1977	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	TROOPER
M	1976	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1975	\$45,001 - \$50,000	TROOPER
M	1976	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER
M	1964	\$45,001 - \$50,000	POLYGRAPH EXAMINER T-3 SSIV
M	1972	\$45,001 - \$50,000	TROOPER
M	1972	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	TROOPER
F	1976	\$45,001 - \$50,000	FORENSIC ANALYST V
M	1971	\$45,001 - \$50,000	TROOPER
M	1968	\$45,001 - \$50,000	TROOPER
M	1967	\$45,001 - \$50,000	TROOPER
M	1965	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	TROOPER
M	1973	\$45,001 - \$50,000	TROOPER

M	1968	\$45,001 - \$50,000	TROOPER
M	1966	\$45,001 - \$50,000	TROOPER
M	1958	\$45,001 - \$50,000	TROOPER
F	1972	\$45,001 - \$50,000	TROOPER
M	1967	\$45,001 - \$50,000	TROOPER
M	1963	\$45,001 - \$50,000	TROOPER
M	1974	\$45,001 - \$50,000	TROOPER
M	1971	\$45,001 - \$50,000	TROOPER
M	1967	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	BCI FT ASHBY
M	1971	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	TROOPER
M	1970	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	TROOPER
M	1962	\$45,001 - \$50,000	TROOPER
M	1969	\$45,001 - \$50,000	TROOPER
M	1965	\$50,001 - \$55,000	TROOPER
M	1968	\$50,001 - \$55,000	TROOPER
M	1965	\$50,001 - \$55,000	TROOPER
M	1965	\$50,001 - \$55,000	TROOPER
M	1971	\$50,001 - \$55,000	FORENSIC ANALYST V
M	1972	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1975	\$50,001 - \$55,000	ASST DET COMMANDER
M	1977	\$50,001 - \$55,000	SPEC OPS ERT ROMNEY SSV
M	1974	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1977	\$50,001 - \$55,000	SENIOR INVESTIGATOR BECKLEY
M	1974	\$50,001 - \$55,000	CACU INV T-1 SSIV
M	1976	\$50,001 - \$55,000	ASST RANGE OFFICER SSV
M	1974	\$50,001 - \$55,000	FIELD TRNG OFFICER SSV
M	1971	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1958	\$50,001 - \$55,000	FORENSIC ANALYST V
M	1975	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	CACU DIGITAL FOR ANALYST SSV
M	1967	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1973	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	TROOPER
M	1973	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1975	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1965	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1976	\$50,001 - \$55,000	ASST DET COMMANDER
F	1975	\$50,001 - \$55,000	POLYGRAPH SSIII
M	1968	\$50,001 - \$55,000	K-9 BECKLEY SS V
M	1972	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1965	\$50,001 - \$55,000	CRIME SCENE/COLLISION RECONSTR
M	1971	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER

M	1976	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1975	\$50,001 - \$55,000	K-9 HANDLER SS V
M	1961	\$50,001 - \$55,000	SSV
M	1974	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1974	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1965	\$50,001 - \$55,000	SR INVESTIGATOR-WHEELING
M	1967	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1975	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1968	\$50,001 - \$55,000	DEP DIRECTOR EXEC PROT
M	1975	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1973	\$50,001 - \$55,000	ASST DET COMMANDER
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1967	\$50,001 - \$55,000	CACU INV T-6 SSV
M	1970	\$50,001 - \$55,000	SPECIAL OPS BOMB TECH FAIRMONT
M	1966	\$50,001 - \$55,000	EXPLOSIVE TEAM ASST COMM
M	1968	\$50,001 - \$55,000	BCI - LOGAN HIDTA
M	1965	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	EXECUTIVE OFFICER SSVIII
M	1970	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1968	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1973	\$50,001 - \$55,000	DEP DIR TRAFFIC RECORDS SSV
M	1968	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	ISS INSURANCE FRAUD
M	1968	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	POLYGRAPH EXAMINER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1966	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	POLYGRAPH SS IV
M	1970	\$50,001 - \$55,000	BCI/DRUG DIVERSION SR INV
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	SR INVESTIGATOR
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	DEPUTY DIR-CIB RECORDS SSIV
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1973	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1967	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1966	\$50,001 - \$55,000	BCI WHEELING
M	1964	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1968	\$50,001 - \$55,000	CACU INV T-2 SSV
F	1971	\$50,001 - \$55,000	CACU SSV

M	1971	\$50,001 - \$55,000	SR INV INSURANCE FRAUD
M	1967	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1961	\$50,001 - \$55,000	SS V
M	1971	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1971	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	ISS / BCI CHAS LOTTERY
M	1968	\$50,001 - \$55,000	SS V
M	1969	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1968	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1965	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1972	\$50,001 - \$55,000	PHYSICAL FITNESS CRD SSVI
M	1969	\$50,001 - \$55,000	SR INVESTIGATOR
M	1947	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1968	\$50,001 - \$55,000	SS V
M	1964	\$50,001 - \$55,000	SR INVESTIGATOR
M	1967	\$50,001 - \$55,000	SENIOR INVESTIGATOR
M	1966	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1962	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	ASST DETACHMENT COMMANDER
M	1967	\$50,001 - \$55,000	POLYGRAPH SS IV
M	1963	\$50,001 - \$55,000	SR INVESTIGATOR
M	1970	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1965	\$50,001 - \$55,000	ASST DET COMMANDER BECKLEY
M	1967	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1966	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1965	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	DETACHMENT COMMANDER
M	1969	\$50,001 - \$55,000	CACU INV T-1 SSV
F	1966	\$50,001 - \$55,000	DRUG DIVERSION INV/FDA
M	1967	\$50,001 - \$55,000	COMM EXPLOSIVE TEAM SSVI
M	1968	\$50,001 - \$55,000	DISTRICT COMMANDER
M	1973	\$50,001 - \$55,000	DISTRICT COMMANDER
M	1965	\$55,001- \$60,000	SR INVESTIGATOR
M	1966	\$55,001- \$60,000	DETACHMENT COMMANDER
M	1968	\$55,001- \$60,000	DETACHMENT COMMANDER
M	1968	\$55,001- \$60,000	BCI BECKLEY SS V
M	1968	\$55,001- \$60,000	WWIX INV/JTTF LAIASON
M	1966	\$55,001- \$60,000	ASST DETACHMENT COMMANDER
M	1964	\$55,001- \$60,000	DIRECTOR CIB RECORDS
M	1973	\$55,001- \$60,000	DISTRICT COMMANDER
M	1969	\$55,001- \$60,000	DISTRICT COMMANDER
M	1966	\$55,001- \$60,000	SPEC OPS/K-9 SR HANDLER SS VI
M	1971	\$55,001- \$60,000	DISTRICT COMMANDER
M	1969	\$55,001- \$60,000	DISTRICT COMMANDER
M	1970	\$55,001- \$60,000	DISTRICT COMMANDER
M	1962	\$55,001- \$60,000	ASST DETACHMENT COMMANDER
F	1961	\$55,001- \$60,000	ADM SERVICES MGR II
M	1970	\$55,001- \$60,000	PUBLIC INFO OFFICER SSVII

M	1963	\$55,001- \$60,000	DISTRICT COMMANDER
M	1970	\$55,001- \$60,000	DISTRICT COMMANDER
M	1965	\$55,001- \$60,000	DISTRICT COMMANDER
M	1971	\$55,001- \$60,000	DISTRICT COMMANDER
M	1965	\$55,001- \$60,000	CDDP NORTH SS VI
M	1968	\$55,001- \$60,000	DISTRICT COMMANDER
M	1967	\$55,001- \$60,000	DISTRICT COMMANDER
M	1970	\$55,001- \$60,000	BCI MRSTBG REG COORDINATOR
M	1968	\$55,001- \$60,000	LOGISTICS CONTROL OFFICER
M	1969	\$55,001- \$60,000	DIR INV SUPPORT SERVICES SS V
M	1962	\$55,001- \$60,000	DETACHMENT COMMANDER
M	1964	\$55,001- \$60,000	DETACHMENT COMMANDER
M	1959	\$55,001- \$60,000	DETACHMENT COMMANDER
M	1957	\$55,001- \$60,000	CHAS INSURANCE FRAUD SR INV
M	1967	\$55,001- \$60,000	REG COORDINATOR
M	1963	\$55,001- \$60,000	TROOPER
M	1973	\$55,001- \$60,000	AVIATION PILOT SS VII
M	1972	\$55,001- \$60,000	STAFF OFF/LOGISTICS OFF SSVII
M	1963	\$55,001- \$60,000	TROOPER
M	1966	\$55,001- \$60,000	DISTRICT COMMANDER
M	1964	\$55,001- \$60,000	CRIMINALIST VI
F	1966	\$55,001- \$60,000	SPECIAL OPERATIONS
M	1967	\$55,001- \$60,000	DISTRICT COMMANDER
M	1962	\$55,001- \$60,000	DISTRICT COMMANDER
M	1964	\$55,001- \$60,000	DEP DIR CACU SSVII
M	1966	\$55,001- \$60,000	CRM VII EXEMPT
M	1962	\$55,001- \$60,000	REG COORDINATOR CHARLESTON
M	1963	\$55,001- \$60,000	REG COORDINATOR LOGAN
M	1968	\$55,001- \$60,000	TROOPER
M	1967	\$55,001- \$60,000	INSPECTOR TROOP 4
M	1973	\$55,001- \$60,000	PROMOTIONAL STANDARDS OFFICER
M	1971	\$60,001- \$65,000	LOGISTICS OFFICER T-2
M	1970	\$60,001- \$65,000	EXECUTIVE OFFICER TROOP 7
M	1964	\$60,001- \$65,000	SECTION HEAD/DRUG ID CRIM VII
M	1968	\$60,001- \$65,000	LOGISTICS OFFICER TROOP 4
M	1965	\$60,001- \$65,000	EXECUTIVE OFFICER T-6
M	1971	\$60,001- \$65,000	EXECUTIVE OFFICER TROOP 1
M	1963	\$60,001- \$65,000	GRANT FORFEITURE OFF SS V
M	1969	\$60,001- \$65,000	INSPECTOR TROOP 5
M	1969	\$60,001- \$65,000	ASST DIR OF TRAINING SSVIII
M	1969	\$60,001- \$65,000	EXECUTIVE OFFICER
M	1966	\$60,001- \$65,000	CHF OF TECHNICAL SERVICES
M	1968	\$60,001- \$65,000	INSPECTOR TROOP 1
F	1963	\$60,001- \$65,000	DIRECTOR - FORENSIC LABS
M	1966	\$60,001- \$65,000	DIRECTOR CRIME AGNST CHILDREN
M	1967	\$60,001- \$65,000	LOGISTICS OFFICER
M	1965	\$60,001- \$65,000	LOGISTICS OFFICER T-5
M	1971	\$60,001- \$65,000	DIRECTOR
M	1970	\$60,001- \$65,000	DEP CHIEF OF STAFF SERVICES
M	1967	\$60,001- \$65,000	COMMANDER TROOP 1
M	1963	\$60,001- \$65,000	LOGISTICS OFF/TRNG CRD SSVIII
M	1971	\$60,001- \$65,000	COMMANDER TROOP 8



M	1970	\$60,001- \$65,000	PLANNING & RESEARCH
M	1964	\$60,001- \$65,000	COMMANDER SPECIAL OPS
M	1964	\$60,001- \$65,000	INSPECTOR TROOP 2
M	1965	\$60,001- \$65,000	LOGISTICS OFFICER
M	1964	\$60,001- \$65,000	EXECUTIVE OFFICER
M	1965	\$60,001- \$65,000	LOGISTICS OFFICER
M	1963	\$60,001- \$65,000	EXECUTIVE OFFICER
M	1964	\$60,001- \$65,000	PROC DIR SSVIII/DIR CHAPLAINCY
M	1963	\$60,001- \$65,000	SECTIONHEAD/FIREARMS CRM VIII
M	1965	\$60,001- \$65,000	INSPECTOR TROOP 3
M	1961	\$60,001- \$65,000	SECTIONHEAD/BIOCHEM CRIM VIII
M	1965	\$60,001- \$65,000	COMMANDER TROOP 6
M	1967	\$60,001- \$65,000	COMMANDER TROOP 4
M	1962	\$65,001 - \$70,000	COMMANDER TROOP 7
M	1963	\$65,001 - \$70,000	DEP CHIEF OF FIELD SERVICES
M	1965	\$65,001 - \$70,000	CHIEF OF STAFF SERVICES
M	1963	\$65,001 - \$70,000	CHIEF OF FIELD SERVICES
M	1964	\$65,001 - \$70,000	DEPUTY SUPERINTENDENT

# STANDARD INSURANCE COMPANY

A Stock Life Insurance Company  
 900 SW Fifth Avenue  
 Portland, Oregon 97204-1282  
 (503) 321-7000

## CERTIFICATE GROUP LIFE INSURANCE

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Policyholder:	West Virginia State Police
Policy Number:	145458-A
Effective Date:	July 1, 2008

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A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

**This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.**

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. **Free Look Provision:** For Contributory Insurance you may cancel your coverage under the Group Policy within 10 days of your receipt of this Certificate by returning this Certificate to us. Include your name and address. Upon such cancellation, we will return any premium paid for your coverage under the Group Policy to the Policyholder and your coverage will be considered never in effect.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.



President



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## COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

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### GENERAL POLICY INFORMATION

Group Policy Number:	145458-A
Type of Insurance Provided:	
Life Insurance:	Yes
Supplemental Life Insurance:	Not applicable
Dependents Life Insurance:	Not applicable
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Policyholder:	West Virginia State Police
Employer(s):	West Virginia State Police
Group Policy Effective Date:	July 1, 2008
Policy Issued in:	West Virginia

---

### BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The Active Work requirement does not apply to Members who are retired on the Group Policy Effective Date. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member: You are a Member if you are one of the following:

1. An active employee of the Employer who is regularly working at least 30 hours each week; or
2. An employee of the Employer who retired under the Employer's retirement program.

You are not a Member if you are:

1. A temporary or seasonal employee.
2. A leased employee.
3. An independent contractor.
4. A full time member of the armed forces of any country.

Class Definition:

Class 1:	Active Members
Class 2:	Retired Members

Eligibility Waiting Period: You are eligible on one of the following dates, but not before the Group Policy Effective Date:

Class 1: If you are a Member on the Group Policy Effective Date, you are eligible on the first day of the calendar month coinciding with or next following the date you become a Member.

If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month coinciding with or next following the date you become a Member.

Class 2: If you are a Member on the Group Policy Effective Date, you are eligible on that date.

If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member.

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

Evidence of Insurability:

Required:

- a. For late application for Contributory insurance.
- b. For reinstatements if required.
- c. For Members eligible but not insured under the Prior Plan.

## PREMIUM CONTRIBUTIONS

Life Insurance:	Noncontributory
AD&D Insurance:	Contributory

## SCHEDULE OF INSURANCE

### SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit: \$5,000

Repatriation Benefit: The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

### SCHEDULE OF AD&D INSURANCE

For you:

AD&D Insurance Benefit: The amount of your AD&D Insurance Benefit is equal to the amount of your Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

Seat Belt Benefit: The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.

Air Bag Benefit:	The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.
Career Adjustment Benefit:	The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Child Care Benefit:	The total child care expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Higher Education Benefit:	The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Line of Duty Benefit	The Lesser of (1) \$50,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Occupational Assault Benefit:	The lesser of (1) \$25,000; or (2) 50% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Public Transportation Benefit:	The lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss of your life.

#### AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%
c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b. and c. above	100%
e. Thumb and index finger of the same hand	25% *
f. Quadriplegia	100%
g. Hemiplegia	50%
h. Paraplegia	50%



**No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.**

**\* No AD&D Insurance Benefit will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.**

### REDUCTIONS IN INSURANCE

Life and AD&D Insurance

Class 1:

Your insurance will not be reduced because of your age unless your insurance is subject to termination under the **Waiver of Premium** provision.

Class 2:

Life Insurance:

Your insurance is not subject to reductions due to age.

AD&D Insurance:

Your insurance will terminate at age 70.

### OTHER BENEFITS

Waiver Of Premium:	Class 1: Yes
	Class 2: No
Accelerated Benefit:	Class 1: Yes
	Class 2: No

### OTHER PROVISIONS

Limits on Right To Convert if  
Group Policy terminates  
or is amended:

Minimum Time Insured:	3 years
Maximum Conversion Amount:	\$2,000
Leave Of Absence Period:	60 days

Insurance Eligible For Portability:

For you:

Life Insurance:	Yes
Minimum combined amount:	\$10,000
Maximum combined amount:	\$300,000

AD&D Insurance:	Yes
Minimum combined amount:	\$10,000
Maximum combined amount:	\$300,000
Annual Earnings based on:	Earnings in effect on your last full day of Active Work.

## LIFE INSURANCE

### A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

### C. Changes In Life Insurance

#### 1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

##### a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

##### b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase or the date of change in your classification, age or Annual Earnings.

#### 2. Decreases

A decrease in your Life Insurance because of a change in your classification, age or Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the date of the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

### D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

### E. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

#### 1. Life Insurance subject to Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Life Insurance not subject to Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

F. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

- 1. The date the last period ends for which a premium was paid for your Life Insurance;
- 2. The date the Group Policy terminates;
- 3. The date your employment terminates, unless you are eligible for benefits as a retired Member; and
- 4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.
  - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
  - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy.
  - c. During the first 60 days of:
    - (1) A temporary layoff; or
    - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
  - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
  - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than the period shown in the **Coverage Features**.

#### G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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### **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

#### A. Insuring Clause

If you have an accident, including accidental exposure to adverse conditions, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

#### B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, thumb and index finger of the same hand and Quadriplegia, Hemiplegia or Paraplegia which meets all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
4. With respect to all other Losses, occurs within 365 days after the accident and is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to Quadriplegia, Hemiplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs.

C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

D. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

E. AD&D Insurance Exclusions

No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a disorder or riot. Actively participating does not include being at the scene of a disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
5. Sickness or Pregnancy existing at the time of the accident.
6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Additional AD&D Benefits

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your Life; and
2. You are wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

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

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

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

#### Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

#### Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

#### Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss

of your life.

3. Your Child is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

#### Line Of Duty Benefit

The amount of the Line Of Duty Benefit is shown in the **Coverage Features**.

We will pay a Line Of Duty Benefit if all of the following requirements are met:

1. You are a Public Safety Officer.
2. You suffer a Loss for which an AD&D Insurance Benefit is payable.
3. The Loss is the result of a Line Of Duty Accident.

Public Safety Officer means a Member whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes police officers, firefighters, corrections officers, judicial officers, and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer.

Line of Duty Accident means an accident, including accidental exposure to adverse weather conditions, that occurs while you are taking any action which by rule, regulation, law, or condition of employment you are obligated or authorized to perform as a Public Safety Officer in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while off duty.

If you are a Public Safety Officer, whose primary job duties are controlling or reducing crime, criminal law enforcement, or fire suppression, Line of Duty Accident includes a Line Of Duty Accident that occurs while you are on duty at social, ceremonial, or athletic functions to which you are assigned or for which you are paid as a Public Safety Officer by your Employer.

#### Occupational Assault Benefit

The amount of the Occupational Assault Benefit is shown in the **Coverage Features**.

We will pay an Occupational Assault Benefit if all of the following requirements are met:

1. While Actively At Work you suffer a Loss for which an AD&D Insurance Benefit is payable.
2. The Loss is the result of an act of physical violence against you that is punishable by law and is evidenced by a police report.

#### Public Transportation Benefit

The amount of the Public Transportation Benefit is shown in the **Coverage Features**.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The accident occurs while you are riding as a fare-paying passenger on Public Transportation.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.



#### G. Becoming Insured For AD&D Insurance

##### 1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

##### 2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

##### a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

##### b. Contributory AD&D Insurance

You must apply in writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

(i) The date you become eligible if you apply on or before that date.

(ii) The first day of the calendar month coinciding with or next following the date you apply, if you apply after you become eligible.

#### H. When AD&D Insurance Ends

AD&D Insurance ends automatically on the earlier of:

1. The date your Life Insurance ends.
2. The date your Waiver Of Premium begins.
3. The date AD&D Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your AD&D Insurance.

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### ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

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### PORTABILITY OF INSURANCE

#### A. Portability Of Insurance

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the

**Coverage Features** for yourself without submitting Evidence Of Insurability. To be eligible you must satisfy the following requirements:

1. On the date your employment terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.

(If you are unable to meet this requirement, see the **Right To Convert** and **Waiver Of Premium** provisions for other options that may be available to you under the Group Policy.)

2. On the date your employment terminates, you are under age 65.
3. On the date your employment terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date your employment terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

#### B. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the **Coverage Features**. You may buy less than the maximum amounts in increments of \$1,000.

The combined amounts of insurance purchased under this **Portability Of Insurance** provision and the **Right To Convert** provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

#### C. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 31 days after the date your employment terminates.

If death occurs within 31 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates.

(WITH ADAD REF) LI.TP.OT.1

### RETIREMENT CONTINUATION PROVISION

AD&D Insurance may be continued during your retirement under your Employer's retirement program. See **Coverage Features** for the insurance which may be continued under this provision. Rules 1 through 3 below will apply.

1. You must apply in writing for a continuation of insurance on or before the date of your retirement and agree to pay any premiums required by your Employer.
2. Insurance under this provision will end on the earliest of:
  - a. Any Premium Due Date if you fail to make the required premium contribution to your Employer on or before that date.
  - b. The date the Group Policy terminates.
  - c. For any Dependent:
    - 1) The Premium Due Date following the date you cease to be a Dependent.
    - 2) The date the Member's insurance ends.

LI.RT.03X

### **WAIVER OF PREMIUM**

#### A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us satisfactory Proof Of Loss.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

#### B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy, except AD&D Insurance.
2. The first 12 months you are eligible for Waiver Of Premium, Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation. Thereafter, Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.
3. Waiting Period means the 180 consecutive day period beginning on the date you become Totally Disabled. Waiver Of Premium begins when you complete the Waiting Period.

#### C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium.

#### D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled.

#### E. Amount Of Insurance

The amount of Insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled. However, the following will apply:

1. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you become insured under a group life insurance plan that replaces the Group Policy while you are eligible for Waiver Of Premium, any death benefit payable under the Group Policy will be reduced by the amount payable under the replacement group life insurance plan.
3. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.
4. The amount of Supplemental Life Insurance on your Spouse will be the lesser of:
  - a. The amount in effect on the day before you become Totally Disabled; and
  - b. The amount in effect one year before the date you become Totally Disabled.

#### F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

#### G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

#### H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given;
3. The date you fail to attend an examination or cooperate with the examiner;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured; and
5. The date you reach age 65.

(ELIG 60\_TERMS 65) LI.WP.WV.2

## ACCELERATED BENEFIT

#### A. Accelerated Benefit

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

If your Insurance is scheduled to end within 24 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

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

B. Application For Accelerated Benefit

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

C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 24 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

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

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the Group Policy, the amount of your Insurance will be the amount in (2) below.

(1) 10% of the amount of your Insurance as if no Accelerated Benefit had been paid; or

(2) The amount of your Insurance as if no Accelerated Benefit had been paid; minus

The amount of the Accelerated Benefit; minus

An interest charge calculated as follows:

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

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

The amount of your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit. AD&D is not continued under Waiver Of Premium.

Note: If you assign your rights under the Group Policy, the amount of your Insurance after payment of the Accelerated Benefit will be the amount in (2) above.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.

5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit and Supplemental Life Insurance Benefit, if any, under the Group Policy.

LIAB.OT.5

## RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under Waiver Of Premium, but excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:
  - a. The Member's failure to make a required premium contribution.
  - b. Payment of an Accelerated Benefit.
4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.
2. The maximum amount you have a Right To Convert is the lesser of:
  - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
  - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

The time periods contained in any suicide exclusion or incontestability provision of the individual policy of life insurance will be credited with the last continuous period you were insured under the Group Policy.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

LI.RC.WV.1

## CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied. We will pay interest from the date of death at the current rate of interest on proceeds left on deposit.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 90 days after we receive

the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the Waiver Of Premium claim (or other benefits based on disability); or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the Waiver Of Premium claim (or other benefits based on disability), the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.

#### G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium (or other benefits based on disability);
2. Within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.



If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to Waiver Of Premium claims (or other benefits based on disability), the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium (or other benefits based on disability).

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

(2ND REV PUB WRDG\_NEW WOP WRDG) LI.CL.WV.5

### **ASSIGNMENT**

The rights and benefits under the Group Policy cannot be assigned.

LI.AS.OT.1

### **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**

#### A. Payment Of Benefits

1. Except as provided in item 6 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
2. AD&D Insurance benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living.
  - a. AD&D Insurance benefits payable because of the death of your Dependent.
  - b. Dependents Life Insurance benefits.
  - c. Supplemental Life Insurance benefits payable because of the death of your Spouse.
  - d. Accelerated Benefits.
4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
  - a. The children of the Dependent.
  - b. The parents of the Dependent.
  - c. The brothers and sisters of the Dependent.
  - d. Your estate.

5. Supplemental Life Insurance benefits payable because of the death of your Spouse which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
  - a. The children of your Spouse.
  - b. The parents of your Spouse.
  - c. The brothers and sisters of your Spouse.
  - d. Your estate.

6. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits. Your Beneficiary designations for Life Insurance and your Supplemental Life Insurance may be different.

You must name or change Beneficiary in writing. Writing includes a form signed by you or a verification from the Policyholder or Employer of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to the Policyholder or Employer during your lifetime;
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered to the Policyholder or Employer.

If we approve it, a designation, which meets the requirements of a Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse. (See **Definitions**)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(FB\_REPAT\_ELECT/TEL DESIG\_WITH DEF SP\_25K SSA LUMP INSTALL\_SPOUSE DEF TERM) LI.BB.OT.6

### ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
  - a. Eligibility for insurance;
  - b. Entitlement to benefits;
  - c. Amount of benefits payable;
  - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

LI.AL.OT.1

### **TIME LIMITS ON LEGAL ACTIONS**

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LI.TL.OT.1

### **INCONTESTABILITY PROVISIONS**

#### A. Incontestability Of Insurance

Any statement made to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years during the lifetime of the insured.

#### B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

LI.IN.OT.2

### **CLERICAL ERROR AND MISSTATEMENT**

#### A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

#### B. The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.

#### C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LI.CE.OT.2

### **TERMINATION OR AMENDMENT OF THE GROUP POLICY**

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

LI.TA.OT.1

### **DEFINITIONS**

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Features**). Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
  - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
  - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Stock options or stock bonuses.
6. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
7. Any other extra compensation.

Child means:

1. Your unmarried child from live birth through age 20 (through age 24 if a registered student in full time attendance at an accredited educational institution); or
2. Your unmarried child who meets either of the following requirements:
  - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
  - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child; or
- ii. Your stepchild, if living in your home;

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means a person to whom you are legally married. However, for purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced.

Supplemental Life Insurance means supplemental life insurance, if any, under the Group Policy.

(BASE\_NO STOCK) LLDF.OT.5

ALIC99X

# STANDARD INSURANCE COMPANY

A Stock Life Insurance Company  
 900 SW Fifth Avenue  
 Portland, Oregon 97204-1282  
 (503) 321-7000

## CERTIFICATE

### GROUP LONG TERM DISABILITY INSURANCE


Policyholder:	West Virginia State Police
Policy Number:	145458-B
Effective Date:	July 1, 2008

The Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. If the terms of this Certificate differ from the terms of your Employer's coverage under the Group Policy, the latter will govern. If your coverage is changed by an amendment to the Group Policy, we will provide the Employer with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate. **Free Look Provision:** You may cancel your coverage under the Group Policy within 10 days of your receipt of this Certificate by returning this Certificate to us either directly or through the Policyholder. Include your name and address. Upon such cancellation, we will return any premium paid for your insurance and your coverage will be considered never in effect.

"You" and "your" mean the Member. "We", "us" and "our" mean Standard Insurance Company. Other defined terms appear with the initial letters capitalized. Section headings, and references to them, appear in boldface type.

**Preexisting Condition Exclusion:** If during the Preexisting Condition Period shown in **Coverage Features** you have consulted a physician, received medical treatment or services, or taken prescribed drugs or medications for a mental or physical condition, you will not be covered for that condition until you have been continuously insured under the Group Policy for the Exclusion Period shown in **Coverage Features** and have been actively at work at least one full day after that Exclusion Period.



President



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## COVERAGE FEATURES

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

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### GENERAL POLICY INFORMATION

Group Policy Number:	145458-B
Policyholder:	West Virginia State Police
Employer(s):	West Virginia State Police
Group Policy Effective Date:	July 1, 2008
Policy Issued in:	West Virginia

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Member means:

1. A regular employee of the Employer;
2. Actively At Work at least 30 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days); and
3. A citizen or resident of the United States or Canada.

Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Class Definition:      None

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### SCHEDULE OF INSURANCE

Eligibility Waiting Period:      You are eligible on one of the following dates, but not before the Group Policy Effective Date:

If you are a Member on the Group Policy Effective Date, you are eligible on the first day of the calendar month coinciding with or next following the date you become a Member.

If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month coinciding with or next following the date you become a Member.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

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Own Occupation Period:      The first 24 months for which LTD Benefits are paid.

Any Occupation Period: From the end of the Own Occupation Period to the end of the Maximum Benefit Period.

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LTD Benefit: 60% of the first \$4,167 of your Predisability Earnings, reduced by Deductible Income.

Maximum: \$2,500 before reduction by Deductible Income.

Minimum: \$100

Guarantee Issue Amount: See **When Your Insurance Becomes Effective.**

Benefit Waiting Period: 90 days.

Maximum Benefit Period: Determined by your age when Disability begins, as follows:

Age	Maximum Benefit Period
61 or younger .....	To age 65, or to SSNRA, or 3 years 6 months, whichever is longest.
62 .....	To SSNRA, or 3 years 6 months, whichever is longer.
63 .....	To SSNRA, or 3 years, whichever is longer.
64 .....	To SSNRA, or 2 years 6 months, whichever is longer.
65 .....	2 years
66 .....	1 year 9 months
67 .....	1 year 6 months
68 .....	1 year 3 months
69 or older.....	1 year

Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the Federal Social Security Act, as amended.

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### PREMIUM CONTRIBUTIONS

Insurance is: Contributory

## INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

LT.IC.OT.1

## BECOMING INSURED

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

You are a Member if you are:

1. A regular employee of the Employer;
2. Actively At Work at least 30 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of Active Work on those days); and
3. A citizen or resident of the United States or Canada.

You are not a Member if you are a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the **Coverage Features**.

(VAR MBR DEF) LT.BI.OT.1

## WHEN YOUR INSURANCE BECOMES EFFECTIVE

### A. When Insurance Becomes Effective

Subject to the **Active Work Provisions**, your insurance becomes effective as follows:

#### 1. Insurance Subject To Evidence Of Insurability

Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

#### 2. Insurance Not Subject To Evidence of Insurability

The **Coverage Features** states whether insurance is Contributory or Noncontributory.

##### a. Noncontributory Insurance

Noncontributory insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

##### b. Contributory Insurance

You must apply in writing for Contributory insurance and agree to pay premiums. Contributory insurance not subject to Evidence Of Insurability becomes effective on:

- i. The date you become eligible if you apply on or before that date; or
- ii. The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

B. Takeover Provisions

1. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
2. You must submit satisfactory Evidence Of Insurability to become insured if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

C. Evidence Of Insurability Requirement

Evidence Of Insurability satisfactory to us is required:

- a. For late application for Contributory insurance.
- b. For Members eligible but not insured under the Prior Plan.
- c. For reinstatements if required.

Providing Evidence Of Insurability means you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about your insurability that we may reasonably require.

(VAR EOI) LT.EF.OT.1

### **ACTIVE WORK PROVISIONS**

A. Active Work Requirement

You must be capable of Active Work on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing with reasonable continuity the Material Duties of your Own Occupation at your Employer's usual place of business.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance.

LT.AW.OT.1

## CONTINUITY OF COVERAGE

If your Disability is subject to the Preexisting Condition Exclusion, LTD Benefits will be payable if:

1. You were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy;
2. You became insured under the Group Policy when your insurance under the Prior Plan ceased;
3. You were continuously insured under the Group Policy from the effective date of your insurance under the Group Policy through the date you became Disabled from the Preexisting Condition; and
4. Benefits would have been payable under the terms of the Prior Plan if it had remained in force, taking into account the preexisting condition exclusion, if any, of the Prior Plan.

For such a Disability, the amount of your LTD Benefit will be the lesser of:

- a. The monthly benefit that would have been payable under the terms of the Prior Plan if it had remained in force; or
- b. The LTD Benefit payable under the terms of the Group Policy, but without application of the Preexisting Condition Exclusion.

Your LTD Benefits for such a Disability will end on the earlier of the following dates:

- a. The date benefits would have ended under the terms of the Prior Plan if it had remained in force; or
- b. The date LTD Benefits end under the terms of the Group Policy.

(PX) LT.CC.OT.1

## WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The date you cease to be a Member. However, your insurance will be continued during the following periods when you are absent from Active Work, unless it ends under any of the above.
  - a. During the first 90 days of a temporary or indefinite administrative or involuntary leave of absence or sick leave, provided your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member. A period when you are absent from Active Work as part of a severance or other employment termination agreement is not a leave of absence, even if you are receiving the same Predisability Earnings.
  - b. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
  - c. During any other temporary leave of absence approved by your Employer in advance and in writing and scheduled to last 30 days or less. A period of Disability is not a leave of absence.
  - d. During the Benefit Waiting Period.
  - e. During an involuntary layoff for up to 18 months while you are paying the entire premium for your insurance to your Employer.

LT.EN.WV.1

## WAIVER OF PREMIUM

We will waive payment of premium for your insurance while LTD Benefits are payable.

LT.WP.OT.1

## REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a covered Disability, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
  - a. If you become insured again within 90 days.
  - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
6. In no event will insurance be retroactive.

LT.RE.OT.1

## DEFINITION OF DISABILITY

You are Disabled if you meet the following definitions during the periods they apply:

- A. Own Occupation Definition Of Disability.
  - B. Any Occupation Definition Of Disability.
- A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.



Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

#### B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the **Coverage Features**.

(OWN\_ANY\_WITH 40) LT.DD.OT.1

## RETURN TO WORK PROVISIONS

#### A. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period no LTD Benefits will be paid for any period when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

#### B. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.

You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 12 months after that date, as follows:

1. During the first 12 months, your Work Earnings will be Deductible Income as determined in a., b. and c:
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. After those first 12 months, 50% of your Work Earnings will be Deductible Income.

#### C. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available:

- a. In your Own Occupation during the Own Occupation Period; and
- b. In Any Occupation during the Any Occupation Period.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

LT.RW.OT.1

### **REASONABLE ACCOMMODATION EXPENSE BENEFIT**

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

LT.RA.OT.1

## **REHABILITATION PLAN PROVISION**

While you are Disabled you may qualify to participate in a Rehabilitation Plan. Rehabilitation Plan means a written plan, program or course of vocational training or education that is intended to prepare you to return to work.

To participate in a Rehabilitation Plan you must apply on our forms or in a letter to us. The terms, conditions and objectives of the plan must be accepted by you and approved by us in advance. We have the sole discretion to approve your Rehabilitation Plan.

An approved Rehabilitation Plan may include our payment of some or all of the expenses you incur in connection with the plan, including:

- a. Training and education expenses.
- b. Family care expenses.
- c. Job-related expenses.
- d. Job search expenses.

LT.RH.OT.1

## **TEMPORARY RECOVERY**

You may temporarily recover from your Disability and then become Disabled again from the same cause or causes without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable Allowable Period. See **Definition Of Disability**.

### A. Allowable Periods

1. During the Benefit Waiting Period: a total of 30 days of recovery.
2. During the Maximum Benefit Period: 180 days for each period of recovery.

### B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Periods, the following will apply.

1. The Predisability Earnings used to determine your LTD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Benefit Waiting Period, your Maximum Benefit Period or your Own Occupation Period.
3. No LTD Benefits will be payable for the period of Temporary Recovery.
4. No LTD Benefits will be payable after benefits become payable to you under any other disability insurance plan under which you become insured during your period of Temporary Recovery.
5. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

LT.TR.OT.1

## WHEN LTD BENEFITS END

Your LTD Benefits end automatically on the earliest of:

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date benefits become payable under any other LTD plan under which you become insured through employment during a period of Temporary Recovery.
5. The date you fail to provide proof of continued Disability and entitlement to LTD Benefits.

LT.BE.OT.1

## PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings after that last full day of Active Work will not affect your Predisability Earnings.

Predisability Earnings means your monthly rate of earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
  - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or
  - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Stock options or stock bonuses.
6. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
7. Any other extra compensation.

If you are paid on an annual contract basis, your monthly rate of earnings is one-twelfth (1/12th) of your annual contract salary.

If you are paid hourly, your monthly rate of earnings 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. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

(BASE\_NO STOCK) LT.PD.OT.1

## DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, annual or personal leave pay, severance pay, or other salary continuation, including donated amounts, (but not vacation pay) paid to you by your Employer, if it exceeds the amount found in a., b., and c.
  - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your sick pay or other salary continuation to that amount.
  - b. Determine 100% of your Indexed Predisability Earnings.
  - c. If a. is greater than b., the difference will be Deductible Income.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
  - a. A workers' compensation law;
  - b. The Jones Act;
  - c. Maritime Doctrine of Maintenance, Wages, or Cure;
  - d. Longshoremen's and Harbor Worker's Act; or
  - e. Any similar act or law.
4. Any amount you, your spouse, or your child under age 18 receive or are eligible to receive because of your disability or retirement under:
  - a. The Federal Social Security Act;
  - b. The Canada Pension Plan;
  - c. The Quebec Pension Plan;
  - d. The Railroad Retirement Act; or
  - e. Any similar plan or act.

Full offset: Both the primary benefit (the benefit awarded to you) and dependents benefit are Deductible Income.

Benefits your spouse or a child receives or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence. The term "child" has the meaning given in the applicable plan or act.

5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
6. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.
7. Any disability or retirement benefits you receive or are eligible to receive under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members. You and your Employer's contributions will be considered as distributed simultaneously throughout your lifetime, regardless of how funds are distributed from the retirement plan.

If any of these plans has two or more payment options, the option which comes closest to providing you a monthly income for life with no survivors benefit will be Deductible Income, even if you choose a different option.

8. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.
9. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.
10. Any amount you receive or are eligible to receive from or on behalf of a third party because of your disability, whether by judgement, settlement or other method. If you notify us before filing suit or settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees.
11. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

(NO OTHR OFFST\_PUB\_WITH 3RD) LT.DI.OT.1

### **EXCEPTIONS TO DEDUCTIBLE INCOME**

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Early retirement benefits under the Federal Social Security Act which are not actually received.
6. Group credit or mortgage disability insurance benefits.
7. Accelerated death benefits paid under a life insurance policy.
8. Benefits from the following:
  - a. Profit sharing plan.
  - b. Thrift or savings plan.
  - c. Deferred compensation plan.
  - d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
  - e. Individual Retirement Account (IRA).
  - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).

- g. Stock ownership plan.
- h. Keogh (HR-10) plan.

(PUB\_NO OTHR OFFST) LT.ED.OT.1

## RULES FOR DEDUCTIBLE INCOME

### A. Monthly Equivalents

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

### B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

### C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

### D. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

LT.RU.OT.1

## SUBROGATION

If LTD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of LTD Benefits, and such notice shall constitute a lien on any judgement recovered.

If you or your legal representative fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgement recovered the amount of LTD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or as the court may direct.

LT.SG.OT.1

## SURVIVORS BENEFIT

If you die while LTD Benefits are payable, and on the date you die you have been continuously Disabled for at least 180 days, we will pay a Survivors Benefit according to 1 through 4 below.

1. The Survivors Benefit is a lump sum equal to 3 times your LTD Benefit without reduction by Deductible Income.
2. The Survivors Benefit will first be applied to reduce any overpayment of your claim.
3. The Survivors Benefit will be paid at our option to any one or more of the following:
  - a. Your surviving spouse;
  - b. Your surviving unmarried children, including adopted children, under age 25;
  - c. Your surviving spouse's unmarried children, including adopted children, under age 25; or
  - d. Any person providing the care and support of any person listed in a., b., or c. above.
4. No Survivors Benefit will be paid if you are not survived by any person listed in a., b., or c. above.

(MULTPL) LT.SB.OT.1

## BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

During each period of continuous Disability, we will pay LTD Benefits according to the terms of the Group Policy in effect on the date you become Disabled. Your right to receive LTD Benefits will not be affected by:

1. Any amendment to the Group Policy that is effective after you become Disabled.
2. Termination of the Group Policy after you become Disabled.

LT.BA.OT.1

## EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled. However, 1 and 2 apply.

1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. The **Disabilities Excluded From Coverage, Disabilities Subject To Limited Pay Periods, and Limitations** sections will apply to the new cause of Disability.

LT.ND.OT.1

## DISABILITIES EXCLUDED FROM COVERAGE

### A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

### B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.



### C. Preexisting Condition

#### 1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

- a. For which you have done or for which a reasonably prudent person would have done any of the following:
  - i. Consulted a physician or other licensed medical professional;
  - ii. Received medical treatment, services or advice;
  - iii. Undergone diagnostic procedures, including self-administered procedures;
  - iv. Taken prescribed drugs or medications;
- b. Which, as a result of any medical examination, including routine examination, was discovered or suspected;

at any time during the 90-day period just before your insurance becomes effective.

#### 2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

- a. Have been continuously insured under the Group Policy for 12 months; and
- b. Have been Actively At Work for at least one full day after the end of that 12 months.

### D. Loss Of License Or Certification

You are not covered for a Disability caused or contributed to by the loss of your professional license, occupational license or certification.

### E. Violent Or Criminal Conduct

You are not covered for a Disability caused or contributed to by your committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.

(WITH PRUDNT) LT.XD.OT.1

## **DISABILITIES SUBJECT TO LIMITED PAY PERIODS**

### A. Mental Disorders, Substance Abuse and Other Limited Conditions

Payment of LTD Benefits is limited to 24 months during your entire lifetime for a Disability caused or contributed to by any one or more of the following, or medical or surgical treatment of one or more of the following:

1. Mental Disorders;
2. Substance Abuse; or
3. Other Limited Conditions.

However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 24 months, this limitation will not apply while you are continuously confined.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of

cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Substance Abuse means use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction.

Other Limited Conditions means chronic fatigue conditions (such as chronic fatigue syndrome, chronic fatigue immunodeficiency syndrome, post viral syndrome, limbic encephalopathy, Epstein-Barr virus infection, herpes virus type 6 infection, or myalgic encephalomyelitis), any allergy or sensitivity to chemicals or the environment (such as environmental allergies, sick building syndrome, multiple chemical sensitivity syndrome or chronic toxic encephalopathy), chronic pain conditions (such as fibromyalgia, reflex sympathetic dystrophy or myofascial pain), carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder, or craniomandibular joint disorder.

However, Other Limited Conditions does not include neoplastic diseases, neurologic diseases, endocrine diseases, hematologic diseases, asthma, allergy-induced reactive lung disease, tumors, malignancies, or vascular malformations, demyelinating diseases, or lupus.

Hospital means a legally operated hospital which is primarily and continuously engaged in providing or operating medical, diagnostic and major surgical facilities for the treatment of sick or injured persons on an in-patient basis. Any medical services must be provided either on the premises or in facilities available to the Hospital on a prearranged basis, and must be performed under the full-time supervision of duly licensed physicians and registered graduate professional nurses (R.N.'s). Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

#### B. Rules For Disabilities Subject To Limited Pay Periods

1. If you are Disabled as a result of a Mental Disorder or any Physical Disease or Injury for which payment of LTD Benefits is subject to a limited pay period, and at the same time are Disabled as a result of a Physical Disease, Injury, or Pregnancy that is not subject to such limitation, LTD Benefits will be payable first for conditions that are subject to the limitation.
2. No LTD Benefits will be payable after the end of the limited pay period, unless on that date you continue to be Disabled as a result of a Physical Disease, Injury, or Pregnancy for which payment of LTD Benefits is not limited.

LT.LP.WV.1

## LIMITATIONS

#### A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

#### B. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but elect not to work.

C. Rehabilitation Program

No LTD Benefits will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by us unless your Disability prevents you from participating.

D. Foreign Residency

Payment of LTD Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

E. Imprisonment

No LTD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

LT.LM.OT.1

## CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay LTD Benefits within 60 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Benefit. If no Survivors Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support your claim.
- d. Information concerning your right to a review of our decision.

H. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

If we extend the review period, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim on review; and (c) any additional information we need to decide your claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

#### I. Assignment

The rights and benefits under the Group Policy are not assignable.

(REV PUB WRDG) LT.CL.OT.2

### **ALLOCATION OF AUTHORITY**

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
  - a. Eligibility for insurance;
  - b. Entitlement to benefits;
  - c. The amount of benefits payable; and
  - d. The sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

LT.AL.OT.1

### **TIME LIMITS ON LEGAL ACTIONS**

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LT.TL.OT.1

### **INCONTESTABILITY PROVISIONS**

#### A. Incontestability Of Insurance

Any statement made to obtain insurance or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance unless:

1. The insurance would not have been approved if we had known the truth; and

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group long term disability insurance plan in effect on the day before the effective date of your Employer's participation under the Group Policy and which is replaced by coverage under the Group Policy.

LT.DF.OT.1

**WV/LTDC2000**



The Standard<sup>SM</sup>  
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WEST VIRGINIA STATE POLICE

GROUP POLICY 145458  
EXPERIENCE REPORT

TERM LIFE	AD&D INS	07/01/2010 THROUGH 03/31/2011	07/01/2008 THROUGH 03/31/2011
EARNED PREMIUMS		\$37,974	\$138,722
PAID CLAIMS		30,000	110,000
CHANGE IN IBNR RESERVES		174	10,509
TOTAL INCURRED CLAIMS		30,174	120,509
LESS COMMISSIONS		3,376	13,877
PREMIUM TAX		1,139	4,161
OTHER EXPENSE AND RISK CHARGES		13,096	61,721
TOTAL EXPENSE AND RISK CHARGES		17,611	79,759
BALANCE		-9,811	-61,546

KDIORIO  
1R

900 SW Fifth Avenue  
Portland OR 97204  
Tel 888.937.4783



The Standard<sup>SM</sup>  
Positively different.

WEST VIRGINIA STATE POLICE

GROUP POLICY 145458  
EXPERIENCE REPORT

LONG TERM DISABILITY

	07/01/2010 THROUGH 03/31/2011	07/01/2008 THROUGH 03/31/2011
EARNED PREMIUMS	\$78,238	\$291,597
PAID CLAIMS	3,292	17,247
CHANGE IN REPORTED RESERVES	13,385	34,574
CHANGE IN IBNR RESERVES	-190	37,188
TOTAL INCURRED CLAIMS	16,487	89,009
LESS COMMISSIONS	4,867	19,805
PREMIUM TAX	2,347	8,748
OTHER EXPENSE AND RISK CHARGES	19,472	89,647
TOTAL EXPENSE AND RISK CHARGES	26,686	118,200
BALANCE	35,065	84,388

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900 SW Fifth Avenue  
Portland OR 97204  
Tel 888.937.4783



**EXHIBIT 10**

**REQUISITION NO.: .....**

**ADDENDUM ACKNOWLEDGEMENT**

**I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED  
ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY  
PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.**

**ADDENDUM NO.'S:**

**NO. 1 .....**

**NO. 2 .....**

**NO. 3 .....**

**NO. 4 .....**

**NO. 5 .....**

**I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE  
ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR  
MUST CLEARLY UNDERSTAND THAT ANY VERBAL  
REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY  
ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES  
AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE  
INFORMATION ISSUED IN WRITING AND ADDED TO THE  
SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.**

.....  
**SIGNATURE**

.....  
**COMPANY**

.....  
**DATE**

**REV. 11/96**