

QUOTE REQUIRED BY:

DATE:THURSDAY, MAY 15, 2025 @ 4:00 PM

QUOTES REVIEWED BY: MORGAN AUSTIN

ASSISTANT PURCHASING AGENT

RECAPITULATION

LIFE INSURANCE PLAN FOR SPECIFIED GROUP OF EMPLOYEES FOR A PERIOD OF THREE (3) YEARS (AUGUST 1, 2025 TO JULY 31, 2028)

	Brown & Brown Metro 56 Livingston Avenue Roseland, NJ 07068 P - 973-549-1968	Benistar Admin Services, Inc. 25 Seir Hill Road Norwalk, CT 06850 P - 203-969-6000 F - 203-523-7755	National Benefit Service Center P.O. Box 948094 Maitland, FL 32794 P - 407-808-0790
<u>BID SHEET: Employee Life Insurance</u> <u>For A Period Of Three (3) Years</u>			
<i>NAME OF BIDDER</i>	<i>Mutual of Omaha Insurance</i>	<i>Mutual of Omaha Insurance</i>	<i>The Standard Insurance Company</i>
<i>NAME OF PLAN</i>	<i>Basic Term Life Insurance & AD&D</i>	<i>Basic Term Life Insurance & AD&D</i>	<i>Basic Term Life Insurance & AD&D</i>
A.) Monthly cost per \$1,000 of Life Insurance per insured	\$0.190	\$0.20	\$0.43
B.) Monthly cost per \$1,000 for Accidental Death or Dismemberment per insured	\$0.020	\$0.02	\$0.025
C.) Monthly cost per \$1,000 of Life/ADD Per insured (A+B) (Basis of Award)	\$0.210	\$0.22	\$0.455
<u>THIRD YEAR OPTION</u>			
A.) Monthly cost per \$1,000 of Life Insurance per insured	N/A	N/A	N/A
B.) Monthly cost per \$1,000 for Accidental Death or Dismemberment per insured	N/A	N/A	N/A
C.) Monthly cost per \$1,000 of Life/ADD			

RECAPITULATION

LIFE INSURANCE PLAN FOR SPECIFIED GROUP OF EMPLOYEES FOR A PERIOD OF THREE (3) YEARS (AUGUST 1, 2025 TO JULY 31, 2028)

Per insured (A+B) (Basis of Award)	N/A	N/A	N/A
<u>FOURTH YEAR OPTION</u>			
A.) Monthly cost per \$1,000 of Life Insurance per insured	N/A	N/A	N/A
B.) Monthly cost per \$1,000 for Accidental Death or Dismemberment per insured			
C.) Monthly cost per \$1,000 of Life/ADD Per insured (A+B) (Basis of Award)			
<u>FIFTH YEAR OPTION</u>			
A.) Monthly cost per \$1,000 of Life Insurance per insured	N/A	N/A	N/A
B.) Monthly cost per \$1,000 for Accidental Death or Dismemberment per insured			
C.) Monthly cost per \$1,000 of Life/ADD Per insured (A+B) (Basis of Award)			
<u>REMARKS:</u>	<i>BRC Submitted</i>		