



Name of Policyholder: Suwannee County School Board

Policy Number:  
D03325

Effective Date:  
May 01, 2016

Place of Delivery:  
Florida

Anniversary Dates:  
May 01

Premium Due Dates:  
Monthly, on the first day of each policy month

BOSTON MUTUAL LIFE INSURANCE COMPANY  
120 Royall Street  
Canton, Massachusetts 02021  
(A mutual insurance company, herein called The Company)  
will pay benefits according to the terms and conditions of The Policy.

Signed for the Company

John Ruben Flores  
Secretary

Paul A. Quaranto Jr.  
President

TEN (10) DAY RIGHT TO EXAMINE POLICY

The Company urges you to examine this policy closely. If you are not satisfied with it, you may send it back to The Company for any reason within TEN (10) days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.

Countersigned by.....  
Licensed Resident Agent or Registrar

**Table of Contents**

Schedule of Insurance.....

Premium Provisions.....

Policy Provisions .....

Incorporation Provision.....

## Schedule of Insurance

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the Certificate(s), as incorporated into The Policy.

- Short Term Disability Insurance

The Schedule(s) of Insurance will control the:

- benefit amounts and maximum limits;
- eligibility and effective date requirements; and
- other schedule amounts and limits;

which apply to the Employees of the Policyholder.

## Premium Provisions

### Initial Monthly Premium Rates

The initial monthly premium rates to be charged for employee Coverage are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

Premiums are based on the Employee's:

- age on his or her effective date;
- sex and occupational class.

### Grace Period

The Company will allow the Policyholder a 31 day grace period for the payment of all premiums after the first. During this 31 day period, The Policy will stay in force. If the owed premium is not paid by the 31st day, The Policy will automatically terminate. If the Policyholder gives The Company written advance notice of an earlier cancellation date, The Policy will terminate on the earlier date. Premium is due for each day The Policy is in force.

### Monthly Premium Rate Guarantee

Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Short Term Disability Benefits	24 months

Subject to the Rate Guarantee period shown above, The Company has the right to change premium rates on any premium due date if:

- written notice is delivered to the Policyholder's last address on record; and
- the change is effective at least 45 days after the date of notice.

The Rate Guarantee supersedes only those provisions appearing elsewhere in this policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee period if there is a 10% change in The Policy, or if there is an increase or decrease in the number of insured Employees, or if the Policyholder adds or deletes a subsidiary or affiliated business entity. The Company may also change the premium rates during the Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee in no way affects, amends or supersedes any other provision in The Policy.

### Calculation

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:

- the day the coverage is effective, if it is also the first day of a policy month; or
- the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the time of the request and will be calculated prorata. Any unearned premium will be refunded.

Premiums may be calculated by any other method which both The Company and the Policyholder agree to in writing.

### Premium Payments

Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. Payment of premiums for a period before it is due will not guarantee the insurance for that period.

## Premium Schedule

Rates are shown in the Plan of Benefits Confirmation.

## Policy Provisions

### Entire Contract:

The contract between the parties consists of:

- the Policy;
- any certificates incorporated and made a part of the Policy;
- any riders issued in connection with such certificates;
- the Policyholder's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
- any Written Medical Insurability Application submitted by the Eligible Person/Employee and accepted by The Company in connection with the Policy.

All statements made by the Policyholder or persons insured under The Policy will be deemed representations and not warranties. No statement made to effect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary.

### Incontestability:

Except for non-payment of premium, the insurance provided by The Policy cannot be contested after such insurance has been in effect for a period of 2 years.

**Changes:** The Company reserves the right to make changes in the Policy, after The Policy has been in force for 24 months. The Company will give the Policyholder 45 days advance written notice of any change. No agent has authority to change or waive any part of the Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of the Policy.

**Clerical Error:** Clerical error (whether by the Policyholder, the Plan Administrator, or us) in keeping the records having to do with the Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by the Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and the Policy.

**Conformity with Law:** If any provision of the Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:

- will be effective as of the date of the change to the state or federal law; and
- will not be made until The Company gives the Policyholder 31 days notice.

### Termination of Policy:

The Company may terminate The Policy for the following reasons by giving the Policyholder 45 days written notice:

- The Policyholder fails to furnish any information which The Company may reasonably require;
- The Policyholder fails to perform any of his other obligations pertaining to this policy;
- Less than 10% of the persons eligible for coverage on a Contributory Basis are insured.
- Fewer than 10 persons are insured.

In addition, The Company may terminate this policy on any premium due date after The Policy has been in force for 24 months by providing 45 days written notice.

## Policy Provisions

**Cancellation:** The Policy may be cancelled at any time by written notice mailed or delivered by The Company to the Policyholder, or by the Policyholder to us. If The Company cancels, The Company will mail or deliver the notice to the Policyholder at its last address shown in our records. If The Company cancels, it becomes effective on the later of:

- the date stated in the notice; or
- the 45th day after The Company mails or delivers the notice.

If the Policyholder cancels, it becomes effective on the later of:

- the date The Company receives the notice; or
- the date stated in the notice.

In either event:

- The Company will promptly return to the Policyholder any unearned premium; or
- the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis. Cancellation will be without prejudice to any claim which commenced prior to the effective date of the cancellation.

**Certificates:** The Company will give individual certificates to:

- the Policyholder; or
- any other person according to a mutual agreement among the other person, the Policyholder, and us;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

### Data To Be Furnished

The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

The Policyholder will, upon our request, give us:

- the names of all persons initially eligible for coverage;
- the names of all additional persons who become eligible for coverage;
- the names of all persons whose amount of insurance is to be changed;
- the names of all persons whose eligibility or insurance is terminated; and
- any data necessary to administer the insurance provided by the Policy.

If the Policyholder gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

**Right to Audit:** The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:

- an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- an overpayment of premium, The Company will return any overpayment amount in a timely manner; for the previous 2 year period.

**Not in Lieu of Worker's Compensation:** This Policy does not satisfy any requirement for worker's compensation insurance.

### Time Period:

All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

### Incorporation Provision

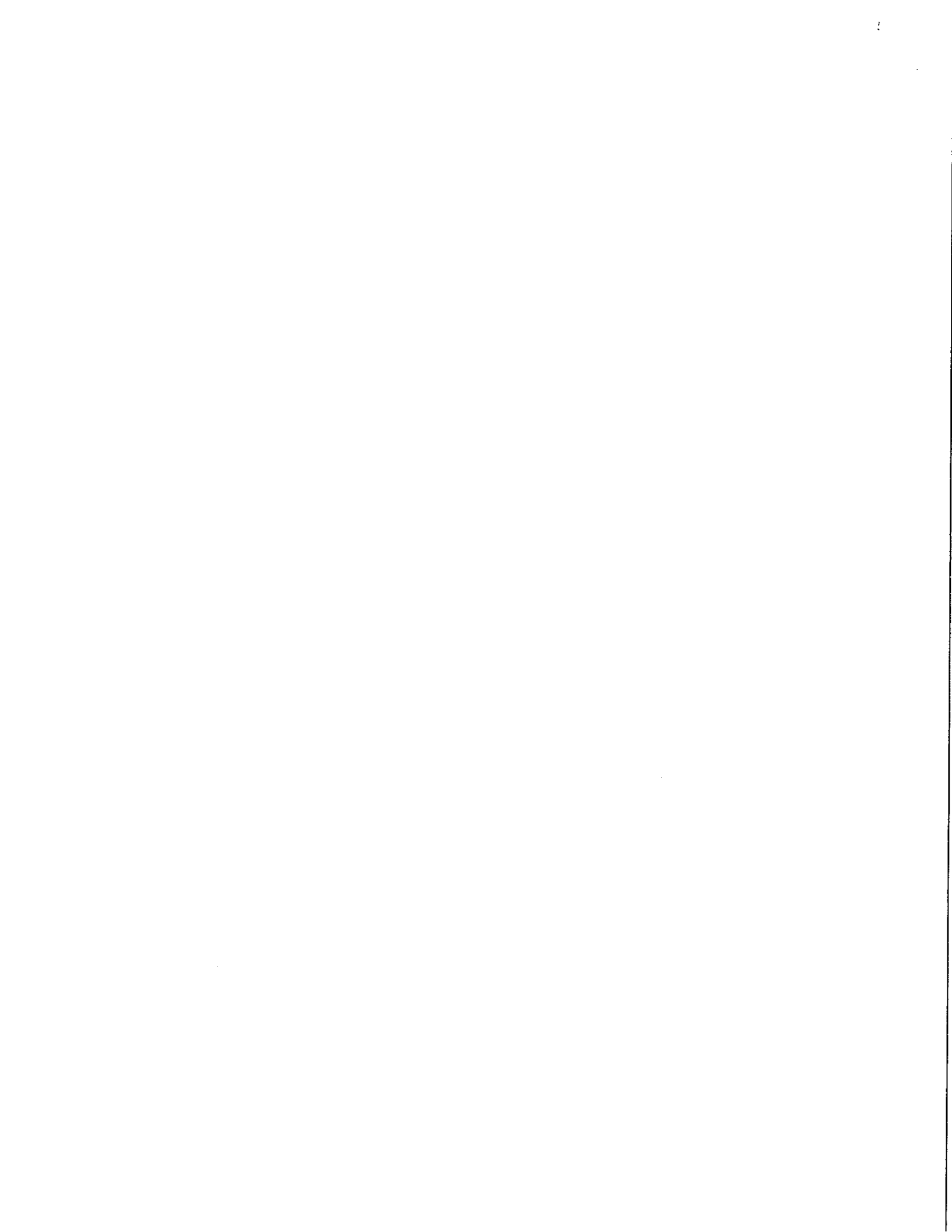
The Certificate(s) of Insurance and Riders and Policy Changes listed below are attached to, incorporated in and made a part of, this Policy.

Certificate of Insurance	Applicable to:	Effective Date of Incorporation	Termination Date
BMLWS-DI 6/11 Cert (STD)	All Eligible Persons	May 01, 2016	

The provisions found in the Certificate will control the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.







# NOTICE OF INFORMATION PRIVACY PRACTICES

## Boston Mutual Life Insurance Company

(Herein referred to as "we", "us", "our")



### PROTECTING YOUR INFORMATION

FAMILY MATTERS NO MATTER WHAT

To protect your nonpublic personal information, we maintain: physical, electronic and procedural safeguards.

### COLLECTING INFORMATION

We collect information about you in order to conduct business. Such uses are: to process requests for insurance products, to provide customer service, to process claims, to fulfill legal and regulatory requirements and for other lawful purposes. We collect this information from you, as well as from other sources. We restrict access to your information to those working on our behalf who have a need to know it in order for us to provide products and services to you. We require them to secure the information and keep it confidential.

➤ *Information we collect may include all the information you share with us including, for example, your:*

- name
- address
- telephone number
- date of birth
- social security or tax identification number
- employer name and income
- beneficiary data
- financial account numbers
- medical information
- and other information you share with us

➤ *We may also collect data we receive from other sources, as allowed by law, which may include:*

- medical information
- consumer report information in accordance with the Fair Credit Reporting Act
- participant information from organizations that purchase products or services from us for the benefit of their members or employees, such as group insurance
- information to assist us in complying with state and federal laws

### SHARING INFORMATION

We do not share information about our customers or former customers with anyone, except as permitted or required by law.

➤ *We may share your information with third parties without your authorization as permitted by law. Such information is used on our behalf by these third parties to:*

- process or service your insurance transactions with us
- perform underwriting, administrative, account maintenance and claims functions
- provide customer service or reinsurance coverage
- prevent fraud
- perform other business functions on our behalf

➤ *We may also share your information with:*

- a consumer reporting agency in accordance with the Fair Credit Reporting Act
- a third party to comply with federal, state or local laws, subpoenas, or summonses
- regulators
- or as otherwise permitted or required by law.

Third parties receiving information from us are required to: keep it confidential and to comply with all applicable federal and state privacy laws.

### ACCESS TO YOUR INFORMATION WE HAVE IN OUR RECORDS

You have the right to request access to all the information we have on you. You must make your request in writing at the address below.

### AMENDMENTS TO YOUR INFORMATION

You have the right to request an amendment, correction or deletion of information which we hold about you which you believe may be inaccurate. We are not obligated to make updates to your data based on your request. You must make the request in writing and state the reasons you are requesting the change. Write us at the address below.

If you have questions about this notice or would like more information about our privacy policies, please write us at:

**Boston Mutual Life Insurance Company**  
Attention: Privacy Office  
120 Royall Street • Canton, MA 02021



Boston Mutual Life Insurance Company  
Royall Street, Canton, MA 02021  
(800) 669-2668  
Fax: 781-770-0575

APPLICATION FOR VOLUNTARY DISABILITY INSURANCE

Name of Applicant: Suwannee County School Board

Address: 702 2nd Street NW, Live Oak, FL 32064

applies to the Boston Mutual Life Insurance Company, for

Short Term Disability Insurance

Long Term Disability Insurance

If the Insurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms.

Policy Effective Date: 5/1/2016

CAUTION: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Dated at LIVE OAK, FL

SUWANNEE COUNTY  
SCHOOL BOARD  
(Applicant)

On 4/15 2016

By: Vickie DePratto, CFO  
(Signature and Title)

Jennifer Bennett State of Florida  
Department of Banking and Finance  
License # 123456789 W106669  
(Agent or Broker Signature and License #)

Jerry Jones  
(Witness Signature)



Boston Mutual Life Insurance Company  
Royal Street, Canton, MA 01821  
(800) 669-2668  
Fax: 781-770-6575

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Dated at LIVE OAK, FL

SUWANNEE COUNTY  
SCHOOL BOARD  
(Applicant)

On 4/15/2016

By: Theresa DeBartolo, CFO  
(Signature and Title)

Jennifer Bennett W106689  
(Agent or Broker Signature and License #)

[Signature]  
(Witness Signature)





Boston Mutual Life Insurance Company  
 120 Royal Street, Canton, MA 02021  
 (800) 669-2668  
 Fax: (781) 770-0575



**PLAN OF BENEFITS CONFIRMATION  
 EMPLOYEE DISABILITY OPTION PLUS (EDOP)**

Employer Name: Suwannee County School Board  
 Address: 702 2<sup>nd</sup> Street NW City: Live Oak State: FL Zip Code: 32064  
 SIC Code: 8211 Policy Effective Date: 5/1/16 Rates are guaranteed for 2 years.  
 List of All State Locations: FL Number of Eligible Employees (20 hour minimum): 800

The initial monthly premium rates to be charged are:

Plan	Class Description	Benefit Period	Elimination Period Accident/Sickness	Monthly Rate	\$100 of Monthly Benefit	\$500 of Monthly Benefit
STD		13 weeks	0/7	8.10	9.89	11.83
STD		13 weeks	0/7	7.87	9.47	11.32
STD		13 weeks	0/14	<del>6.42</del>	<del>7.52</del>	<del>8.99</del>
STD				6.91	8.24	9.84

Plan	Class Description	Benefit Period	Elimination Period Accident/Sickness	Monthly Rate	\$100 of Monthly Benefit	\$500 of Monthly Benefit
LTD				18.39	20.49	20.59
LTD						
LTD						
LTD						

**THIS CONFIRMATION IS NOT PART OF THE APPLICATION FOR GROUP INSURANCE**

I certify that these benefit selections reflect the plan of benefits agreed to by this Company. The Company also agrees to withhold premiums for any employee who purchases this plan and agrees to forward payments promptly to Boston Mutual along with the appropriate reporting of deductions and notification of termination of any participant. The Company agrees that they are acting on behalf of the employees and that if such payments are not received within the grace period allowed that the policy coverage will terminate.

The Company assumes no responsibility for payment except for payroll deductions previously made and has the right to discontinue this agreement at any time after 90 days written notice to Boston Mutual. It is our understanding that any employee may elect to withdraw from the program and discontinue payroll deductions.

**TAX SERVICES REQUESTED; PLEASE CHOOSE ONE OPTION.**

Policyholder/Employer authorizes Boston Mutual to prepare when appropriate Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies. Boston Mutual will postmark by January 31st of each year, or such other date required by law, Forms W-2 containing sick pay information to payees and make information return filings in accordance with Federal and State requirements regarding income tax, Social Security, and Medicare tax.

Policyholder/Employer declines Boston Mutual service to prepare Forms W-2 for payees or file Federal and State information returns reporting disability benefits/sick pay. Boston Mutual will provide Policyholder/Employer by January 15<sup>th</sup> of each year the information required by Federal law to enable Policyholder/Employer to prepare Forms W-2 for its active and terminated employees.

*Wickie DeBatter*  
 Signature (Must be signed by a person authorized to make a legal binding decision for the Employer).

Title: CFO Date: 4/15/16

EDOP POBC3 03/14

