

# INVITATION TO BID



**BID # 12-04-335**

**Request for Proposals Group Life, Group Short Term  
Disability and Group Long Term Disability Insurance**

**4/23/2012**

City of North Lauderdale

Finance Department

Human Resources Department

701 SW 71<sup>st</sup> Avenue

North Lauderdale, FL 33068

(954) 724-7036



**Notice to Bidders RFP 12-04-335 GROUP LIFE, GROUP SHORT TERM  
DISABILITY AND GROUP LONG TERM DISABILITY INSURANCE**

The City of North Lauderdale is now accepting sealed proposals for Group Life, Group Short Term and Group Long Term Disability Insurance. Forms furnished by the City of North Lauderdale may be obtained without deposit from the City of North Lauderdale, Clerk's Office, located at 701 SW 71st Ave., North Lauderdale, FL, 33068. Mon - Fri. 8:00 a.m. to 5:00 p.m.

**The complete RFP packet may also be downloaded on the City's website at  
[www.nlauderdale.org](http://www.nlauderdale.org)**

All sealed proposals shall be submitted including one (1) marked original and four (4) copies clearly marked with RFP number and description. Proposals sent via courier must be sealed in a separate envelope inside of the mailer

**Proposals will be received at the Clerk's Office, 701 SW 71st Ave., North Lauderdale, FL, 33068 until 2:00 p.m. EST May 17, 2012.**

Proposals submitted by facsimile transmission or by electronic mail will **NOT** be accepted. Late proposals will **NOT** be considered under any circumstances and will be returned unopened to the Proposer.

**No late proposals will be considered**

The City of North Lauderdale, Florida reserves the right to reject any and all bids and shall award the contract to the most responsible bidder presenting the most advantageous proposal.

All inquiries about this bid or specifications must be made to the Human Resource Manager's Office, TEL: 954-724-7068, or [jyarmitzky@nlauderdale.org](mailto:jyarmitzky@nlauderdale.org)

PUBLISH: 04/27/12 and 05/4/12



## **A. GENERAL INFORMATION**

### **Intent of RFP**

The City of North Lauderdale wishes to continue providing an employer-paid Basic Life Insurance plan, Basic Long Term (LT) Disability plan and add a Short Term (ST) Disability plan. The current policy anniversary date is October 1<sup>st</sup>. However, the City would like to move that anniversary date to August 1<sup>st</sup>.

**It is anticipated that the same carrier will be awarded the contract for the bundle of LIFE and LT /ST disability insurance. However, this is not a requirement and the City reserves the right to award the coverages to separate carriers or to not contract for coverage at all if it is most advantageous for the City to do so.**

**Proposals will be evaluated by a committee which will determine the weighting of the elements included in the response to the proposal for ranking purposes.**

### **Coverages Requested**

Group Basic Life & AD&D, Group Short Term Disability, Group Long Term Disability

### **Agent of Record**

There is no agent of record for these coverages.

### **Current Coverage**

The current Basic Life plan is offered through Reliance Standard Life Insurance Co. The policy pays up to \$100,000 for eligible employees, with an additional double AD&D benefit based on the group in which they are assigned. The City also offers a retiree life insurance benefit of up to \$10,000. Eligible Employees: must be active full time or retired. Waiting Period: up to one month. See **Attachment I** for a copy of the schedule of benefits. The City wishes to keep the same coverages with the exception of dropping the reduction in coverage for active employees after age 70. If an employee is actively working then they should be covered based on the group that they are in.

The current Long Term Disability plan is offered through two carriers, Reliance Standard Life Insurance Co and Lincoln National Life Insurance Co. The policy pays up to 66 2/3 of covered employee earnings. Eligible Employees: must be active full time. Waiting Period: one year after hire date. See **Attachment II** for a copy of the current schedule of benefits.

The City does not have a current Short Term Disability plan. The City anticipates that the Short Term Plan should have the same benefit schedule as the Long Term Plan with the exception of the elimination period.

**Carrier and Rate History** See **Attachment III** for the current and historical rates.

**Claim History** See **Attachment IV** for life claim history.

**Claim History** See **Attachment V** for LTD claim history.

**Census** See **Attachment VI** for a census of current City of North Lauderdale employees.

### **Policy Anniversary Date**

Although the current policy anniversary date is October 1<sup>st</sup>, the City desires to change the anniversary date to August 1<sup>st</sup> on an ongoing basis.



**B. ANTICIPATED TIMELINE**

Release RFP	04/23/2012
Proposal Due Date	05/17/2012
Award of Contract	06/12/2012
Effective Date	August 1, 2012

**INSTRUCTIONS TO PROPOSERS**

1. Sealed Bids will be received by:

The City of North Lauderdale Clerk’s Office shall accept **sealed** proposals Monday through Friday, 8:00 a.m. - 5:00 p.m. Proposals must be received by the Clerk’s Office before the specified hour and date of the opening. Each proposal must **be sealed** and should be placed in a properly identified envelope with RFP number, time and date of opening.

Submit to: City of North Lauderdale Clerk’s Office 701 SW 71<sup>st</sup> Ave., North Lauderdale, FL, 33068

**Bids due no later than:** Time: 2:00 p.m. EST Date: 05/17/2012

**NOTE: Any sealed bids received after this date and time will be returned to the Bidder unopened.**

- 1 Carriers must submit five (5) hard copies of their proposal with one (1) marked “Original” for retention by the City’s Clerk’s Department.
- 2 All companies submitting bids must be licensed by the State of Florida and be permitted to contract with the State or any of its subdivisions. Further, it is required that companies have a current rating of at least **A+ by A.M. Best and a Comdex ranking of at least 90.**
- 3 Bids must provide a minimum twenty-four (24) month rate guarantee, with a contract period of August 1, 2012 through July 31, 2014. However, the City reserves the right to accept a guarantee of less than or greater than 24 months if it is in the City’s interest. Multi-year rate guarantees are encouraged.
- 4 All bids for the Group Life/AD&D must be based of the existing plan benefits with the **exception of the removal of the reduction in benefit after age seventy (70) for an active employee** or unless otherwise specified. Any deviation of benefits must be explained in writing and included in **Section IV**. Of your Proposal (see below). (See **Attachment I** for current benefits).
- 5 Carrier must provide in the Executive Summary (**Section I**) information on who will be handling negotiations on behalf of the carrier, including name, title, telephone and e-mail contact information. Additionally, the Executive Summary must contain a signed certification from a company representative warranting the accuracy of the information provided in the proposal.



- 6 Carrier must respond to all questions in the General Questions portion of the Questionnaire. Additionally, carriers quoting life insurance must respond to all items in the Life Insurance Questionnaire, and carriers quoting Disability insurance must respond to all items in the Disability Insurance Questionnaire. To facilitate analysis of the proposals, carriers should refrain from referencing other sections in the proposal in lieu of answering a question. Failure to abide by this requirement may result in the proposal not being considered for award.
  
- 7 Carrier should provide client references for groups that are approximately the same size as the City of North Lauderdale (Approximately 150 employees). References may be checked if deemed advisable.
  
- 8 Carrier must include the following items in its Proposal:
  - Proposal Form – Section IX
  
  - Completed Terms and Conditions (B) – Section II
  
  - Completed Questionnaire – Section III
  
  - References (4) – Section V
  
  - Audited Financial Statement – Section VIII
  
  - Copy of AM Best Rating – Section - IX
  
  - Copy of Comdex ranking – Section - IX
  
  - Completed W-9 Form – Section - IX
  
  - Copy of Errors and Omissions Certificate – Section - IX
  
  - Completed Non-Collusive Affidavit – Section - IX

**Failure to provide any of the above listed items may disqualify proposal from consideration.**



9. Proposals should be submitted in binders organized according to the following sections:

- I. Executive Summary
- II. Copy of original RFP
- III. Questionnaire Responses
- IV. Rates
  - a. Basic Life/AD&D Rates
  - b. Short Term Disability Rates
  - c. Long Term Disability Rates
  - d. Deviations from RFP Specifications
- V. References
- VI. Additional Services
  - a. Sample Enrollment Literature
  - b. Additional Services (e.g. will preparation, EAP)
  - c. Sample Claim Forms
- VII. Reports
  - a. Sample claims reports
  - b. Customer Satisfaction Survey Results
- VIII. Financial
  - a. Audited Financial Statement
  - b. Liability Certificate
- IX. Forms

**C. TERMS AND CONDITIONS**

Carrier must acknowledge agreement after each of the following Terms and Conditions by checking “Yes” after each of the following Terms and Conditions. If carrier does not agree to the terms as stated, carrier must check “No”. If carrier would agree to separate terms, carrier should check “Partial” and propose terms that would be acceptable. Upon award of contract, to the extent that the City and the carrier agree on the Terms and Conditions, they shall be included as part of the contractual arrangement between the City and the carrier.

1. **Contract Term:** The initial contract term shall be for twenty-four (24) months with options to renew for successive one year periods each August 1.

**Yes**  **No**  **Partial**



2. **Verification of Non-Collusion:** Carrier affirms that: a) proposal has been independently arrived at without collusion with any other vendor or competitor, b) proposal neither has nor will not be knowingly disclosed to any other vendor, competitor or potential competitor, and c) No attempt has been made to induce any other entity to submit or not to submit a proposal.

**Yes**  **No**  **Partial**

3. **Validity of Proposal:** Proposal shall remain valid at least ninety (90) days from proposal due date.

**Yes**  **No**  **Partial**

4. **Basis of Award:** City of North Lauderdale will not be required to accept the lowest bid. Contract design, history in the industry, ability to service the account, and ability to meet the needs of the City's employees and administrative staff will also be considered as part of the basis for an award of the contract.

**Yes**  **No**  **Partial**

5. **Governing Law:** All items and services offered shall conform to all applicable local, state and federal laws and ordinances.

**Yes**  **No**  **Partial**

6. **Indemnification:** Carrier shall indemnify and hold harmless the City of North Lauderdale from and against any and all claims, demands, damages, lawsuits, expenses, costs, liabilities, injuries, liens, and causes of action of any and every nature whatsoever arising out of, resulting from, or in any manner connected with or concerning the performance of the work hereunder. Carrier also agrees to defend any and all actions brought against the City for any and all expenditures or expenses including, but not limited to, court costs and attorney fees incurred by the City by reason of such suits or actions.

**Yes**  **No**  **Partial**

7. **Silence of Specification:** The apparent silence of these specifications as to any detail or the apparent omission from it of a detailed description of any point shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

**Yes**  **No**  **Partial**

8. **Force Majeure:** Neither the carrier nor the City shall be liable in damages for any delay or default in the performance of this contract, if such delay or default is caused by conditions beyond its control including, but not limited to: natural disasters, government restrictions, wars, insurrections, and/or any other cause beyond reasonable control of the party whose performance is affected.

**Yes**  **No**  **Partial**



9. **Termination of Contract:** The City reserves the right to terminate the contract upon failure of the carrier to perform as per conditions of this RFP, including but not limited to: Failure to adhere to the terms and conditions of the proposal, Failure to adhere to negotiated terms and conditions, Failure to perform usual and customary industry practices

Yes  No  Partial

10. **Breach of any laws, rules and regulations:**

The City reserves the right to cancel the contract at any time upon thirty day advance written notice, measured from the date such notice was sent to the carrier.

Carrier agrees to provide no less than 90 day advance written notice of its intent to cancel coverage.

Yes  No  Partial

11. **Proposal Award:** The City reserves the right to reject any and all bids and to accept any bid deemed advantageous to the City. Any deviation from these specifications must be stated in detail in **Section IV** with complete reference to the bid specification provision from which the deviation is being made.

Yes  No  Partial

12. **Addenda to RFP:** The City reserves the right to revise and amend the specifications of this RFP prior to the date set for the bid opening. It is the responsibility of the carrier to contact the City to inquire on the City’s website ([www.nlauderdale.org](http://www.nlauderdale.org)) as to the existence of any such revisions or amendments prior to submitting a proposal. **No addenda will be issued later than five (5) business days prior to the proposal due date.**

Yes  No  Partial

13. **Negotiations:** The City may choose to award a contract based on the original submission or move to negotiations. Because the City may choose not to enter into negotiations and/or request for best and final offer, all carriers are to assume the original submission, and any subsequent communications with the City, constitute their final offer.

Yes  No  Partial

14. **Interpretation:** If there is any doubt or confusion on the part of the carrier as to the meaning or intent of this RFP, it is the responsibility of the carrier to contact the Human Resources Manager [jyarmitzky@nlauderdale.org](mailto:jyarmitzky@nlauderdale.org) for clarification. For purposes of this RFP the term “bidder”, “proposer”, “company” and “carrier” are used interchangeably and refer to the insurance company proposing coverage under this RFP.

Yes  No  Partial





15. **Non-Warranty of Proposals:** Due care and diligence has been exercised in the preparation of this RFP, and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the services required, the exposures to risk, and verification of all information herein shall rest solely with those submitting proposals. Neither the City nor its agents shall be responsible for any errors or omissions in this RFP. The City reserves the right to request additional information from the carrier after the proposal submission date.

Yes  No  Partial

16. **Responsibilities of Carrier Upon Award of Contract:** The carrier(s) winning the award of contract must be willing to conduct up to 6 meetings to educate employees on the coverages being offered to the City. Most meetings will be during the day; however, certain shift workers, e.g. fire/rescue, may require meetings after normal business hours. Carrier must also provide the claim forms, claim instructions, employee booklets outlining the benefits and instructions on filing a claim, beneficiary and orientation materials and other appropriate communication material deemed necessary by the City of North Lauderdale.

Yes  No  Partial

17. **Carrier Financial Strength:** Only insurance companies currently rated AMBEST “A+” or better and a Comdex ranking of “90” or better will be considered for award of contract.

Yes  No  Partial

18. **Errors & Omissions Insurance:** Carrier must provide evidence of the existence of such coverage with a minimum of \$2,000,000 per occurrence.

Yes  No  Partial

19. **Proposal Costs:** the City does not accept any financial responsibility for costs incurred by any carrier for purposes of preparing a response, including but not limited to travel, printing, copy, courier services, etc.

Yes  No  Partial

20. **Signing of Proposal:** Each proposal copy shall be signed by a representative of the carrier who has authority to bind the carrier to the terms presented in the proposal, as well as any subsequent negotiations which are mutually agreed upon by the City and the carrier.

Yes  No  Partial

21. **Non-Funding Clause:** The City of North Lauderdale’s budget is funded on October 1<sup>st</sup> to September 30<sup>th</sup> fiscal year basis. Accordingly, the City of North Lauderdale reserves the right to terminate this contract by giving Bidder written notice, without liability to the City, in the event that funding for this contract is discontinued or is no longer available.

Yes  No  Partial

22. **Assignment:** The successful offeror may not assign, sell or otherwise transfer this contract without prior written consent of the City Manager of the City of North Lauderdale.

Yes  No  Partial



## **D. BENEFITS REQUESTED**

### **Group Basic Life/AD&D:**

Match current plan 100% Non-Contributory **NOTE: Please exclude the reduction in benefit for over age 70 active employee.**

### **Group Short Term Disability:**

a. Elimination Period:

i. 14/14 (Indicate whether both can be offered simultaneously)

b. Benefit % (up to) 66 2/3%

c. Benefit Duration: 90 days

### **Group Long Term Disability:**

a. Elimination Period 90 days

b. Benefit % (up to) 66 2/3%

c. Benefit Duration: less than age 60 benefit is good to age 65, between 60 and 69 benefit is for the lesser of 5 years or to age 70. 69 or greater the duration is 12 months.



## **E. QUESTIONNAIRE**

- 1). Provide a brief history of your company
- 2). Indicate the names of any parent and sister companies, as well as any subsidiaries.
- 3). What was your company's total in force premiums for the most recent year for: a) Life Insurance, b) Disability Insurance
- 4). In **Section V – Reference Form Attached**, list four (4) employers, preferably of similar size, that have contracted with you in the last twelve (12) months. Include name of employer, contact person and telephone number.
- 5). Describe your company's current process in dealing with the various privacy laws.
- 6). Are you willing to represent and warrant that you are in compliance with all federal and state laws?
- 7). Provide a sample of your enrollment literature in **Section VI**.
- 8). Please include a copy of the most recent audited financial statement of your company in **Section VIII**.
- 9). What precautions are taken to assure claimant confidentiality is maintained?
- 10). Do you subcontract any services? If so, please describe which services and who the other vendor(s) is/are.
- 11). Describe your company's disaster recovery program.
- 12). Indicate the individuals who will be involved with servicing this account, including their background and time with your company.
- 13). Explain the billing process. Can you accommodate self bill and list bill?
- 14). Itemize any additional features/services of your Basic Life/AD&D and/or Supplemental Life, e.g. will preparation. Please indicate whether the service is limited to just Supplemental Life. Include descriptions of these additional services and benefits in **Section VI**.



**PROPOSAL FORM**

**CERTIFICATION**

THIS DOCUMENT MUST BE SUBMITTED WITH THE BID

We (I), the undersigned, hereby agree to furnish the item(s)/service(s) described in the Invitation to Bid. We (I) certify that we (I) have read the entire document, including the Specifications, Additional Requirements, Supplemental Attachments, Instructions to Bidders, Terms and Conditions, and any addenda issued. We agree to comply with all of the requirements of the entire Invitation To Bid.

Indicate which type of organization below:

INDIVIDUAL       PARTNERSHIP       CORPORATION       OTHER

If "Other", Explain: \_\_\_\_\_

_____	_____
Authorized Signature	Company Name
_____	_____
Typed/Printed Name	Address
_____	_____
Telephone	City, State, ZIP
_____	_____
Fax	Federal Tax ID Number
_____	_____
Email address for above signer (if any)	Contractor's License Number



**NON-COLLUSIVE AFFIDAVIT**

State of \_\_\_\_\_ )

)ss.

County of \_\_\_\_\_ )

\_\_\_\_\_ being first duly sworn, deposes and says that:

He/she is the \_\_\_\_\_, (Owner, Partner, Officer, Representative or Agent) of \_\_\_\_\_, the Offeror that has submitted the attached Proposal;

He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Offeror, firm, or person to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

By \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
*Title*



**ACKNOWLEDGMENT  
NON-COLLUSIVE AFFIDAVIT**

State of Florida  
County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned Notary Public of the State of Florida, personally appeared

\_\_\_\_\_ and

(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand  
and official seal.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC

SEAL OF OFFICE:

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

Personally known to me, or

Produced identification:

\_\_\_\_\_  
(Type of Identification Produced)

DID take an oath, or  DID NOT take an oath



## City of North Lauderdale Rate Sheet Form

### Cost if Services Purchased Separately

8/1/2012-7/31/2013

8/1/2013-7/31/2014

Basic Group Life and AD&D  
Premium

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Group Short Term Disability  
Premium

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percentage of Payroll

\_\_\_\_\_ %

\_\_\_\_\_ %

Group Long Term Disability  
Premium

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percentage of Payroll

\_\_\_\_\_ %

\_\_\_\_\_ %

### Cost if Services Purchased as a Total Package

Group Life, Short Term, and  
Long Term Disability

Premium

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Percentage of Payroll

\_\_\_\_\_ %

\_\_\_\_\_ %

### Savings if Services Purchased as a Total Package

Premium

\$ \_\_\_\_\_

\$ \_\_\_\_\_



**REFERENCES**

Please list government agencies and/or private firms with whom you have done business during the last twelve months:

**Your Company Name**

**Address**

**City State Zip**

**Phone/Fax**

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Agency/Firm Name:

Address

City State Zip

Phone/Fax

Contact Name

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Agency/Firm Name:

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City State Zip

Phone/Fax

Contact Name

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Agency/Firm Name:

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City State Zip

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Agency/Firm Name:

Address

City State Zip

Phone/Fax

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Attachment 1

**SCHEDULE OF BENEFITS**

**NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED:** None

**ELIGIBLE CLASSES:** Each employee, except any person employed on a temporary or seasonal basis, according to the following classifications:

CLASS A: Each active Full Time Department Head, City Manager and Commissioner

CLASS B: Each active Full Time Firefighter

CLASS C: Each active Full Time employee not in Class A, B or D

CLASS D: Each active Full Time Federation of Public Employee member

CLASS E: Retired employee whose name and amount is on file with RSL and the City of North Lauderdale

**WAITING PERIOD:**

CLASSES: A, B, C & D: Employees hired on the 1<sup>st</sup> through 15<sup>th</sup>: NONE  
Employees hired on the 15<sup>th</sup> through 31<sup>st</sup>: 1 MONTH

CLASS E: None

**INDIVIDUAL EFFECTIVE DATE:**

CLASSES A, B, C & D: The first of the Policy month coinciding with or next following completion of the Waiting Period.

CLASS E: The day the person becomes eligible.

**INDIVIDUAL REINSTATEMENT:**

CLASS A, B, C & D: 6 months

CLASS E: Not Applicable

**MINIMUM PARTICIPATION REQUIREMENTS:** Percentage: 100%                      Number of Insureds: 10

**AMOUNT OF INSURANCE:**

**Basic Life:**

CLASS E: \$10,000.

**Basic Life and Accidental Death and Dismemberment:**

CLASS A: \$100,000.

CLASS B, C & D: \$50,000.

CLASS A, B, C & D: The Amount of Basic Life Insurance will be reduced to 50% of the pre-age 70 amount at age 70 and reduces at retirement to \$10,000.

The Amount of Basic Accidental Death and Dismemberment will be reduced to 50% of the pre-age 70 amount at age 70 and terminates at retirement.

The Life amount will be reduced by any benefit paid under the Living Benefit Rider.



**CHANGES IN AMOUNT OF INSURANCE:**

CLASS A, B, C & D: Changes in the Amount of Insurance because of changes in age, class or earnings (if applicable) are effective on the date of the change, provided the Insured must be Actively At Work on the date of the change. If an Insured is not Actively At Work when the change should take effect, the change will take effect on the day after the Insured has been Actively At Work for one full day.

CLASS E: Changes in the Amount of Insurance because of changes in age, class or earnings (if applicable) are effective on the date of the change, provided the Insured must be Actively At Work on the date of the change. If an Insured is not Actively At Work when the change should take effect, the change will take effect on the day after the Insured has been Actively At Work for one full day.

If an increase in, or initial application for, the Amount of Insurance is due to a life event change (such as marriage, birth or specific changes in employment status), proof of good health will not be required provided the Insured applies within thirty-one (31) days of such life event.

**CONTRIBUTIONS:**

CLASS A, B, C & D: Persons:	Basic Insurance: 0%
CLASS E: Persons:	Basic Insurance: 100%



Attachment 2

**The Lincoln National Life Insurance Company**

Service Office: 8801 Indian Hills Drive  
Omaha, NE 68114-4066  
(800) 423-2765

**Merger and Name Change Endorsement**

This endorsement attaches to and forms a part of your Jefferson Pilot Financial Insurance Company policy, contract or certificate.

Effective July 2, 2007 Jefferson Pilot Financial Insurance Company merged with The Lincoln National Life Insurance Company. As a result of the merger, The Lincoln National Life Insurance Company is responsible for all of Jefferson Pilot Financial Insurance Company's legal obligations, including your policy contract or certificate. Therefore, all references in the policy, contract or certificate to Jefferson Pilot Financial Insurance Company (Jefferson Pilot) are hereby changed to reflect the surviving company name of The Lincoln National Life Insurance Company.

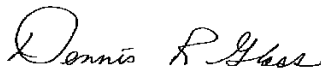
The State of Domicile for The Lincoln National Life Insurance Company (the surviving company) is Indiana. As a result, any reference in the policy, contract or certificate to the State of Domicile or Home State is hereby changed to reference Indiana as the location of the State of Domicile or Home State.

All references to a Home Office, address or location in the policy, contract or certificate are hereby changed to reference Fort Wayne, Indiana as the location of the Home Office.

All of the other terms and benefits of your policy, contract or certificate will remain unchanged.

The effective date of this endorsement is July 2, 2007.

Signed for The Lincoln National Life Insurance Company.

  
President



Jefferson Pilot Financial Insurance Company  
8801 Indian Hills Drive, Omaha NE 68114-4066  
(800) 423-2765 A Stock Company

CERTIFIES THAT Group Policy No. GL 000860051633 has been issued to  
City of North Lauderdale  
(The Group Policyholder)

The Issue Date of the Policy is March 1, 2004.

The insurance is effective only if the Employee is eligible for insurance and becomes and remains insured as provided in the Group Policy.

Certificate of Insurance for Class 1

The Employee is entitled to benefits described in this Certificate if the Employee is eligible for insurance under the provisions of the Policy and according to the records of the Employer.

This Certificate replaces any other certificate previously issued for the benefits described inside. As a Certificate of insurance, this does not constitute a contract of insurance, it summarizes the provisions of the Policy and is subject to the terms of the Policy.

Chief Executive Officer

**CERTIFICATE OF GROUP LONG TERM DISABILITY INSURANCE**

GL3002-LTD-CERT

JPDINAN

38395694 600

Face Page  
03/01/04



City of North Lauderdale  
000860051633

**SCHEDULE OF BENEFITS**

ELIGIBLE CLASS means: Class 1 All Full-Time Employees excluding Fire Fighters

**LONG-TERM DISABILITY BENEFITS**

WAITING PERIOD (For date insurance begins, refer to "Effective Dates" section)

- (a) None for employees who were hired on or before the Policy Issue Date.
- (b) One year of continuous Active Work for employees who were hired after the Policy Issue Date.

MINIMUM HOURS PER WEEK: 40

BENEFIT PERCENTAGE: 60%

MAXIMUM MONTHLY BENEFIT: \$5,000

MINIMUM MONTHLY BENEFIT: \$50

Long-Term Disability Benefits for PRE-EXISTING CONDITIONS will be subject to the Pre-Existing Condition Exclusion on the Exclusion page.

ELIMINATION PERIOD: 60 days of Disability due to the same or a related Sickness or Injury, which must be accumulated within a 120 day period.

MAXIMUM BENEFIT PERIOD (For Injury):

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 60	To Age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

OWN OCCUPATION PERIOD means a period beginning at the end of the Elimination Period and ending 24 months later for Insured Employees.



**SCHEDULE OF BENEFITS**

**NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED:** NONE

**ELIGIBLE CLASSES:** Each active, Full-time employee except any person employed on a temporary or seasonal basis, according to the following classifications:

CLASS 1: employee who is exempt from overtime and compensatory time in accordance with the Fair Labor Standards Act

CLASS 2: City Manager not covered in any other class

**WAITING PERIOD:**

Present Employees: None  
Future Employees: 11 months of continuous employment.

**INDIVIDUAL EFFECTIVE DATE:** The first of the Policy month coinciding with or next following completion of the Waiting Period, if applicable.

**INDIVIDUAL REINSTATEMENT:** 6 months

**MINIMUM PARTICIPATION REQUIREMENTS:** Percentage: 100%    Number of Insureds: 10

**LONG TERM DISABILITY BENEFIT**

**ELIMINATION PERIOD:** 90 consecutive days of Total Disability.

**MONTHLY BENEFIT:** The Monthly Benefit is an amount equal to:

CLASS 1: 60% of Covered Monthly Earnings, payable in accordance with the section entitled Benefit Amount.

CLASS 2: 66 2/3% of Covered Monthly Earnings, payable in accordance with the section entitled Benefit Amount.

**MINIMUM MONTHLY BENEFIT:** In no event will the Monthly Benefit payable to an Insured be less than \$50.

**MAXIMUM MONTHLY BENEFIT:**

CLASS 1: \$5,000 (this is equal to a maximum Covered Monthly Earnings of \$8,333).

CLASS 2: \$7,000 (this is equal to a maximum Covered Monthly Earnings of \$10,499).

**MAXIMUM DURATION OF BENEFITS:** Benefits will not accrue beyond the duration specified below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
Less than 60	To Age 65
60 but less than 69	The lesser of: (1) 5 years; or (2) to age 70
69 or more	12 months

**CHANGES IN MONTHLY BENEFIT:** Increases in the Monthly Benefit are effective on the date of the change, provided the Insured is Actively at Work on the effective date of the change. If the Insured is not Actively at Work on that date, the effective date of the increase in the benefit amount will be deferred until the date the Insured returns to Active Work. Decreases in the Monthly Benefit are effective on the date the change occurs.

**CONTRIBUTIONS:** Insured: 0%



Attachment 3

**City of North Lauderdale - Premiums Paid**

<u>Reliance</u>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>Y-T-D FY 2012</b>
Life Insurance	\$ 29,648.62	\$ 31,759.20	\$ 31,687.20	\$ 31,604.40	\$ 18,590.40
LTD	\$ 12,938.36	\$ 12,200.31	\$ 12,142.75	\$ 13,360.02	\$ 8,148.30

<u>Lincoln National</u>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>Y-T-D FY 2012</b>
Life	\$ 14,030.36	\$ 12,541.62	\$ 17,595.64	\$ 16,817.13	\$ 8,541.38



Attachment 4

**RELIANCE STANDARD**  
Life Insurance Company

Experience Summary Report

a DELPHI company

Client Name: City of North Lauderdale

Policy Number: GL - 016248

**Summary Exhibit**

Policy Effective Date	11/01/1988
Policy Termination Date	N/A
Start of Period	03/01/2002
End of Period	03/08/2012
Number of Months	120
<b>Premium</b>	<b>\$251,464.81</b>
Paid Claims (Open)	\$0.00
Paid Claims (Closed)	\$240,056.72
<b>Total Paid Claims</b>	<b>\$240,056.72</b>
IBNR	\$4,775.76
Reserves	\$0.00
<b>Total Incurred</b>	<b>\$244,832.48</b>
<b>Incurred Loss Ratio</b>	<b>97.4%</b>
Valuation Date	N/A

<u>Current Rates</u>			
Policy	Sub Policy	Coverage	Current Rate
GL-016248	01	Basic AD&D	\$.06 (per \$1000 of Volume)
GL-016248	01	Basic Life	\$.30 (per \$1000 of Volume)

Please note that the information provided within this report is a snapshot as of 3/8/2012. This information can change frequently and does not necessarily indicate that rate action is required or recommended.





**RELIANCE STANDARD**  
Life Insurance Company

Experience Summary Report

a DELPHI company

Client Name: City of North Lauderdale

Policy Number: LTD - 063077

**Summary Exhibit**

Policy Effective Date	08/01/1986
Policy Termination Date	N/A
Start of Period	03/01/2002
End of Period	03/08/2012
Number of Months	120
<b>Premium</b>	<b>\$117,177.48</b>
Paid Claims (Open)	\$0.00
Paid Claims (Closed)	\$59,537.52
<b>Total Paid Claims</b>	<b>\$59,537.52</b>
IBNR	\$4,666.07
Reserves	\$0.00
<b>Total Incurred</b>	<b>\$64,203.59</b>
<b>Incurred Loss Ratio</b>	<b>54.8%</b>
Valuation Date	N/A

<u>Current Rates</u>			
Policy	Sub Policy	Coverage	Current Rate
LTD-063077	01	Long Term Disability	\$ .77 (per \$100 of Covered Payroll)

Please note that the information provided within this report is a snapshot as of 3/8/2012. This information can change frequently and does not necessarily indicate that rate action is required or recommended.



Mar. 23. 2012 10:33AM

No. 0944 P. 1

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY  
SCHEDULE A**

A. Name of Plan: CITY OF NORTH LAUDERDALE

**Part I - Information Concerning Insurance Contract Coverage, Fees, and Commissions**

1. Coverage:

- (a) Name of insurance carrier: The Lincoln National Life Insurance Company
- (b) EIN: 35-0472300
- (c) NAIC code: 65676
- (d) Contract or identification number: 000860051633 00000
- (e) Approximate Number of Persons Covered on the Last Day of the Reporting Period:

Benefits & Contract Type (Part III,#7)	Number of Persons (e)	From (f)	To (g)
LTD	55	03/01/2004	03/31/2012

2. Insurance fees and commissions paid to agents, brokers, and other persons:

Name and address to whom payments were paid (a)	Commissions Paid (b)	Amount Paid (c)	Org. Code (e)
DANSANA CORP DBA RACHMAN INS SERVICES P O BOX 17138 PLANTATION, FL 33318	\$12,087.86		3
<b>Totals:</b>		<b>\$12,087.86</b>	<b>\$0.00</b>

**Part III - Welfare Benefit Contract Information**

- 7. Benefit and contract type: see Part I, section (e), column 1 above
- 9. Non-experience rated contracts:
  - (a) Total premiums or subscription charges paid to carrier... \$135,710.86

The Lincoln National Life Insurance Company  
8801 Indian Hills Drive  
Omaha, NE 68114-4066



**The Lincoln National Life Insurance Company**  
 8801 Indian Hills Drive, Omaha Ne 68114-4066

**CITY OF NORTH LAUDERDALE**  
**LTD - FICA Report (Fica Matched Claims)**  
 Benefit Period: 3/1/2004 to 3/9/2012

RunDate: 3/9/2012  
 Page: 1

Policy: 00086005163300000

Claimant Name	SSN	Claim Number	Date of Disability	From	To	Payment Date	Taxable Percent	Taxable Benefit	Subj To FICA	FICA SS	FICA Med	FIT	SIT	Net
<b>Claim Summary:</b>														
			1/4/2011	1/27/2011	3/15/2011	100	\$1,117.06	\$1,117.06	\$1,117.24	\$46.92	\$16.20	\$0.00	\$0.00	\$1,053.94
								\$1,117.06	\$1,117.24	\$46.92	\$16.20	\$0.00	\$0.00	\$1,053.94
<b>Claim Summary:</b>														
			4/9/2011	5/9/2011	5/2/2011	100	\$1,725.85	\$1,725.85	\$1,725.52	\$72.49	\$25.02	\$0.00	\$0.00	\$1,628.34
			5/9/2011	6/9/2011	6/2/2011	100	\$1,725.85	\$1,725.85	\$1,725.52	\$72.49	\$25.02	\$0.00	\$0.00	\$1,628.34
			6/9/2011	7/9/2011	7/5/2011	100	\$1,725.85	\$1,725.85	\$1,725.52	\$72.49	\$25.02	\$0.00	\$0.00	\$1,628.34
			7/9/2011	7/18/2011	8/4/2011	100	\$517.76	\$517.76	\$517.93	\$21.75	\$7.51	\$0.00	\$0.00	\$488.50
							\$5,695.31	\$5,694.49	\$239.22	\$82.57	\$0.00	\$0.00	\$0.00	\$5,373.52
<b>Claim Summary:</b>														
			7/23/2008	12/23/2008	12/16/2008	100	\$4,161.62	\$4,161.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,161.62
			12/23/2008	1/23/2009	1/16/2009	100	\$1,973.75	\$1,973.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,973.75
			1/23/2009	2/23/2009	2/18/2009	100	\$1,973.75	\$1,973.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,973.75
			2/23/2009	3/23/2009	3/18/2009	100	\$1,973.75	\$1,973.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,973.75
			3/23/2009	4/23/2009	4/20/2009	100	\$1,973.75	\$1,973.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,973.75
			4/23/2009	5/23/2009	5/20/2009	100	\$1,973.75	\$1,973.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,973.75
							\$23,691.01	\$23,691.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,691.01
							\$37,721.38	\$37,721.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,721.38
<b>Fica Matched Claims Division Summary:</b>														
							\$44,533.75	\$6,811.73	\$286.14	\$98.77	\$0.00	\$0.00	\$0.00	\$44,148.84

Disability payments are subject to federal unemployment tax (FUTA) and or comparable state unemployment taxes or premiums. To calculate the amount subject to FUTA and SUTA, use ONLY those wages that were subject to FICA.

This tax information is confidential and it is intended for the use of the employer. Thank you for your compliance.



Attachment 6

City of North Lauderdale  
Life & LTD Census

<u>Job Class Desc</u>	<u>DOB</u>	<u>Hire Date</u>	<u>Gender</u>	<u>Salary</u>	<u>Life Class</u>	<u>Reliance LTD Class</u>	<u>Lincoln LTD Class</u>
ACCOUNTANT I	03/01/1978	11/01/2005	F	48,069.00	C	n/a	1
ACCOUNTANT II	03/18/1969	12/19/2011	F	50,000.00	C	n/a	1
ACCOUNTS PAYABLE CLERK	06/04/1973	04/24/2001	F	42,048.00	C	n/a	1
ADMINISTRATIVE CLERK	09/27/1957	08/28/2006	F	41,375.00	C	n/a	1
ADMINISTRATIVE CLERK	11/08/1957	02/15/2002	F	38,220.00	C	n/a	1
ADMINISTRATIVE CLERK	01/16/1959	07/12/2010	F	31,403.00	C	n/a	1
ADMINISTRATIVE CLERK	09/23/1957	10/03/2011	F	30,503.00	C	n/a	1
ASSISTANT CD DIRECTOR	02/02/1962	12/26/2006	M	63,852.00	C	1	n/a
ASSISTANT PARKS & REC DIRECTOR	10/04/1954	07/15/1985	M	84,617.00	C	1	n/a
ASSISTANT TO THE CITY MGR	01/31/1958	05/07/2002	F	49,182.00	C	n/a	1
ASSISTANT TO THE DIRECTOR PW	03/04/1977	12/13/2004	F	52,965.00	C	n/a	1
ATHLETIC SUPERVISOR	08/26/1949	03/18/2002	M	52,965.00	C	1	n/a
BUSINESS SPECIALIST	05/06/1977	03/23/2009	F	35,179.00	C	n/a	1
CANAL MAINTENANCE FOREMAN	05/18/1963	09/21/1989	M	50,413.00	C	n/a	1
CANAL MAINTENANCE WORKER	09/17/1970	03/21/2005	M	33,960.00	C	n/a	1
CANAL MAINTENANCE WORKER	11/21/1957	09/20/2004	M	33,960.00	C	n/a	1
CANAL MAINTENANCE WORKER	11/26/1963	07/12/2004	M	36,243.00	C	n/a	1
CANAL MAINTENANCE WORKER	04/29/1982	09/05/2006	M	33,960.00	C	n/a	1
CITY CLERK	08/31/1953	07/06/2004	F	66,184.00	A	1	n/a
CITY COMMISSIONER	08/23/1942	03/09/1988	M	12,551.45	A	n/a	n/a
CITY COMMISSIONER	06/27/1964	03/28/2006	M	12,551.45	A	n/a	n/a
CITY COMMISSIONER	04/17/1950	01/01/2003	M	12,551.45	A	n/a	n/a
CITY COMMISSIONER	03/08/1953	01/01/2003	M	12,551.45	A	n/a	n/a
CITY COMMISSIONER	12/19/1951	07/12/2011	M	12,551.46	A	n/a	n/a
CITY MANAGER	04/27/1958	06/09/1994	F	154,838.00	A	2	n/a
CODE COMPLIANCE OFFICER	01/30/1957	03/28/2005	F	38,397.00	D	n/a	1
CODE COMPLIANCE OFFICER	10/12/1968	02/03/2003	F	37,483.00	D	n/a	1
CODE COMPLIANCE OFFICER	02/21/1983	06/26/2008	M	36,145.00	D	n/a	1
CODE COMPLIANCE OFFICER	04/04/1947	07/10/2008	M	35,995.00	D	n/a	1
CODE COMPLIANCE OFFICER	07/07/1961	10/03/2011	F	32,848.00	D	n/a	1
COMM SERVICE WRKR I P&R	04/30/1960	06/07/2006	M	29,266.00	D	n/a	1
COMM SERVICE WRKR I P&R	09/05/1985	08/10/2006	M	29,266.00	D	n/a	1
COMM SERVICE WRKR I P&R	09/01/1962	04/24/2000	M	31,516.00	D	n/a	1
COMM SERVICE WRKR I P&R	10/05/1968	10/11/2006	M	27,737.00	D	n/a	1
COMM SERVICE WRKR I P&R	08/11/1965	04/07/2008	M	26,966.00	D	n/a	1
COMM SERVICE WRKR I P&R	09/19/1974	04/07/2008	M	26,966.00	D	n/a	1
COMM SERVICE WRKR I P&R	07/02/1976	05/18/2011	M	24,315.00	D	n/a	1
COMM SERVICE WRKR I P&R	05/14/1968	08/30/2010	M	24,962.00	D	n/a	1
COMM SERVICE WRKR I SEWER	07/15/1976	06/20/1996	M	40,009.00	D	n/a	1
COMM SERVICE WRKR I STREETS	12/31/1988	07/01/2008	M	26,746.00	D	n/a	1
COMM SERVICE WRKR I STREETS	03/03/1979	02/14/2011	M	24,315.00	D	n/a	1
COMM SERVICE WRKR I SW	11/26/1955	01/29/2007	M	27,737.00	D	n/a	1
COMM SERVICE WRKR I SW	01/31/1963	12/10/2007	M	27,406.00	D	n/a	1
COMM SERVICE WRKR I SW	02/15/1985	12/10/2007	M	27,406.00	D	n/a	1
COMM SERVICE WRKR I SW	09/19/1974	04/21/2008	M	26,966.00	D	n/a	1
COMM SERVICE WRKR I SW	08/06/1966	04/28/2008	M	26,966.00	D	n/a	1
COMM SERVICE WRKR I SW	08/24/1975	03/12/2012	M	24,306.00	D	n/a	1
COMM SERVICE WRKR I SW	07/22/1953	03/15/2012	M	24,306.00	D	n/a	1
COMM SERVICE WRKR I WATER	12/11/1963	10/03/2000	M	31,516.00	D	n/a	1
COMM SERVICE WRKR I WATER	09/07/1974	04/03/2008	M	26,966.00	D	n/a	1
COMM SERVICE WRKR I WATER	08/06/1966	12/16/2010	M	24,606.00	D	n/a	1
COMM SERVICE WRKR II P&R	01/12/1960	10/20/1999	M	37,461.00	D	n/a	1
COMM SERVICE WRKR II P&R	05/27/1954	07/31/2001	M	34,787.00	D	n/a	1
COMM SERVICE WRKR II P&R	03/06/1947	03/12/1992	M	39,357.00	D	n/a	1



**City of North Lauderdale  
Life & LTD Census**

<u>Job Class Desc</u>	<u>DOB</u>	<u>Hire Date</u>	<u>Gender</u>	<u>Salary</u>	<u>Life Class</u>	<u>Reliance LTD Class</u>	<u>Lincoln LTD Class</u>
COMM SERVICE WRKR II P&R	07/06/1949	10/03/1988	M	42,384.00	D	n/a	1
COMM SERVICE WRKR II P&R	10/05/1977	03/27/2000	M	36,347.00	D	n/a	1
COMM SERVICE WRKR II SEWER	11/25/1960	05/04/1987	M	48,063.00	D	n/a	1
COMM SERVICE WRKR II SEWER	06/23/1953	08/14/1989	M	43,408.00	D	n/a	1
COMM SERVICE WRKR II STREETS	05/13/1961	08/01/1988	M	48,063.00	D	n/a	1
COMM SERVICE WRKR II SW	10/15/1954	11/19/2001	M	34,498.00	D	n/a	1
COMM SERVICE WRKR II SW	01/25/1965	10/02/2000	M	35,657.00	D	n/a	1
COMMUNITY DEV SPECIALIST	12/20/1972	07/10/2006	F	45,512.00	C	n/a	1
COMMUNITY DEV SPECIALIST	03/05/1988	03/26/2012	M	36,259.00	C	n/a	1
COMMUNITY DEV SPECIALIST II	02/22/1945	01/29/1979	F	59,925.00	C	1	n/a
COMMUNITY DEVELOPMENT DIRECTOR	02/14/1960	02/02/2004	F	106,016.00	A	1	n/a
DEPUTY CITY CLERK / PIO	08/18/1975	10/18/2010	F	47,070.00	C	1	n/a
DEPUTY FIRE CHIEF	07/02/1974	04/03/2000	M	78,283.00	C	1	n/a
DRIVER PARAMEDIC	04/29/1968	12/19/1994	F	70,084.00	B	n/a	n/a
DRIVER PARAMEDIC	04/11/1983	04/14/2003	M	54,739.00	B	n/a	n/a
DRIVER PARAMEDIC	08/22/1978	07/08/2002	M	54,739.00	B	n/a	n/a
DRIVER PARAMEDIC	06/10/1966	04/13/1989	M	70,084.00	B	n/a	n/a
DRIVER PARAMEDIC	06/03/1979	08/05/2002	M	58,601.00	B	n/a	n/a
DRIVER PARAMEDIC	07/10/1982	09/06/2007	M	49,187.00	B	n/a	n/a
EQUIPMENT OPERATOR	05/02/1969	01/22/2007	M	33,960.00	B	n/a	1
EQUIPMENT OPERATOR	02/14/1971	12/03/2007	M	43,269.00	B	n/a	1
EXECUTIVE SECRETARY FIRE	03/24/1948	06/22/1993	F	54,787.00	C	n/a	1
FACILITY MAINTENANCE FOREMAN	04/13/1953	10/14/1997	M	51,152.00	C	n/a	1
FACILITY MAINTENANCE WORKER	07/19/1952	05/27/1990	M	49,153.00	D	n/a	1
FACILITY MAINTENANCE WORKER	05/23/1962	09/29/2008	M	33,151.00	D	n/a	1
FACILITY MAINTENANCE WORKER	07/24/1963	02/08/2012	M	33,553.00	D	n/a	1
FINANCE DIRECTOR	03/19/1964	01/22/2009	M	147,084.00	A	1	n/a
FIRE CHIEF	07/21/1957	08/19/1980	M	106,750.00	A	1	n/a
FIREFIGHTER PARAMEDIC	08/29/1983	03/07/2011	M	42,053.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	10/02/1975	06/01/2004	M	47,285.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	05/08/1979	06/07/2004	M	47,285.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	05/05/1977	07/08/2002	M	52,132.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	04/26/1977	08/11/2003	M	49,655.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	09/16/1976	11/13/2000	M	52,132.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	12/26/1979	04/14/2003	M	52,132.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	10/13/1973	05/07/2007	M	46,845.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	12/28/1959	07/05/1995	M	52,132.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	08/16/1975	08/09/2007	M	46,845.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	08/19/1983	08/09/2007	M	46,845.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	07/21/1969	08/09/2007	M	46,845.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	03/10/1973	09/06/2007	M	46,845.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	05/23/1983	12/27/2007	M	46,287.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	09/26/1984	12/27/2007	M	46,287.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	10/17/1984	03/24/2008	M	45,729.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	12/01/1975	09/04/2008	M	44,614.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	09/28/1977	09/04/2008	M	44,614.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	02/13/1986	01/08/2009	M	44,181.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	02/22/1984	05/20/2009	M	43,748.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	07/30/1986	11/09/2009	F	43,104.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	12/09/1984	10/18/2010	M	42,053.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	07/29/1984	03/07/2011	M	42,053.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	04/27/1983	03/07/2011	M	42,053.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	05/15/1983	07/11/2011	M	42,053.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	03/10/1989	07/11/2011	M	42,053.00	B	n/a	n/a



**City of North Lauderdale  
Life & LTD Census**

<u>Job Class Desc</u>	<u>DOB</u>	<u>Hire Date</u>	<u>Gender</u>	<u>Salary</u>	<u>Life Class</u>	<u>Reliance LTD Class</u>	<u>Lincoln LTD Class</u>
FIREFIGHTER PARAMEDIC	10/23/1980	07/11/2011	M	42,053.00	B	n/a	n/a
FIREFIGHTER PARAMEDIC	09/06/1985	11/17/2011	M	43,104.00	B	n/a	n/a
GRANT ADMINISTRATOR	03/05/1974	05/07/2009	F	38,232.00	C	1	n/a
HUMAN RESOURCES GENERALIST	08/14/1982	09/15/2006	F	42,385.00	C	1	n/a
HUMAN RESOURCES MANAGER	09/10/1970	10/08/1996	F	63,755.00	C	1	n/a
INFORMATION TECH MANAGER	10/30/1941	02/10/2003	M	75,891.00	C	1	n/a
JANITOR	02/16/1957	08/24/2006	M	25,020.00	D	n/a	1
JANITOR	12/12/1952	11/28/2011	F	23,714.00	D	n/a	1
LIEUTENANT PARAMEDIC	03/05/1967	08/11/2003	M	52,133.00	B	n/a	n/a
LIEUTENANT PARAMEDIC	07/26/1956	09/09/1982	M	77,360.00	B	n/a	n/a
LIEUTENANT PARAMEDIC	12/26/1972	08/20/2001	M	63,480.00	B	n/a	n/a
LIEUTENANT PARAMEDIC	02/10/1970	07/01/1996	M	73,588.00	B	n/a	n/a
LIEUTENANT PARAMEDIC	02/28/1954	11/26/1984	M	77,360.00	B	n/a	n/a
LIEUTENANT PARAMEDIC	06/17/1965	04/01/1996	M	75,108.00	B	n/a	n/a
NEIGHBORHOOD IMPROVEMENT COORD	11/20/1957	10/03/2011	F	36,259.00	D	n/a	1
NETWORK ADMINISTRATOR	05/11/1961	12/12/2008	M	55,416.00	C	1	n/a
PARKS & RECREATION DIRECTOR	01/14/1966	06/22/1989	M	111,095.00	A	1	n/a
PARKS MANAGER	08/04/1984	05/30/2006	M	33,670.00	C	1	n/a
PARKS SUPERINTENDENT	06/09/1970	09/21/1989	M	63,427.00	C	1	n/a
PAYROLL SPECIALIST	03/16/1963	09/13/1994	F	48,426.00	C	1	n/a
PUBLICWORKS UTILITIES DIRECTOR	06/17/1949	02/10/1983	M	132,059.00	A	1	n/a
PW/UTILITIES OPR SUPR	10/14/1954	08/14/1991	M	81,699.00	C	1	n/a
PW/UTILITIES OPR SUPR	09/27/1967	09/14/2010	M	81,553.00	C	1	n/a
RECREATION MANAGER	08/19/1969	10/29/1994	F	64,194.00	C	1	n/a
RECREATION PROGRAMMER I	01/02/1964	07/26/1999	M	42,187.00	C	n/a	1
RECREATION PROGRAMMER I	09/04/1993	10/24/2008	M	31,266.00	C	n/a	1
RECREATION PROGRAMMER II	10/18/1984	08/06/2004	F	42,000.00	C	n/a	1
Retiree	3/17/1936	n/a	F	n/a	E	n/a	n/a
Retiree	10/31/1930	n/a	F	n/a	E	n/a	n/a
Retiree	4/14/1937	n/a	M	n/a	E	n/a	n/a
Retiree	2/28/2019	n/a	M	n/a	E	n/a	n/a
Retiree	7/6/1941	n/a	F	n/a	E	n/a	n/a
Retiree	4/4/1931	n/a	M	n/a	E	n/a	n/a
Retiree	3/9/2024	n/a	M	n/a	E	n/a	n/a
Retiree	10/15/1934	n/a	M	n/a	E	n/a	n/a
Retiree	8/16/1931	n/a	M	n/a	E	n/a	n/a
Retiree	06/08/1931	n/a	F	n/a	E	n/a	n/a
Retiree	10/08/1935	n/a	F	n/a	E	n/a	n/a
Retiree	11/23/1943	n/a	M	n/a	E	n/a	n/a
SYSTEMS ADMINISTRATOR	02/22/1976	03/01/2010	M	40,499.00	C	1	n/a
UTILITY FOREMAN WATER	06/17/1958	12/05/2007	M	46,875.00	C	n/a	1
WATER PLANT MANAGER	07/25/1949	06/20/1988	M	74,837.00	C	1	n/a