

Res 629

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: Administration	Contract/Addendum #: 12988																				
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Contract</th> <th style="width: 50%;">Addendum</th> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">If Addendum, please include original contract number</td> </tr> <tr> <td><input checked="" type="checkbox"/> POS</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lease</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lessor</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Intergovernmental</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Purchase of Property</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Property Sale</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </table>	Contract	Addendum	If Addendum, please include original contract number		<input checked="" type="checkbox"/> POS	<input type="checkbox"/>	<input type="checkbox"/> Grant	<input type="checkbox"/>	<input type="checkbox"/> Co Lease	<input type="checkbox"/>	<input type="checkbox"/> Co Lessor	<input type="checkbox"/>	<input type="checkbox"/> Intergovernmental	<input type="checkbox"/>	<input type="checkbox"/> Purchase of Property	<input type="checkbox"/>	<input type="checkbox"/> Property Sale	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>
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2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
3. Term of Contract or Addendum: 5/1/17-no expiration date																					
4. Amount of Contract or Addendum: \$0																					
5. Purpose: To provide Long Term Care Insurance to Dane County. Employees pay 100% cost of premiums.																					
6. Vendor or Funding Source: UNUM Life Insurance Company of America																					
7. MUNIS Vendor Code: 8232																					
8. Bid/RFP Number: 112025																					
9. If grant: Funds Positions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
10. Are funds included in the budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
11. Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____																					
12. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year _____																					
13. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the Resolution. If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____																					
14. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
15. Director's Approval:																					

Contract Review/Approvals				Vendor
Initials	Ftnt	Date In	Date Out	Vendor Name
Received	_____	2-16-17	_____	Contact Person Phone No. E-mail Address
Controller	_____	_____	2/20/17	
Corporation Counsel	_____	2-20-17	2-21-17	
Risk Management	_____	2/20/17	2/20/17	
Purchasing	_____	2/21/17	2/21/17	
_____ County Executive	_____	_____	_____	

Footnotes:

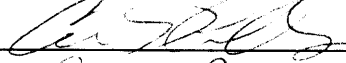
- 1.
- 2.

Return to: Name/Title: Amy Utzig Phone: 266-9253 E-mail Address: utzig@countyofdane.com	Dept.: Employee Relations Mail Address: 210 Martin Luther King Jr Blvd, Rm 418 Madison WI 53703
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Certification

The attached contract: [check as many as apply]

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹.

Date: 2/16/17 Signed: 
 Telephone Number 6-4514 Print Name: Carlos Pabillon

Major Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

Executive Summary (attach additional pages, if needed).

1. **Department Head** Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: _____ Signature: _____

2. **Director of Administration** Contract is in the best interest of the County.
Comments:

Date: _____ Signature: _____

3. **Corporation Counsel** Contract is in the best interest of the County.
Comments:

Date: _____ Signature: _____

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

COUNTY OF DANE
Purchase of Services Agreement

Number of Pages, including schedules: 16
Agreement No. 41115 12988
Expiration Date: Exempt
Authority: Res. _____, 2016
Department: Department of Administration
Maximum Cost: _____
Registered Agent: _____
Address: _____

THIS AGREEMENT, made and entered into, by and between the County of Dane (hereafter referred to as "COUNTY") and UNUM Life Insurance Company of America (hereafter, "PROVIDER"),

WITNESSETH:

WHEREAS COUNTY, whose address is 210 Martin Luther King Jr Blvd, Rm 418, Madison WI 53703, desires to purchase services from PROVIDER for the purpose of providing Group Long Term Care Insurance; and

WHEREAS PROVIDER, whose address is 2211 Congress Street, Portland, Maine 04122-0002, is able and willing to provide such services;

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each party for itself, COUNTY and PROVIDER do agree as follows:

- I. TERM. The term of this Agreement shall commence as of the date by which all parties have executed this Agreement and shall end as of the EXPIRATION DATE set forth on page 1 hereof, unless sooner agreed to in writing by the parties. PROVIDER shall complete its obligations under this Agreement not later than the EXPIRATION DATE. Upon failure of PROVIDER to complete its obligation set forth herein by the EXPIRATION DATE, COUNTY may invoke the penalties, if any, set forth in this document and its attachments.
- II. SERVICES.
 - A. PROVIDER agrees to provide the services detailed in the bid specifications, if any; the request for proposals (RFP) and PROVIDER's response thereto, if any; and on the attached Schedule A, which is fully incorporated herein by reference. In the event of a conflict between or among the bid specifications, the RFP or responses thereto, or the terms of Schedule A or any of them, it is agreed that the terms of Schedule A, to the extent of any conflict, are controlling.
 - B. PROVIDER shall commence, carry on and complete its obligations under this Agreement with all deliberate speed and in a sound, economical and efficient manner, in accordance with this Agreement and all applicable laws. In providing services under this Agreement,

PROVIDER agrees to cooperate with the various departments, agencies, employees and officers of COUNTY.

- C. PROVIDER agrees to secure at PROVIDER's own expense all personnel necessary to carry out PROVIDER's obligations under this Agreement. Such personnel shall not be deemed to be employees of COUNTY nor shall they or any of them have or be deemed to have any direct contractual relationship with COUNTY.

III. ASSIGNMENT/TRANSFER: PROVIDER shall neither assign nor transfer any interest or obligation in this Agreement, without the prior written consent of COUNTY unless otherwise provided herein, provided that claims for money due or to become due PROVIDER from COUNTY under this Agreement may be assigned to a bank, trust company or other financial institution without such approval if and only if the instrument of assignment contains a provision substantially to the effect that it is agreed that the right of the assignee in and to any moneys due or to become due to PROVIDER shall be subject to prior claims of all persons, firms and corporations for services rendered or materials supplied for the performance of the work called for in this Agreement. PROVIDER shall promptly provide notice of any such assignment or transfer to COUNTY.

IV. TERMINATION.

A. Failure of PROVIDER to fulfill any of its obligations under this Agreement in a timely manner, or violation by PROVIDER of any of the covenants or stipulations of this Agreement, shall constitute grounds for COUNTY to terminate this Agreement by giving a thirty (30) day written notice to PROVIDER.

B. The following shall constitute grounds for immediate termination:

1. violation by PROVIDER of any State, Federal or local law, or failure by PROVIDER to comply with any applicable States and Federal service standards, as expressed by applicable statutes, rules and regulations.
2. failure by PROVIDER to carry applicable licenses or certifications as required by law.
3. failure of PROVIDER to comply with reporting requirements contained herein.
4. inability of PROVIDER to perform the work provided for herein.

C. Failure of the Dane County Board of Supervisors or the State or Federal Governments to appropriate sufficient funds to carry out COUNTY's obligations hereunder, shall result in automatic termination of this Agreement as of the date funds are no longer available, without notice.

D. In the event COUNTY terminates this Agreement as provided herein, all finished and unfinished documents, services, papers, data, products, and the like prepared, produced or made by PROVIDER under this Agreement shall at the option of COUNTY become the property of COUNTY, and PROVIDER shall be entitled to receive just and equitable compensation, subject to any penalty, for any satisfactory work completed on such documents, services, papers, data, products or the like. Notwithstanding the above, PROVIDER shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of this Agreement by PROVIDER, and COUNTY may withhold any payments to PROVIDER for the purpose of set-off.

V. PAYMENT. COUNTY agrees to make such payments for services rendered under this Agreement as and in the manner specified herein and in the attached Schedule B, which is fully incorporated herein by reference. Notwithstanding any language to the contrary in this Agreement or its attachments, COUNTY shall never be required to pay more than the sum set forth on page 1 of this Agreement under the heading MAXIMUM COST, for all services rendered by PROVIDER under this Agreement.

- VI. REPORTS. PROVIDER agrees to make such reports as are required in the attached Schedule C, which is fully incorporated herein by reference. With respect to such reports it is expressly understood that time is of the essence and that the failure of PROVIDER to comply with the time limits set forth in said Schedule C shall result in the penalties set forth herein.
- VII. DELIVERY OF NOTICE. Notices, bills, invoices and reports required by this Agreement shall be deemed delivered as of the date of postmark if deposited in a United States mailbox, first class postage attached, addressed to a party's address as set forth above. It shall be the duty of a party changing its address to notify the other party in writing within a reasonable time.

VIII. INSURANCE.

- A. PROVIDER shall indemnify, hold harmless and defend COUNTY, its boards, commissions, agencies, officers, employees and representatives against any and all liability, loss (including, but not limited to, property damage, bodily injury and loss of life), damages, costs or expenses which COUNTY, its officers, employees, agencies, boards, commissions and representatives may sustain, incur or be required to pay by reason of PROVIDER furnishing the services or goods required to be provided under this Agreement, provided, however, that the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by or resulting from the acts or omissions of COUNTY, its agencies, boards, commissions, officers, employees or representatives. The obligations of PROVIDER under this paragraph shall survive the expiration or termination of this Agreement.
- B. In order to protect itself and COUNTY, its officers, boards, commissions, agencies, agents, volunteers, employees and representatives under the indemnity provisions of the subparagraph above, PROVIDER shall, at PROVIDER's own expense, obtain and at all times during the term of this Agreement keep in full force and effect the insurance coverages, limits, and endorsements listed below. When obtaining required insurance under this Agreement and otherwise, PROVIDER agrees to preserve COUNTY's subrogation rights in all such matters that may arise that are covered by PROVIDER's insurance. Neither these requirements nor the COUNTY's review or acceptance of PROVIDER's certificates of insurance is intended to limit or qualify the liabilities or obligations assumed by the PROVIDER under this Agreement. The County expressly reserves the right to require higher or lower insurance limits where County deems necessary.

Commercial General Liability.

PROVIDER agrees to maintain Commercial General Liability insurance at a limit of not less than \$1,000,000 per occurrence. Coverage shall include, but not be limited to, Bodily Injury and Property Damage to Third Parties, Contractual Liability, Personal Injury and Advertising Injury Liability, Premises-Operations, Independent PROVIDERs and Subcontractors, and Fire Legal Liability. The policy shall not exclude Explosion, Collapse, and Underground Property Damage Liability Coverage. The policy shall list DANE COUNTY as an Additional Insured.

Commercial/Business Automobile Liability.

PROVIDER agrees to maintain Commercial/Business Automobile Liability insurance at a limit of not less than \$1,000,000 Each Occurrence. PROVIDER further agrees coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event PROVIDER does not own automobiles, PROVIDER agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

Environmental Impairment (Pollution) Liability

PROVIDER agrees to maintain Environmental Impairment (Pollution) Liability insurance at a limit of not less than \$1,000,000 per occurrence for bodily injury, property damage, and environmental cleanup costs caused by pollution conditions, both sudden and non-sudden. This requirement can be satisfied by either a separate environmental liability policy or through a modification to the Commercial General Liability policy. Evidence of either must be provided.

Workers' Compensation.

PROVIDER agrees to maintain Workers Compensation insurance at Wisconsin statutory limits.

Umbrella or Excess Liability.

PROVIDER may satisfy the minimum liability limits required above for Commercial General Liability and Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for the Commercial General Liability and Business Auto Liability. PROVIDER agrees to list DANE COUNTY as an "Additional Insured" on its Umbrella or Excess Liability policy.

- C. Upon execution of this Agreement, PROVIDER shall furnish COUNTY with a Certificate of Insurance listing COUNTY as an additional insured and, upon request, certified copies of the required insurance policies. If PROVIDER's insurance is underwritten on a Claims-Made basis, the Retroactive Date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage is Claims-Made and indicate the Retroactive Date, PROVIDER shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement. PROVIDER shall furnish COUNTY, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage. It is further agreed that PROVIDER shall furnish the COUNTY with a 30-day notice of aggregate erosion, in advance of the Retroactive Date, cancellation, or renewal. It is also agreed that on Claims-Made policies, either PROVIDER or COUNTY may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by PROVIDER. In the event any action, suit or other proceeding is brought against COUNTY upon any matter herein indemnified against, COUNTY shall give reasonable notice thereof to PROVIDER and shall cooperate with PROVIDER's attorneys in the defense of the action, suit or other proceeding. PROVIDER shall furnish evidence of adequate Worker's Compensation Insurance. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER.
- D. The parties do hereby expressly agree that COUNTY, acting at its sole option and through its Risk Manager, may waive any and all requirements contained in this Agreement, such waiver to be in writing only. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by COUNTY's Risk Manager taking into account the nature of the work and other factors relevant to COUNTY's exposure, if any, under this Agreement.
- IX. NO WAIVER BY PAYMENT OR ACCEPTANCE. In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by COUNTY of any breach of the covenants of this Agreement or a waiver of any default of PROVIDER and the making of any such payment or acceptance of any such service or product by COUNTY while any such default or breach shall exist shall in no way impair or prejudice the right of COUNTY with respect to recovery of damages or other remedy as a result of such breach or default.
- X. NON-DISCRIMINATION. During the term of this Agreement, PROVIDER agrees not to discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard, state defense force or any other reserve component of the military forces of the United States, or political beliefs against any person, whether a recipient of services (actual or potential) or an employee or applicant for employment. Such equal opportunity shall include but not be limited to

the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, rates of pay, and any other form of compensation or level of service(s). PROVIDER agrees to post in conspicuous places, available to all employees, service recipients and applicants for employment and services, notices setting forth the provisions of this paragraph. The listing of prohibited bases for discrimination shall not be construed to amend in any fashion state or federal law setting forth additional bases, and exceptions shall be permitted only to the extent allowable in state or federal law.

XI. CIVIL RIGHTS COMPLIANCE.

- A. If PROVIDER has 20 or more employees and receives \$20,000 in annual contracts with COUNTY, the PROVIDER shall submit to COUNTY a current Civil Rights Compliance Plan (CRC) for Meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 and Americans with Disabilities Act (ADA) of 1990. PROVIDER shall also file an Affirmative Action (AA) Plan with COUNTY in accordance with the requirements of chapter 19 of the Dane County Code of Ordinances. PROVIDER shall submit a copy of its discrimination complaint form with its CRC/AA Plan. The CRC/AA Plan must be submitted prior to the effective date of this Agreement and failure to do so by said date shall constitute grounds for immediate termination of this Agreement by COUNTY. If an approved plan has been received during the previous CALENDAR year, a plan update is acceptable. The plan may cover a two-year period. Providers who have less than twenty employees, but who receive more than \$20,000 from the COUNTY in annual contracts, may be required to submit a CRC Action Plan to correct any problems discovered as the result of a complaint investigation or other Civil Rights Compliance monitoring efforts set forth herein below. If PROVIDER submits a CRC/AA Plan to a Department of Workforce Development Division or to a Department of Health and Family Services Division that covers the services purchased by COUNTY, a verification of acceptance by the State of PROVIDER's Plan is sufficient.
- B. PROVIDER agrees to comply with the COUNTY's civil rights compliance policies and procedures. PROVIDER agrees to comply with civil rights monitoring reviews performed by the COUNTY, including the examination of records and relevant files maintained by the PROVIDER. PROVIDER agrees to furnish all information and reports required by the COUNTY as they relate to affirmative action and non-discrimination. PROVIDER further agrees to cooperate with COUNTY in developing, implementing, and monitoring corrective action plans that result from any reviews.
- C. PROVIDER shall post the Equal Opportunity Policy, the name of PROVIDER's designated Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and clients of services, applicants for employment and employees. The complaint process will be according to COUNTY's policies and procedures and made available in languages and formats understandable to applicants, clients and employees. PROVIDER shall supply to COUNTY's Contract Compliance Officer upon request a summary document of all client complaints related to perceived discrimination in service delivery. These documents shall include names of the involved persons, nature of the complaints, and a description of any attempts made to achieve complaint resolution.
- D. PROVIDER shall provide copies of all announcements of new employment opportunities to COUNTY's Contract Compliance Officer when such announcements are issued.
- E. If PROVIDER is a government entity having its own compliance plan, PROVIDER'S plan shall govern PROVIDER's activities.

XII. LIVING WAGE.

- A. PROVIDER agrees to pay all workers employed by PROVIDER in the performance of this Agreement, whether on a full-time or part-time basis, the prevailing living wage as defined in section 25.015(1)(f), Dane County Ordinances. PROVIDER agrees to make

available for COUNTY inspection PROVIDER's payroll records relating to employees providing services on or under this Agreement or subcontract.

- B. If any payroll records of PROVIDER contain any false, misleading or fraudulent information, or if PROVIDER fails to comply with the provisions of section 25.015 of the Dane County Code of Ordinances, COUNTY may withhold payments on the Agreement, terminate, cancel or suspend the Agreement in whole or in part, or, after a due process hearing, deny PROVIDER the right to participate in bidding on future county contracts for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.
- C. PROVIDER agrees to submit to COUNTY a certification as required in section 25.015(7) of the Dane County Code of Ordinances.
- D. PROVIDER agrees to display COUNTY's current living wage poster in a prominent place where it can be easily seen and read by persons employed by PROVIDER.
- E. PROVIDER shall ensure that any subcontractors comply with the provisions of this section.
- F. The following are exemptions from the requirements of this section:
 - 1. When the Maximum Cost of the Agreement is less than \$5,000;
 - 2. When the provider is a school district, a municipality, or other unit of government;
 - 3. When the County is purchasing residential services at an established per bed rate;
 - 4. When employees are persons with disabilities working in employment programs and the provider holds a current sub-minimum wage certificate issued by the U.S. Department of Labor or where such a certificate could be issued but for the fact that the employer is paying a wage higher than the minimum wage;
 - 5. When an individual receives compensation for providing services to a family member;
 - 6. When employees are student interns;
 - 7. When the provider meets any other criteria for exemption outlined in section 25.015(1)(d) of the Dane County Code of Ordinances; and
 - 8. Where the contract is funded or co-funded by a government agency requiring a different living wage, the higher wage requirement shall prevail.

XIII. DOMESTIC PARTNER EQUAL BENEFITS. The PROVIDER agrees to provide the same economic benefits to all of its employees with domestic partners as it does to employees with spouses, or the cash equivalent if such a benefit cannot reasonably be provided. The PROVIDER agrees to make available for County inspection the PROVIDER's payroll records relating to employees providing services on or under this contract or subcontract. If any payroll records of a PROVIDER contain any false, misleading or fraudulent information, or if a PROVIDER fails to comply with the provisions of s. 25.016, D. C. Ords., the contract compliance officer may withhold payments on the contract; terminate, cancel or suspend the contract in whole or in part; or, after a due process hearing, deny the contractor the right to participate in bidding on future County contracts for a period of one year after the first violation is found and for a period of three years after a second or subsequent violation is found.

XIV. COMPLIANCE WITH FAIR LABOR STANDARDS.

- A. Reporting of Adverse Findings. During the term of this Agreement, PROVIDER shall report to the County Contract Compliance Officer, within ten (10) days, any allegations to, or findings by the National Labor Relations Board (NLRB) or Wisconsin Employment Relations commission (WERC) that PROVIDER has violated a statute or regulation regarding labor standards or relations. If an investigation by the Contract Compliance Officer results in a final determination that the matter adversely affects PROVIDER'S

responsibilities under this Agreement, and which recommends termination, suspension or cancellation of this agreement, the County may take such action.

- B. Appeal Process. PROVIDER may appeal any adverse finding by the Contract Compliance Officer as set forth in sec. 25.015(11)(c) through (e).
- C. Notice Requirement. PROVIDER shall post the following statement in a prominent place visible to employees: "As a condition of receiving and maintaining a contract with Dane County, this employer shall comply with federal, state and all other applicable laws prohibiting retaliation for union organizing."

XV. MISCELLANEOUS.

- A. Registered Agent. PROVIDER warrants that it has complied with all necessary requirements to do business in the State of Wisconsin, that the persons executing this Agreement on its behalf are authorized to do so, and, if a corporation, that the name and address of PROVIDER's registered agent is as set forth opposite the heading REGISTERED AGENT on page 1 of this Agreement. PROVIDER shall notify COUNTY immediately, in writing, of any change in its registered agent, his or her address, and PROVIDER's legal status. For a partnership, the term 'registered agent' shall mean a general partner.
- B. Controlling Law and Venue. It is expressly understood and agreed to by the parties hereto that in the event of any disagreement or controversy between the parties, Wisconsin law shall be controlling. Venue for any legal proceedings shall be in the Dane County Circuit Court.
- C. Limitation Of Agreement. This Agreement is intended to be an agreement solely between the parties hereto and for their benefit only. No part of this Agreement shall be construed to add to, supplement, amend, abridge or repeal existing duties, rights, benefits or privileges of any third party or parties, including but not limited to employees of either of the parties.
- D. Entire Agreement. The entire agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended in any fashion except in writing, executed by both parties.
- E. Counterparts. The parties may evidence their agreement to the foregoing upon one or several counterparts of this instrument, which together shall constitute a single instrument.

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this Agreement and its Schedules to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

FOR PROVIDER:

Date Signed: 2/10/2017



Rachel Hackett

Date Signed: _____

FOR COUNTY:

Date Signed: _____

JOSEPH PARISI, County Executive

* [print name and title, below signature line of any person signing this document]

rev. 12/15

GENERAL INSTRUCTIONS FOR COMPLETING SCHEDULES "A", "B", "C"

Schedule A

This agreement is entered into by and between UNUM Life Insurance Company of America (hereinafter referred to as "UNUM"), a disability insurance provider, and Dane County, its policyholder (hereinafter referred to as "COUNTY").

I. INCORPORATION OF REQUEST FOR PROPOSAL TERMS

This agreement incorporates the key terms and conditions of the COUNTY'S Request for Proposal #112025 ("RFP"). Except as otherwise provided under the group Long term care insurance policy issued to the COUNTY ("policy) and this Agreement, any conflict between a term or condition specifically set forth herein and a term of condition contained in the RFP shall be resolved in favor of the terms and conditions contained in this Agreement.

II. TERMS/EFFECTIVE DATE

- A. Effective Date: The term of this Agreement shall commence at 12:01 am on May 1, 2017.
- B. "Contract Year" is defined as the twelve month period from May 1 through April 30 of each year.

III. LATE ENROLLEES

Individuals who did not enroll when initially eligible to enroll, and there is no special open enrollment, are considered late enrollees. A late enrollee is required to provide evidence of insurability to UNUM. Coverage begins for late enrollees the first of the month following the date UNUM approved their evidence of insurability application.

IV. EFFECTIVE DATE OF COVERAGE

Coverage for an eligible employee will become effective the first of the month following 6 months of continuous active employment with the COUNTY.

Schedule B

Rates are shown in the Policy's rate information section. UNUM may change rates when the terms of the policy change or as otherwise allowed under the Guarantee Renewable provision of the Policy.



RATE SHEET
COUNTY OF DANE A MUNICIPAL CORPORATION

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	5.80	7.00	17.00	20.60
31	5.80	7.00	17.20	20.90
32	5.80	7.00	17.70	21.40
33	6.00	7.30	18.10	21.90
34	6.20	7.50	18.60	22.50
35	6.40	7.80	19.20	23.30
36	6.50	7.90	19.70	23.90
37	6.80	8.20	20.00	24.30
38	7.10	8.50	20.70	25.00
39	7.50	9.00	21.50	25.80
40	7.70	9.20	21.80	26.20
41	8.10	9.70	22.60	27.20
42	8.30	9.90	23.30	27.70
43	8.70	10.40	24.00	28.60
44	9.10	10.90	24.80	29.50
45	9.70	11.40	25.80	30.40
46	10.00	11.80	26.20	30.90
47	10.40	12.30	26.80	31.60
48	10.90	12.80	27.40	32.10
49	11.30	13.20	28.30	33.10
50	11.80	13.90	28.80	33.70
51	12.60	14.70	29.80	34.90
52	13.20	15.40	30.70	36.00
53	13.80	16.00	31.50	36.50
54	14.30	16.60	32.20	37.40
55	15.30	17.70	33.40	38.80
56	16.00	18.60	34.60	40.20
57	17.20	20.00	36.30	42.10
58	18.20	21.10	37.60	43.70
59	19.30	22.40	38.90	45.20



RATE SHEET
COUNTY OF DANE A MUNICIPAL CORPORATION

<i>Base Plan</i>		<i>Options</i>	
Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	3 Years		
Home Benefit	100%		
Lifetime Maximum	\$36,000		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	20.60	23.90	40.70	47.20
61	22.20	25.70	43.20	50.10
62	24.40	28.00	46.50	53.50
63	26.30	30.20	49.00	56.40
64	28.60	32.90	52.50	60.40
65	32.20	37.10	57.80	66.50
66	35.30	40.30	62.20	70.90
67	39.30	44.80	67.70	77.20
68	43.10	49.20	72.60	82.80
69	47.60	54.30	78.80	89.80
70	52.50	59.90	84.50	96.30
71	58.10	65.70	92.20	104.20
72	64.20	72.60	100.00	113.00
73	71.00	79.50	108.20	121.20
74	78.10	87.50	116.80	130.80
75	94.00	104.30	137.90	153.10
76	103.00	114.30	149.30	165.70
77	112.50	123.80	160.00	176.00
78	123.20	135.50	172.90	190.20
79	134.90	148.40	185.70	204.20
80	147.80	162.60	200.60	220.70



RATE SHEET
COUNTY OF DANE A MUNICIPAL CORPORATION

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 6 Years 100% \$72,000 90 Days Professional	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	7.60	9.20	22.60	27.40
31	7.80	9.40	23.30	28.20
32	8.00	9.70	23.90	28.90
33	8.20	9.90	24.60	29.80
34	8.40	10.20	25.10	30.40
35	8.80	10.70	25.90	31.30
36	8.90	10.80	26.40	31.90
37	9.20	11.20	27.10	32.80
38	9.70	11.70	28.00	33.90
39	10.10	12.10	28.90	34.70
40	10.40	12.50	29.50	35.40
41	10.70	12.80	30.10	36.10
42	11.30	13.50	31.40	37.30
43	11.80	14.10	32.20	38.30
44	12.40	14.70	33.30	39.70
45	13.10	15.40	34.40	40.60
46	13.70	16.20	35.40	41.80
47	14.10	16.70	35.90	42.40
48	15.00	17.50	37.00	43.30
49	15.30	17.90	37.80	44.20
50	16.00	18.70	38.50	45.10
51	16.80	19.70	39.80	46.50
52	17.70	20.70	41.00	48.00
53	18.60	21.60	42.10	48.80
54	19.50	22.70	43.30	50.20
55	20.60	23.90	44.60	51.70
56	21.60	25.10	46.10	53.40
57	23.00	26.70	47.90	55.50
58	24.40	28.30	49.90	57.90
59	25.90	30.10	51.80	60.10



RATE SHEET
COUNTY OF DANE A MUNICIPAL CORPORATION

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	6 Years		
Home Benefit	100%		
Lifetime Maximum	\$72,000		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	27.40	31.80	53.80	62.50
61	29.80	34.50	57.30	66.50
62	32.20	37.00	61.10	70.30
63	35.00	40.20	64.60	74.30
64	37.90	43.60	68.90	79.30
65	42.50	48.90	75.80	87.10
66	46.80	53.40	81.60	93.00
67	51.70	58.90	88.70	101.10
68	56.90	64.80	95.20	108.50
69	62.60	71.40	102.70	117.10
70	68.90	78.50	110.10	125.60
71	76.30	86.30	120.10	135.80
72	84.20	95.10	130.20	147.20
73	92.80	103.90	140.40	157.30
74	102.30	114.50	152.00	170.20
75	122.60	136.10	178.90	198.60
76	134.20	149.00	193.40	214.60
77	147.00	161.70	207.80	228.50
78	160.70	176.80	224.00	246.40
79	175.80	193.30	240.40	264.50
80	192.30	211.60	259.50	285.50



RATE SHEET
COUNTY OF DANE A MUNICIPAL CORPORATION

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	\$1,000 \$1,000 Unlimited 100% Unlimited 90 Days Professional	<u>Options</u> Non Forfeiture Inflation Protection	Shortened Benefit Period Compound Uncapped
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This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
18-30	10.90	13.20	31.50	38.10
31	10.90	13.20	32.00	38.70
32	11.30	13.70	33.00	40.00
33	11.50	14.00	33.70	40.70
34	11.60	14.10	34.20	41.40
35	12.00	14.60	35.20	42.60
36	12.40	15.00	36.00	43.60
37	13.00	15.70	37.20	45.00
38	13.30	16.10	38.00	46.00
39	13.80	16.60	39.20	47.00
40	14.40	17.30	40.30	48.40
41	15.10	18.10	41.40	49.70
42	15.70	18.70	42.60	50.70
43	16.30	19.40	43.80	52.20
44	17.10	20.40	45.20	53.80
45	18.00	21.20	46.50	54.90
46	18.80	22.20	47.80	56.40
47	19.50	23.00	48.60	57.40
48	20.40	23.80	50.10	58.60
49	21.10	24.70	50.90	59.60
50	22.10	25.90	52.10	61.00
51	23.10	27.00	53.60	62.70
52	24.20	28.30	54.90	64.30
53	25.40	29.50	56.70	65.80
54	26.60	30.80	58.10	67.40
55	27.70	32.20	59.20	68.70
56	29.30	34.00	61.30	71.10
57	31.10	36.00	63.80	74.00
58	32.70	38.00	65.90	76.40
59	34.70	40.30	68.50	79.50



RATE SHEET
COUNTY OF DANE A MUNICIPAL CORPORATION

<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	\$1,000	Non Forfeiture	Shortened Benefit Period Compound Uncapped
Home Monthly Benefit	\$1,000	Inflation Protection	
Facility Benefit Duration	Unlimited		
Home Benefit	100%		
Lifetime Maximum	Unlimited		
Elimination Period	90 Days		
Home Care Level	Professional		

This rate sheet shows the cost per \$1,000 of coverage

Calculate your Premium:

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

Monthly Rates

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Non Forfeiture Option	Base Plan With Compound Inflation Option	Base Plan With Non Forfeiture Compound Inflation Option
60	36.80	42.70	70.90	82.20
61	39.70	46.00	75.20	87.20
62	42.90	49.30	80.00	92.00
63	46.30	53.30	84.40	97.10
64	49.80	57.30	89.30	102.70
65	55.60	63.90	97.90	112.60
66	61.50	70.10	106.00	120.80
67	67.60	77.10	114.30	130.30
68	74.40	84.80	122.80	139.90
69	81.70	93.20	132.40	151.00
70	90.00	102.60	142.50	162.50
71	99.40	112.30	154.80	174.90
72	109.30	123.50	167.40	189.10
73	119.90	134.30	180.20	201.80
74	131.70	147.50	194.30	217.60
75	157.70	175.10	228.20	253.30
76	172.60	191.50	246.90	274.00
77	188.70	207.50	265.00	291.50
78	205.80	226.40	284.90	313.40
79	224.70	247.10	305.40	336.00
80	245.30	269.80	329.20	362.10