

**BE IT REMEMBERED** that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, MS, on the 30<sup>th</sup> day of May, 2017, at 9 00 a.m , and present were Lynn Horton, Luke Lummus, R B Davis, Shelton Deanes, President, and Joe Chandler Also present were Amy G Berry, Chancery Clerk and Clerk to the Board, Angela Turner-Ford, Board Attorney, and Eddie Scott, Sheriff of Clay County, when and where the following proceedings were as determined to wit,

NO \_\_\_\_\_

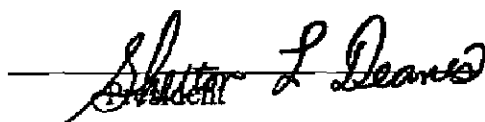
**IN THE MATTER OF ADOPTING AND AMENDING THE AGENDA FOR THE  
BOARD OF SUPERVISORS MEETING HELD ON MAY 30, 2017**

---

There came on this day for consideration the matter of adopting the agenda for the Board of Supervisors meeting held on May 30, 2017

After motion by Lynn Horton and second by R B Davis this Board doth vote unanimously to adopt the agenda as presented and to adopt the agenda as amended as attached hereto as Exhibit A

SO ORDERED this the 30th day of May, 2017

A handwritten signature in cursive script, reading "Shelton L. Deanes", is written over a horizontal line. The signature is written in dark ink and is slanted slightly to the right.

**Clay County Board of Supervisors  
Agenda for Meeting Held  
Tuesday, May 30, 2017 at 9 00 a.m**

- Call to Order
- Welcome and Prayer
- Adopt and Amend the Agenda
- Treva Hodge
  - Group Health Insurance Renewal
    - Health Insurance
    - Vision/Dental/Life Insurance
- Adjourn until Monday, June 5, 2017 at 9 00 a m

**Amendments**

---

---

---

---

NO \_\_\_\_\_

**IN THE MATTER OF APPROVING OF THE GROUP HEALTH INSURANCE  
RENEWAL WITH BLUE CROSS BLUE SHIELD OF MISSISSIPPI FOR YEAR 2017-  
2018**

---

There came on this day for consideration the matter of approving the Group Health Insurance Renewal with Blue Cross Blue Shield of Mississippi for year 2017-2018

It appears to this Board as attached hereto as Exhibit A, there is a 20% premium increase for the group health insurance renewal through Blue Cross/Blue Shield of Mississippi for the Health Group Insurance Plan, and,

It appears to this Board over the past five years the group health insurance policy has experienced very little increase

After motion by Luke Lummus and second by R. B. Davis this Board doth vote unanimously to authorize and approve to accept the Group Health Renewal Rate increase as attached hereto as Exhibit A with Blue Cross Blue Shield of Mississippi in order to maintain the County's Grandfather Clause with the Obama Health Care regulations

SO ORDERED this the 6th day of June, 2016

  
\_\_\_\_\_  
President



NO \_\_\_\_\_

**IN THE MATTER OF APPROVING THE COUNTY'S GROUP LIFE INSURANCE  
POLICY AND VOLUNTARY VISION AND DENTAL QUOTES FOR YEAR 2017**

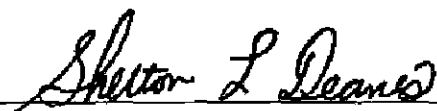
There came on this day for approving the County's Group Life Insurance policy and voluntary vision and dental quotes for year 2017

It appears to this Board Treva Hodge, Personnel Manager, is recommending to this Board the quote from Principal Life for the Group Term Life Policy as attached hereto as Exhibit A, and,

It appears to this Board Treva Hodge is recommending to this Board the quote of VSP, Vision Care for Life, for the voluntary deductions of vision and Principal Life with the voluntary dental deduction with the rates for both as outlined in Exhibit A as attached hereto

After motion by R B Davis and second by Joe Chandler this Board doth vote unanimously to authorize and approve of the group term life insurance rates and voluntary vision and dental rates as outlined in Exhibit A as attached hereto

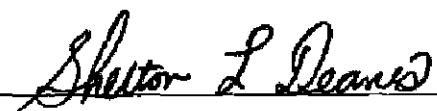
SO ORDERED this the 30<sup>th</sup> day of May, 2017



President

After motion R B Davis and second by Joe Chandler this Board doth vote unanimously to adjourn until June 5, 2017, at 9 00 a m at the Clay County Courthouse

SO ORDERED this the 30<sup>th</sup> day of May, 2017



President

Proposal for Clay County  
Effective Date July 1, 2017  
Prepared by KYLE SCOTT  
Group Non-Medical Sales and Services

Galloway-Chandler-McKinney Insurance, LLC

Thank you for considering Principal Life's group insurance for your employee benefits program. This proposal includes rates and benefits information for:

- GROUP TERM LIFE
- VOLUNTARY TERM LIFE
- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY
- DENTAL
- VISION
- CRITICAL ILLNESS

## Depend on Principal Life

You can count on Principal Life for the choice, flexibility and support you need. Our broad portfolio of products includes life, short-term disability, long-term disability, dental, vision and critical illness insurance. These comprehensive benefits help you attract and retain the most qualified employees.

Our commitment to you doesn't stop with the sale. Professional staff assists with employee education, enrollment and account management. And our experienced local sales and service teams help meet your needs – every step of the way.

Rates

CLAY COUNTY



EFFECTIVE DATE: July 1, 2017

GROUP TERM LIFE					
	Employee Monthly Rate	Volume	Life	Estimated Monthly Cost	Estimated Annual Cost
Group Term Life	\$ 310 (per \$1,000)	\$1,632 600	90	\$506 11	\$6,073 32
AD&D	\$ 025 (per \$1 000)	\$1,632 600	90	\$40 82	\$489 84

RATE GUARANTEE. Two years, unless volume increases or decreases by more than 25%

Insurance underwritten by Principal Life Insurance Company

GP61690-02 | 02/2017 |

Proposal number 05031710591 5

Today's date 05/30/2017

SIC code 9111

**Voluntary Rates**

**CLAY COUNTY**



EFFECTIVE DATE July 1, 2017

The volume, lives, monthly costs and annual costs will be determined upon final enrollment.

<b>VOLUNTARY DENTAL</b>	
	<b>Monthly Rate</b>
<b>Employee</b>	<b>\$29 70</b>
<b>Employee &amp; 1 Dependent</b>	<b>\$62 43</b>
<b>Family</b>	<b>\$100 62</b>
<b>RATE GUARANTEE. One year</b>	

<b>VOLUNTARY VISION</b>	
	<b>Monthly Rate</b>
<b>Employee</b>	<b>\$9 47</b>
<b>Employee &amp; Spouse</b>	<b>\$14 39</b>
<b>Employee &amp; Child(ren)</b>	<b>\$14 39</b>
<b>Family</b>	<b>\$25 25</b>
<b>RATE GUARANTEE. One year</b>	

Insurance underwritten by Principal Life Insurance Company

GP61690-02 02/2017

Proposal number 05031710591-5

Today's date 05/30/2017

SIC code 9111



GROUP TERM LIFE FOR ALL OTHER ELIGIBLE MEMBERS	
<b>Life Benefit</b>	\$18,000 benefit
<b>Accidental Death &amp; Dismemberment</b>	\$18,000 benefit Coverage for employees on and off the job
<b>Benefit Age Reduction</b>	35% reduction at age 65 and an additional 15% reduction at age 70 Age reductions apply to the benefit amount after proof of good health
<b>Proof of Good Health</b>	Required for life insurance amounts greater than \$23,000  Persons age 70 and over shall have an amount that is the lesser of the amount shown or the amount with the prior carrier  Proof of good health is required if on the date the member becomes eligible for coverage there are fewer than five members insured

GROUP TERM LIFE FOR ELECTED OFFICIALS	
<b>Life Benefit</b>	\$23,000 benefit
<b>Accidental Death &amp; Dismemberment</b>	\$23,000 benefit Coverage for employees on and off the job
<b>Benefit Age Reduction</b>	35% reduction at age 65 and an additional 15% reduction at age 70 Age reductions apply to the benefit amount after proof of good health
<b>Proof of Good Health</b>	Required for life insurance amounts greater than \$23,000  Persons age 70 and over shall have an amount that is the lesser of the amount shown or the amount with the prior carrier  Proof of good health is required if on the date the member becomes eligible for coverage there are fewer than five members insured

ADDITIONAL BENEFITS	
<b>Accelerated Benefits</b>	Terminally ill employees can receive up to 75% of their life insurance benefit, up to \$250,000, if their life expectancy is 12 months or less (as diagnosed by a physician) and the death benefit is at least \$10,000. When an employee uses the accelerated benefit, the death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment and the employee should contact a tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance.

Insurance underwritten by Principal Life Insurance Company

GP61695-01 | 03/2017 |

Proposal number 05031710591 5

Today's date 05/30/2017

SIC code 9111

continued	
<b>Coverage During Disability</b>	If an employee becomes totally disabled before age 60, coverage will continue and premium will be waived. The employee must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until the employee recovers or turns age 65, whichever occurs first. No benefits will be paid for any disability that results from willful self injury or self-destruction while sane or insane / war or act of war / voluntary participation in an assault, felony, criminal activity, insurrection, or riot.
<b>Accidental Death &amp; Dismemberment</b>	Benefit is paid when the loss occurs within 365 days of the accident. <ul style="list-style-type: none"> <li>• Full benefit - Loss of life, loss of both hands, both feet, sight of both eyes, one hand and sight of one eye, one foot and sight of one eye, or one hand and one foot</li> <li>• Half the benefit - Loss of one hand, one foot, or sight of one eye</li> <li>• One fourth the benefit - Loss of thumb and index finger on the same hand</li> </ul>
<b>Individual Purchase Rights</b>	Employees who terminate employment may be able to convert to individual policies. Upon coverage termination, employers are required to inform employees of their right to convert to an individual policy without proof of good health. The purchase amount varies depending on the termination situation.

HIGHLIGHTS	
<b>Participation</b>	<ul style="list-style-type: none"> <li>• 100% participation for all non contributory coverages</li> <li>• 75% participation for all contributory coverages</li> </ul>
<b>Eligibility</b>	<p><b>EMPLOYEE</b> Eligible employees include all active, full time employees living in the United States (except part time, seasonal, temporary or contract employees) who work at least 30 hours per week.</p> <p><b>DEPENDENT</b> Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
<b>Express Claim Processing</b>	For claims meeting certain criteria, decisions are reached within 5 working days without the employer or beneficiary submitting paperwork.
<b>Life Benefit Limitations and Exclusions</b>	Benefits are not paid if you are outside the United States for certain reasons for more than six months.
<b>AD&amp;D Limitations</b>	Unless otherwise covered in the policy or required by state or federal law, AD&D benefits are not paid for losses resulting from willful self injury or self destruction / disease or treatment of disease or complications following the surgical treatment of disease / participation in certain criminal activities / participation in certain activities such as flying, ballooning, parachuting, parasailing, bungee jumping or other aeronautic activities / duty as a member of a military organization / war or act of war / the use of alcohol if the member's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the member's operation of a motor vehicle or motor boat if the member's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the member's use of certain drugs, narcotics or hallucinogens not prescribed by a licensed physician.

Insurance underwritten by Principal Life Insurance Company

GPo1695-01 03/2017

Proposal number 05031710591 5

Today's date 05/30/2017

SIC code 9111



**VOLUNTARY DENTAL PPO NETWORK BENEFIT DESIGN**

ALL OTHER ELIGIBLE MEMBERS, ELECTED OFFICIALS, MEMBERS WORKING 20 TO 29 HOURS, RETIREES

	Calendar Year Deductible		Coinsurance (Policy Pays)		Calendar Year Maximum Benefit	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Preventive</b>	\$0	\$0	100%	100%	\$1,000	\$1,000
<b>Basic</b>	\$50	\$50	100%	100%	\$1,000	\$1,000
<b>Major</b>	\$50	\$50	60%	60%	\$1,000	\$1,000

Family deductible = 3 x per person deductible

Combined deductibles Deductibles for basic and major in network and non network services are combined

Combined maximums Calendar Year maximums for preventive, basic and major services are combined

We process claims using prevailing fees at the 90<sup>th</sup> percentile

The Maximum Accumulation Plan was elected This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold The threshold is equal to the lesser of 50% of the maximum benefit or \$1000 If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit A member can accumulate no more than four times the carry over amount.

Participation 20% or 5 lives, whichever is greater

**COVERED SERVICES**

<b>Preventive</b>	<p>Exams (1 per 6 months)</p> <p>Second opinion consultation</p> <p>Cleanings (1 per 6 months)</p> <ul style="list-style-type: none"> <li>Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year</li> </ul> <p>X-rays</p> <ul style="list-style-type: none"> <li>Bitewing (1 per calendar year)</li> <li>Occlusal (2 per calendar year)</li> <li>Periapical (4 per calendar year)</li> <li>Full mouth survey (1 per 60 months)</li> <li>Extraoral (2 per 12 months)</li> </ul> <p>Fluoride application (1 per calendar year), covered only for dependent children under age 16</p> <p>Sealants on first and second permanent molars for dependent children under age 16 (1 per 36 months)</p>
-------------------	--

Insurance underwritten by Principal Life Insurance Company

GP61691-03 | 05/2017

Proposal number 05031710591-5

Today's date 05/30/2017

SIC code 9111

continued	
<b>Basic</b>	<p>Emergency exams (1 per 6 months)</p> <p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment, 1 per 6 months)</p> <ul style="list-style-type: none"> <li>• Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year</li> </ul> <p>Space maintainers (covered only for dependent children under age 16, repairs not covered)</p> <p>Harmful habit appliance (covered only for dependent children under age 16)</p> <p>Fillings</p> <p>Stainless steel crowns</p>
<b>Major</b>	<p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p> <p>Periodontics (non surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p> <p>Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)</p> <p>Bridges initial placement, replacement after 120 months</p> <p>Complete or partial dentures initial placement, replacement after 60 months</p> <p>Repairs partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>

HIGHLIGHTS	
<b>Coordination of benefits</b>	<p>As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution other than student accident policies, governmental program or state law Total benefits from all sources cannot exceed 100% of covered charges</p>



...continued	
<b>Eligibility</b>	<p><b>EMPLOYEE</b> Eligible employees include all active, full time employees living in the United States (except part time, seasonal, temporary or contract employees) who work at least 30 hours per week Employees must be enrolled with coverage before it can be offered to their dependents</p> <p><b>DEPENDENT</b> Eligible dependents include the employee's spouse and children Additional eligibility requirements may apply</p>
<b>Future enrollees</b>	<p>Late entrants (those enrolling more than 31 days after becoming eligible) will be subject to an individual benefit waiting period, as outlined below</p> <ul style="list-style-type: none"> <li>Coverage for Preventive services begins on the individual's effective date There is a 12 month waiting period for Basic services, and a 24 month waiting period for Major services (including riders)</li> </ul>
<b>Waiting Periods</b>	None
<b>Prior dental coverage</b>	This proposal assumes the group had prior dental coverage for preventive/basic/major services
<b>Annual enrollment</b>	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll
<b>Limitations</b>	<p>The proposed policy contains restrictions and limitations Before making a purchase decision review the following limitations and resolve any questions The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy</p> <p>The insurance does not pay for treatment or services above unless specifically mentioned above, veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed prevailing fee charges / unless specifically mentioned above, implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U S government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / unless specifically mentioned above, occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan The insurance also does not cover drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis / orthodontic treatment, service, appliance, or bands / temporomandibular joint (TMJ) disorders</p>

Insurance underwritten by Principal Life Insurance Company

GP61691-03 05/2017

Proposal number 05031710591 5

Today's date 05/30/2017

SIC code 9111



VOLUNTARY VISION FOR ALL OTHER ELIGIBLE MEMBERS, ELECTED OFFICIALS, MEMBERS WORKING 20 TO 29 HOURS, RETIREES VSP CHOICE NETWORK		
Covered Charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription Glasses	\$25 copay	
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses, polycarbonate lenses for dependent children under age 18	1 pair per 12 months
Frames*	\$150 allowance for a wide selection of frames 20% off amount over allowance <sup>1</sup>	1 set per 24 months
Elective Contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
	\$150 allowance for elective contacts	Instead of lens and frames benefit
Necessary Contacts <sup>2</sup>	\$25 copay	1 per 12 months
	Covered in full for members who have specific conditions	Instead of lens and frames benefit
Lens Enhancements	Most popular options are covered after a copay, saving members an average of 20-25% Members should see their doctor for special pricing on additional lens enhancements	
Additional Savings <sup>1</sup>	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses	

Insurance underwritten by Principal Life Insurance Company, Des Moines, IA 50392 Coverage administered by VSP  
 GP61693-05 | 05/2017 Proposal number 05031710591-5 Today's date 05/30/2017 SIC code 9111  
 9 of 14



continued

**NON-NETWORK PROVIDERS**

Covered Charges	Benefit <sup>3</sup>	Frequency
Vision Exams	Up to \$45	1 per 12 months
Single Vision lenses	Up to \$30	1 pair per 12 months
Lined bifocal lenses	Up to \$50	1 pair per 12 months
Lined trifocal lenses	Up to \$65	1 pair per 12 months
Lenticular lenses	Up to \$100	1 pair per 12 months
Frames	Up to \$70	1 set per 24 months
Elective Contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits
Necessary Contacts <sup>2</sup>	Up to \$210	1 per 12 months Instead of lens and frame benefits

<sup>1</sup> Based on applicable laws, benefit may vary by doctor location

<sup>2</sup> Prescribed to correct extreme visual problems that cannot be corrected with regular lenses

<sup>3</sup> The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay

\*VSP has agreements established with some Participating Retail Chain Providers that may also provide benefits for this covered service. Up to an \$80 allowance is given for a wide selection of frames from Costco. Please talk to your provider or contact VSP customer care for further details

**HIGHLIGHTS**

Participation	20% or 5 lives, whichever is greater
Eligibility	<p><b>EMPLOYEE</b> Eligible Employees include all active, full time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents</p> <p><b>DEPENDENT</b> Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply</p>
Annual Enrollment Period	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll
Future Enrollees	Late entrants (those enrolling more than 31 days after becoming eligible) are subject to an individual benefit waiting period
Coordination of Benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses

Insurance underwritten by Principal Life Insurance Company, Des Moines, IA 50392. Coverage administered by VSP

GP61693-05 05/2017

Proposal number 05031710591 5

Today's date 05/30/2017

SIC code 9111

12/12/17



continued	
<b>Limitations</b>	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>No benefits will be paid for visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.</p>

Insurance underwritten by Principal Life Insurance Company, Des Moines, IA 50392. Coverage administered by VSP  
 GP61693-05 | 05/2017      Proposal number 05031710591.5      Today's date 05/30/2017      SIC code 9111



DISCOUNTS AND SERVICES	
<b>Laser Vision Correction</b>	Through the National Lasik Network, administered by LCA-Vision, Inc., employees, their spouses and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing.
<b>Hearing Aid Program</b>	Through American Hearing Benefits Inc (AHB) and Ear Professionals International Corporation (EPIC), employees and their families are eligible for up to 60% off hearing aids.
<b>Travel Assistance</b>	Employees, their spouses and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits provided by AXA Assistance <sup>1</sup> when traveling domestically or internationally more than 100 miles from home for up to 120 consecutive days.
<b>Will &amp; Legal Document Center</b>	Employees and their spouses have free access to resources and tools provided by ARAG <sup>2</sup> to create a Will, Living Will, Healthcare Power of Attorney, Durable Power of Attorney and Medical Treatment Authorization for Minors. Estate Planning resources and a Personal Information Organizer are also included.
<b>Identity Theft Kit</b>	This valuable resource from ARAG provides employees with information on how to protect their identity and restore it if stolen.
<b>Beneficiary Support</b>	Beneficiaries receive Grief Support Services from Magellan Healthcare. Financial professionals are available to help beneficiaries with insurance proceeds. Spouses and dependents also receive three months of free online access to will preparation services provided by ARAG.
<b>Dental Health Edge™</b>	This resource helps employees make better decisions about oral health care. Certified dentists can answer questions, and a Dental Cost Estimator shows approximate costs in a specific ZIP code. The site is also available in Spanish.
<p><b>These discounts are not insurance</b></p> <p>The discounts and services are not a part of the insurance contract and may be changed or discontinued at any time. Principal Life and its affiliates are not responsible for any loss, injury, claim liability, or damages related to the use of the discounts and services. The third party providers are not members of the Principal Financial Group®.</p> <p><sup>1</sup>Participants are responsible for any incurred fees or expenses. Insured transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third party licensed insurance company.</p> <p><sup>2</sup>The use of the services provided by ARAG® Services, LLC should not be considered as a substitute for consultation with an attorney.</p>	

Insurance underwritten by Principal Life Insurance Company

GP61699 | 10/2015

Proposal number 05031710591.5

Today's date 05/30/2017

SIC code 9111

OUR SERVICES	
<b>Online Benefit Administration</b>	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.
<b>Claim Services</b>	At Principal Life, we know filing a claim is a defining moment for clients. That's why we strive to make the claims process quick and easy for our customers. Vision claim services are handled by VSP.
<b>Simple Payroll Deduction</b>	We make employee payroll deductions easy by aligning your bill with your employees' pay frequency: weekly, bi-weekly, monthly and bi-monthly.
GENERAL PROVISIONS	
<b>Renewing your coverage</b>	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.
<b>Termination and renewability of your coverage</b>	The insurance is renewable at your option. Principal Life has the right to nonrenew or terminate the insurance if you fail to pay premium / fraud or misrepresentation occurs / your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your company no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.
<b>Policy changes</b>	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.
<b>Federal and state laws</b>	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

Insurance underwritten by Principal Life Insurance Company

GP61699 | 10/2015

Proposal number: 05031710591.5

Today's date: 05/30/2017

SIC code: 9111

# Rating Assumptions

CLAY COUNTY



EFFECTIVE DATE July 1, 2017

## RATING ASSUMPTIONS

These rates are based on the following:

Mississippi as the contract state. If you have employees located in other states, we may apply benefits based on those states provisions, when applicable.

An effective date of July 1, 2017. Suggested premiums and benefits are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.

There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.

As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state. Read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group® (The Principal®).

Insurance underwritten by Principal Life Insurance Company

GP61699 | 10/2015

Proposal number 05031710591 5

Today's date 05/30/2017

SIC code 9111



# Group Policy Installation Form

The answers to the following questions will dictate how we set up your policy. It's very important that all sections are completed accurately. Please return this document along with the Employer Application we've also provided to you.

## 1. Coverages Requested

Do you have existing group insurance with Principal?

- No
- Yes Please complete the next section

**\*If Yes, as a current Principal customer, what changes are you making? Check all that apply**

- Request for New Coverage
- Request changes to currently offered coverage
- Revising your information
- Revising Employee Eligibility
- List any other changes \_\_\_\_\_

Check all coverages you are enrolling in with Principal

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> Dental          | <input type="checkbox"/> Voluntary Dental | <input type="checkbox"/> Short Term Disability  | <input type="checkbox"/> Voluntary Short Term Disability |
| <input checked="" type="checkbox"/> Vision          | <input type="checkbox"/> Voluntary Vision | <input type="checkbox"/> Long Term Disability   | <input type="checkbox"/> Voluntary Long Term Disability  |
| <input checked="" type="checkbox"/> Basic Life      | <input type="checkbox"/> AD&D             | <input type="checkbox"/> Basic Dependent Life   | <input type="checkbox"/> Voluntary Critical Illness      |
| <input checked="" type="checkbox"/> Voluntary Life* | <input type="checkbox"/> AD&D             | *Spouse Vol Life rates are based on <input type="radio"/> Employee Age <input type="radio"/> Spouse Age |  |

## 2. Company Main Contact

Company Legal Name Clay County

Company contact for group insurance

Name Treva Hodge

Phone Number 662-494-3124

Fax Number 662-492-4059

Email Address thodge@claycounty.ms.gov

## 3. Billing/Mailing Information

Billing type?

- List Bill: Principal will generate a monthly bill showing all employees for your company
- Self-Accounting: you generate your own bill (please note restrictions apply and an additional agreement is required)

Do you have additional contacts you'd like to name in addition to the contact person listed above (e.g. billing contact or primary online access contact)?

- No
- Yes: Fill in Billing Contact and/or Primary Online Access Contact below

**Billing Contact (list one only):**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Primary Online Access Contact (only needed if different than above, list one only)**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Is your Billing Address different from the Physical Address you provided on the Employer Application?

- No
- Yes provide the following

**\*If Yes, provide your preferred Billing Address.**

Street/ PO Box P O Box 815  
 City West Point State MS Zip Code 39773

Would you like Separate Bills?

- No provide the following
  - \*If No, would you like Divisional Billing for your single bill?**
  - No
  - Yes (Employee Enrollment forms/census must illustrate divisions for each employee)
- Yes provide the following (Employee enrollment forms/census must illustrate billing unit name for each employee)
  - \*If Yes, where would you like the Separate Bills to be sent?**
  - Billing Location
  - Billing Location and Additional Locations See Section 12 to list additional locations

Should Voluntary Coverages be broken down to match your payroll schedule? (This breakdown will be included in your monthly bill.)

- No
- Yes provide the following
  - \*If Yes, please select your payroll cycle and provide the requested information**
  - Weekly (Please provide the last payroll date prior to your Principal coverage effective date)  
MM/DD \_\_\_\_\_
  - Bi Weekly (Please provide the last payroll date prior to your Principal coverage effective date)  
MM/DD \_\_\_\_\_
  - Semi-Monthly (Please provide the last 2 payroll dates prior to your Principal coverage effective date)  
MM/DD \_\_\_\_\_ MM/DD \_\_\_\_\_

**4. Enrollment Details:**

During your initial enrollment, will you be providing a census via an EXCEL spreadsheet?

- No
- Yes Electronic Consent Form required

Are you utilizing an Electronic Data Interchange (eFile Vendor)?

- No
- Yes Outside Party Service Agreement required

Dental and Vision Where would you like ID Cards shipped?

- Employer - Main Location
- Employer - Billing Address
- Employee - Home Address (please note that this option may take longer to receive)

**5. ERISA Information (Employee Retirement Income Security Act of 1974):**

Do you have an ERISA plan number that you would like included in the policy/booklets?

- No
- Yes Fill in questions below

**ERISA**  
 ERISA Plan Number 501C Coverages \_\_\_\_\_  
 ERISA Plan Number \_\_\_\_\_ Coverages \_\_\_\_\_  
 Ending date of plan's fiscal year 06/30/2017  
MM/DD

**5. ERISA Information (continued):**

**If Yes to ERISA Number, indicate the Fiduciary and ERISA Plan Administrator**

The Employee Retirement Income Security Act of 1974 (ERISA) requires that each employee benefit plan subject to the Act designate a Named Fiduciary who shall have authority to control and manage the operation and administration of the plan

**Are the Named Fiduciary and ERISA Plan Administrator an entity OTHER THAN the company legal name? (legal name of company is recommended)**

- No (recommended option)
- Yes provide the following

**If Yes, provide the Named Fiduciary/Plan Administrator**

By listing a specific person or entity other than the company legal name you will be responsible for contacting us filing paperwork and re-confirming ERISA information each time the Fiduciary/Plan Administrator changes. If you are sure you want to name a Fiduciary and Plan Administrator please fill in the information below

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Street/ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**6. Job Classes and Waiting Periods:**

**Does your eligibility waiting period with Principal need to begin after the company Orientation Period?**

Affordable Care Act (ACA) Orientation Period The ACA rules permit an employment based orientation period before the application of eligibility waiting periods. Orientation Periods do not apply to Principal products and are calculated separately

- No
- Yes provide the following

**\*If Yes, complete this section**

**What is the length of your company Orientation Period? (up to a maximum of 30 days or 1 month is allowed)**

Number of Days \_\_\_\_\_ Note: Eligibility waiting period starts after the orientation periods ends. An employee's hire date will be listed as the day after the orientation period has been satisfied

**How long must employees work before they are eligible to enroll in benefits (i.e. what is your eligibility waiting period)? If eligibility waiting periods vary by job class refer to Section 13.**

**Waiting Period Applies To**

- Only to employees hired AFTER the effective date
- All employees (time credited towards prior carrier waiting period will be applied)

**Waiting Period**

- None
- Days 30 (Indicate # of days)
- Month \_\_\_\_\_ (Indicate # of months)

**After the eligibility waiting period has been satisfied, when are employees eligible to enroll for coverage?**

- The day immediately following the final day of the eligibility waiting period
- The first day of the month following final day of the eligibility waiting period
  - Check here to remove coinciding wording from above option. By removing this option employees effective on the 1<sup>st</sup> of the month will wait an additional month to be eligible for coverage

**When should coverage be terminated?**

- The last day the employee worked or was part of an eligible class
- The last day of the insurance month the employee worked or was part of an eligible job class

**7. Employer Contributions:**

How much is the **EMPLOYER** contributing towards each benefit(s) being offered to employee/dependents?

Dental.	Employee	<u>0</u> %	Dependent	_____ %	Retiree*	_____ %
Vision	Employee	<u>0</u> %	Dependent	_____ %	Retiree*	_____ %
Basic Life	Employee	<u>100</u> %	Dependent	_____ %	Retiree*	_____ %
Voluntary Life	Employee	_____ %	Dependent	_____ %		
Critical Illness	Employee	_____ %	Dependent	_____ %		
Short Term Disability	Employee	_____ %				
Long Term Disability	Employee	_____ %				

**If requesting Retiree Coverage, indicate type of retirees to be covered (Restrictions Apply).**

Please choose one option

- Current Retirees     
 Future Retirees     
 Both Current and Future

**Optional** List definition of retiree if your company wants additional rules around retiree coverage

At least \_\_\_\_\_ years of service and at least \_\_\_\_\_ years old

**8. Employee Eligibility:**

Total number of company employees (i.e. those on your payroll) 140

Total number of eligible employees (based on eligibility hours) 104 Vis + Dent / 87 Life

If above numbers differ, provide class of employee not eligible

(example part-time, union etc) less than 20 hours per week are not eligible for vision, dental, or life. Must be over 30 hrs for life

**9. Coverage Information**

Did your company have coverage with a prior insurance carrier?

- No  
 Yes Fill in Box Below and submit copy of prior carrier bill and booklet/summary

**\*If Yes, complete prior carrier information: Include a copy of prior carrier bill & booklets.**

Carrier Name Guardian Insurance      Effective Date 07/01/2009  
Termination Date 06/30/2017      Coverages Dental, Vision, Basic Life  
Carrier Name \_\_\_\_\_      Effective Date \_\_\_\_\_  
Termination Date \_\_\_\_\_      Coverages \_\_\_\_\_  
Carrier Name \_\_\_\_\_      Effective Date \_\_\_\_\_  
Termination Date \_\_\_\_\_      Coverages \_\_\_\_\_

**Dental:** If prior insurance carrier provided your dental insurance, please complete the following

Did your prior dental insurance include orthodontia treatment?

- No       Yes

Did your prior dental insurance include a maximum rollover features (i.e. maximum accumulation, max rollover, max builder)?

- No       Yes (provide prior carrier report showing each employee and dependent maximums accumulated)

**Dental/Vision** Would you like the annual enrollment period set to one month prior to your policy anniversary date?

- No provide MM/DD of alternate annual enrollment period \_\_\_\_\_  
 Yes (Standard option)

**What is the definition of compensation for benefits based on salary?** (Basic Life, Voluntary Term Life, Short Term Disability, Long Term Disability)

- Base wage (excludes bonus commissions overtime)
- Base wage with bonus \*
- Base wage with commission\*
- Base wage with bonus and commission \*
- W2\*

**\*For bonus/commission/W2, select the year average**

- 1 year average
- 2 year average
- 3 year average

**Long Term and Short Term Disability** We offer W2 and FICA services [Click here](#) to learn more about these services Will you be signing up for W2/FICA?

- No
- Yes agreement required

**Dental/Vision Does the group qualify for COBRA?** (COBRA eligibility is defined as employers who employed 20 or more full and full-time equivalent or part-time employees on at least 50% of the working days in the prior calendar year )

- No
- Yes Fill in Box Below

**\*If yes, please indicate billing for COBRA**

- Group bill policyholder
- Direct bill COBRA individual

**\*\*For any members currently on COBRA be sure to submit enrollment that includes the following Last day worked COBRA start date and reason for COBRA continuation**

**Will domestic partners be covered?** (State restrictions may apply)

- No
- Yes Fill in Box Below

**\*If yes, indicate your preferred definition of a Domestic Partner**

- Same sex
- Same and opposite sex

**10. Additional Information:**

Are there additional details we should know about you, your employees or insurance coverage? If so, please list them here

---



---



---



---

Thank you for providing us with these details

**11. Agent and Agency Information (for your broker to complete)**

**Signing Agent Information**

Name Renee Gibbons Last 4 Digits of SSN \_\_\_\_\_

% of Commissions \_\_\_\_\_ Email Address \_\_\_\_\_

Street/ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Agency Information**

Name \_\_\_\_\_ Last 4 Digits of Tax ID \_\_\_\_\_

% of Commissions \_\_\_\_\_ Email Address \_\_\_\_\_

Street/ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**Additional Signing Agent Information complete as needed**

Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_  
% of Commissions \_\_\_\_\_ Email Address \_\_\_\_\_  
Street/ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Additional Agency Information complete as needed**

Name \_\_\_\_\_ Last 4 Digits of Tax ID \_\_\_\_\_  
% of Commissions \_\_\_\_\_ Email Address \_\_\_\_\_  
Street/ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**12. Additional Company Locations:**

**\*Additional Location Information**

Location Name \_\_\_\_\_  
Street/ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Division Billing?  
 No  Yes (Employee Enrollment forms/census must illustrate divisions for each employee)

**\*Additional Location Information**

Location Name \_\_\_\_\_  
Street/ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Division Billing?  
 No  Yes (Employee Enrollment forms/census must illustrate divisions for each employee)

[Return to Form](#)

**13. Additional Job Classes:**

Job Class Name \_\_\_\_\_ Coverages \_\_\_\_\_

Job Class Specific Waiting Period (Disregard Waiting Period section if waiting period is same for all job classes)

**Waiting Period Applies To**

- Only to employees hired AFTER the effective date
- All employees (time credited towards prior carrier waiting period will be applied)

**Waiting Period.**

- None
- Days \_\_\_\_\_ (Indicate # of days)
- Month \_\_\_\_\_ (Indicate # of months)

Job Class Name \_\_\_\_\_ Coverages \_\_\_\_\_

Job Class Specific Waiting Period (Disregard Waiting Period section if waiting period is same for all job classes)

**Waiting Period Applies To**

- Only to employees hired AFTER the effective date
- All employees (time credited towards prior carrier waiting period will be applied)

**Waiting Period**

- None
- Days \_\_\_\_\_ (Indicate # of days)
- Month \_\_\_\_\_ (Indicate # of months)

[Return to Form](#)



Mailing Address  
Des Moines IA 50392-0002

Principal Life  
Insurance Company

Employer Application  
for Group Insurance - MS

PLEASE USE BLACK INK

To avoid processing delays, please make sure you answer all questions completely and accurately For an amendment to an existing account, if no changes are noted in the sections below current elections will remain in effect.

This form is for  new case  amendment Account number \_\_\_\_\_

Requested effective date 07/01/2017

**Employer Information (if this is an amendment, only complete information that is changing)**

Legal name of company  
Clay County  
DBA name (if applicable)  
Federal tax ID number  
64-6000252

Physical street address  
365 Court Street  
City  
West Point  
State  
MS  
ZIP code  
39773

**Affiliate/Subsidiary Information (if this is an amendment, only complete information that is changing)**

Are employees of any associated business organizations (e.g. parent-subsidiary, brother-sister relationships, affiliated groups, etc.) to be covered?  yes  no If yes, please list the affiliate or subsidiary below

Participating unit is an entity that is an affiliate or subsidiary related to the employer through common control or ownership

Unit name/address/federal tax ID	Nature of business	Relationship to company	Number of employees
1			
2			

**Request for Benefits (if adding new coverage(s) to an existing account, provide new proposal number)**

By signing this Application form, you are confirming that you agree with all the benefit plan provisions that you are applying for as outlined in your proposal # 05031710591-5 Do you agree?  yes  no

**Employee Eligibility (if this is an amendment, only complete information that is changing)**

- standard - An employee must work at least 30 hours per week to be eligible for insurance
- other (select between 20 and 40 hours) \_\_\_\_\_

Do you have employees or their dependents residing or working outside the United States and requesting coverage?

- yes  no If yes, please include a separate sheet including their name(s), dates of birth, salary and class of employee where they are located and how long they will be located there for work

It is understood that Principal Life shall not be responsible for any tax or legal aspects of the plan. The employer assumes responsibility for these matters. The employer acknowledges that they have counseled to the extent necessary with selected legal and tax advisors. The obligations of Principal Life shall be governed solely by the provisions of its contracts and policies. Principal Life shall not be required to look into any action taken by the named fiduciary or the employer and shall be fully protected in taking, permitting, or omitting any action on the basis of the employer's actions. Principal Life shall incur no liability or responsibility for carrying out actions as directed by the named fiduciary or the employer.

It is further understood that by signing this application, the employer is purchasing insurance and not making an investment. No reserves, undeclared or unpaid experience premium refunds or interest with respect to claim payments, nor claim proceeds themselves shall be considered plan assets under ERISA.

The Employee Retirement Income Security Act of 1974 (ERISA) requires that each employee benefit plan subject to the Act designate a "Named Fiduciary who shall have authority to control and manage the operation and administration of the plan."

**this plan is subject to ERISA, you must indicate a Named Fiduciary for this plan. Principal Life may not be designated as Named Fiduciary.**

- The employer has been informed of the eligibility requirements. The employer agrees that insurance applied for shall not become effective or remain effective unless the employer a) is actively engaged in business for profit within the meaning of the Internal Revenue Code or is established as a legitimate nonprofit organization within the meaning of the Internal Revenue Code, or is a government agency and b) meets the participation and contribution requirements.
  - The employer agrees that insurance applied for shall not become effective unless the application and any attached page(s) are received, accepted and approved by Principal Life. The employer acknowledges and understands that if this application is approved, the group policy will determine all rights and benefits.
  - The preexisting condition restrictions for critical illness and long term disability insurance have been explained to and understood by the employer. Actively at work and period of limited activity for life, disability and critical illness coverage have been explained to and understood by the employer.
  - The employer understands receipt and deposit of advanced payment is not a guarantee of coverage. If a policy is issued from this application and is accepted by the proposed policyholder, we will apply the premium deposit to the first premium due for such policy. If no policy is put into force, the premium deposit will be refunded. Premium payment will be monthly unless otherwise indicated.
  - Acceptance by the employer of any policy or policies issued with this application shall constitute approval of any corrections, additions or changes specified in the space "For Principal Life Use Only" or as otherwise indicated on this application.
  - The employer understands that the insurance policy and certificates of coverage may, at the discretion of Principal Life, be provided to the employer in paper or electronic format. The employer agrees to promptly distribute the certificates of coverage to insured employees at the beginning of their coverage under the group policy and to redistribute them from time to time thereafter as reasonably required by Principal Life.
- Your agent or broker cannot change or waive any provision of this application or the policy or policies without the written approval of an officer of Principal Life in the home office.
- As a result of this sale and any subsequent renewal, your broker and marketing organization, if any, may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as volume of new sales, member and case counts, total premium volume, maintaining a certain percentage of business with Principal Life, selling a certain mix of products, and/or the profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for the product(s) you have applied for on this application form. This compensation is in addition to any compensation the broker may receive from you. Contact us at 1-800-388-4793 for further details on your case. We have placed a more detailed description of our compensation programs on [www.principal.com/group/compensation](http://www.principal.com/group/compensation).
  - The person signing this form for the employer has legal authority to bind the employer for whom application is being made.
  - The employer agrees to make timely notification of any employee termination, status change, or other material changes that may affect the eligibility of employees or their dependents. Timely notification is no more than 31 days past the actual date of such change.

- The employer understands that failure to pay premium when due will be considered a default in premium payment and coverage will terminate at the end of the grace period. If coverage is terminated for nonpayment of premium, premium through the grace period is due and will be collected. The employer understands that coverage may also be terminated for other reasons as provided in the group policy.
- The employer understands their rights and responsibilities if electing self accounting status.

Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Fraud or intentional misrepresentation may be grounds for nonrenewal or termination under the terms of the group policy.

Employer (company name)

Clay County

Signed by (must be an officer)

X 

Officer's title Chancery Clerk + Clerk of the Board

Date signed 6/2/2011

Printed officer name

Amy G Berry

Signature of licensed resident agent(s) (individual/firm)

X  
Licensed resident agent(s) printed name(s)

Agent's license number

Date signed

Signature of soliciting agent(s) (If more than one all must sign )

X  
Soliciting agent(s) printed name(s)

Date signed

**For Principal Life Use Only**

Mailing Address  
Des Moines IA 50392-0002

Principal Life  
Insurance Company

Addendum to Employer  
Application  
for Group Insurance

**PLEASE USE BLACK INK**

To avoid processing delays please make sure you answer all questions completely and accurately

This form is for  new case  amendment to add Life/Disability/Critical Illness Account number \_\_\_\_\_

**Life/Disability/Critical Illness**

requesting life, disability or critical illness insurance, are there any employees not Actively at Work?  yes  no  
yes, please list employees not Actively at Work reason not Actively at Work their last day worked and expected return to work date

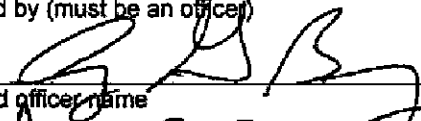
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

Employer (company name)

Clay County

Signed by (must be an officer)

**X**   
Printed officer name  
Amy G. Berry

Officer's title

Chancery Clerk  
+ Clerk of the Board

Date signed

6/2/2017



## Electronic Consent

Doing business electronically makes sense in today's world. Not only does it create a more efficient process for you, it allows quicker updates and eliminates stacks of paperwork. Please enter a few pieces of information below and sign at the bottom. If you would like paper copies of booklets, please contact your local sales office. Thanks for your willingness to utilize our online services.

Company's legal name (include Doing Business As), known as "Policyholder"

Clay County

Account number/s \_\_\_\_\_

### I Establishment/Definitions

- A Principal Life Insurance Company (Principal Life) has issued one or more group insurance policies ("policies") to the Policyholder.
- B Policyholder requests that certain administrative functions, as specified below, be performed electronically. Policyholder desires that records and information relating to the policies be sent and received using Electronic Records, consistent with applicable law. Both Policyholder and Principal Life are prepared to administer various policy terms and provisions via Electronic Records, including the use of Electronic Signatures.
- C Audit Trail means documentation and Electronic Records evidencing the delivery, display, consent to, and/or signing and ongoing integrity and accuracy of Electronic Records that are consented to, delivered to, or signed by applicant(s) electronically.
- D Electronic Record means information that is stored in an electronic medium and is retrievable in perceivable form.
- E Electronic Signature means an electronic sound, symbol, or process attached to or logically associated with a contract or other Electronic Record and executed or adopted by a person with the intent to sign the Electronic Record.
- F Participant means employees and their eligible dependents who are covered under a group insurance policy issued by Principal Life.

### II Administrative Functions

#### A Paperless Booklets, Certificates, and Policies

The Policyholder shall

- a Provide electronic media access (desktop internet kiosk, public PC) to allow participants access to the Principal Life web site for viewing their booklet/certificate.
- b Furnish paper copies of the booklet/certificate and any other plan documents to all participants who do not have access to electronic media.
- c Upon termination of the insurance agreement with Principal Life, inform all participants and beneficiaries of the termination and that the booklet/certificate will remain on-line for a limited period of time (3 months) following the termination date.
- d Hold Principal Life Insurance Company harmless from any damages resulting from the employer's failure to take the necessary steps to make the documents available electronically.

#### B Electronic Records

The Policyholder shall


- a Obtain completed group enrollment data (with a valid signature) from each eligible participant applying for or waiving coverage, or for coverage increases or decreases, and provide Principal Life with such enrollment data via electronic means whenever possible.
- b Maintain the enrollment records and other necessary records to enable Principal Life to determine the current job class, benefits, home addresses of participants, and termination date for each participant.
- c Maintain current beneficiary designations and changes in beneficiary designations.
- d Preserve signed Electronic Records and accompanying Audit Trails evidencing the electronic presentation and signing process.

### III General Provisions

A The Policyholder shall

- a Execute this agreement consistent with all Federal Laws, your State laws, including but not limited to ERISA, and
- b Meet any necessary disclosure and timing obligations under such law(s) and
- c Ensure that the system used by the Policyholder to furnish documents to participants results in actual receipt of the electronic documents.

- d Agree to request a PIN to access the Principal Life's eService application
- e Ensure that the processes employed for (i) delivering and presenting a document to a representative of the Policyholder or a Participant as an Electronic Record and (ii) creating any Electronic Signatures on such Electronic Records submitted to Principal Life by Policyholder or its Participants comply with all applicable laws and regulations including without limitation the federal Electronic Signatures in Global and National Commerce Act ( E-SIGN<sup>®</sup> or E-SIGN Act<sup>™</sup>) and all applicable state laws governing the use of electronic records and signatures including without limitation the applicable state's version of the Uniform Electronic Transactions Act ( UETA<sup>™</sup>) or similar state electronic signature laws. Employ commercially reasonable standards for utilizing Electronic Records and Electronic Signatures in connection with documents signed electronically and submitted to Principal Life including (i) establishing authentication procedures for signers that will facilitate attributing an Electronic Signature to the signer (ii) effectively presenting Electronic Records for review and signature (iii) establishing the signer's intent to create an Electronic Signature (iv) preserving the integrity of the Electronic Records during and after the signing process and (v) providing the signer with an opportunity to retain a copy of the signed Electronic Record
- B The Policyholder will cooperate with reasonable requests by Principal Life for written or electronic documentation testimonial affidavit or other support to evidence (i) compliance with the terms of this Agreement and (ii) transactions authorized by this Agreement. Policyholder will cooperate with any reasonable requests by Principal Life to use system records written documentation or other materials which are owned or in the possession of Policyholder and may be required by Principal Life for potential use in litigation support for the purpose of internal and external audits and controls and for compliance with regulatory requirements
- C There is no employer-employee or agency relationship between the Policyholder and Principal Life. The duties and obligations of this agreement are neither assignable nor transferable by either party without the consent in writing of the other party
- D If a Policyholder with a self-funded Plan requests Principal Life post the self-funded Plan benefit booklet summaries on Principal Life's website Principal Life will be doing so as a convenience to Policyholder and Principal Life is not taking on any Plan Administrator duties related to the distribution of Summary Plan Descriptions (SPDs) or other ERISA-required reports or disclosures. Principal Life does not warrant that the posting of the documents on its website will satisfy any of the requirements of ERISA even if it is informed that Policyholder wishes to use the website for that purpose. Principal Life at its discretion may use disclaimers and other notices in connection with the display of the documents to make it clear that Principal Life is not the plan insurer or Plan Administrator and that the Policyholder is solely responsible for the content and currency of the documents
- E Principal Life will provide HIPAA Privacy Notices to the Policyholder who will then distribute to their employees
- F The Policyholder and Principal Life acknowledge and agree that whenever electronic transactions are not possible transactions will be conducted in a manner that is consistent with insurance industry standards
- G This agreement may be amended by mutual consent in writing by the Policyholder and Principal Life
- H This agreement will continue until it is terminated. This Agreement will terminate automatically without notice upon termination of all Policies the Policyholder has with Principal Life. This agreement may be terminated upon notice by either the Policyholder or Principal Life. The Policyholder may terminate this agreement by notifying Principal Life in writing at the address listed at the bottom of this form. Termination of this agreement does not relieve the Policyholder of its obligations under applicable state or federal law. The duties described in Paragraph II A c of this Agreement shall remain in effect until such time as they are fully satisfied
- I Policyholder and Principal Life acknowledge and agree that Electronic Records and Electronic Signatures as well as facsimile signatures may be used in connection with the execution of certain documents in connection with the Plan including but not limited to policy application enrollment forms and statements of health ("Documents") and shall be legal and binding and shall have the same full force and effect as if a paper original of the Documents had been signed using a handwritten signature. Policyholder and Principal Life (i) intend to be bound by the signatures (whether original, faxed or electronic) on any Document sent or delivered by facsimile electronic mail or other electronic means (ii) are aware that the other party will rely on such signatures and (iii) hereby waive any defenses to the enforcement of the terms of a Document based on the foregoing forms of signature
- J The Policyholder may request paper copies of electronically signed or delivered documents by contacting Principal Life at the address listed at the bottom of this form

  
 \_\_\_\_\_  
 Signature of Policyholder's authorized representative

6/2/2017  
 \_\_\_\_\_  
 Date

Amy G. Berry  
 \_\_\_\_\_  
 Printed name of signer

Chancery Clerk & Clerk of the Board  
 \_\_\_\_\_  
 Title

Principal Life Insurance Company  
 Des Moines IA 50392 0002  
[www.principal.com](http://www.principal.com)  
 © 2006 Principal Financial Services, Inc.

