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Schedule of Benefits

Covered Classes: The "Covered Classes" under this schedule are these Employees of the Contract Holder (and its Associated Agencies): All Permanent Employees, other than Employees classified by the Contract Holder as Turnpike Commission Employees, Employees of the House of Representatives, Judiciary, certain Employees of the Senate, certain Employees of the State System of Higher Education, or University Presidents.

The Covered Classes for the Employee Work Related Accidental Death Coverage do not include Employees classified as Public Safety Workers (Law Enforcement, Firefighters, Emergency Squads).

Regardless of any provisions of this Booklet to the contrary, each Employee who was covered for life insurance benefits offered by the Contract Holder and who was disabled prior to July 1, 2000, and remains classified by the Contract Holder as disabled for purposes of group life insurance, shall be considered a Covered Person.

The Contract Holder decides which Employees will be Covered Persons and for how long. In doing this, the Contract Holder must not discriminate among persons in like situations.

Program Date: July 1, 2000. This Booklet describes the benefits under the Group Program as of the Program Date.

- This Booklet and the Certificate of Coverage together form your Group Insurance Certificate. The Coverages in this Booklet are insured under a Group Contract issued by Prudential. All benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate. The Group Contract alone forms the agreement under which payment of insurance is made.

EMPLOYEE TERM LIFE COVERAGE

BENEFIT AMOUNTS:

Amount For Each Benefit Class:

Benefit Classes

Amount of Insurance

All Employees..... An amount equal to the lesser of (1) and (2):

(1) 100% of your base pay rate annualized. If this amount is not a multiple of \$1,000, it will be rounded to the nearer multiple of \$1,000; an amount of \$500 will be rounded up.

(2) \$40,000.

To Whom Payable: Benefits that become payable on account of your death will be paid to your Beneficiary or Beneficiaries.

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APPENDIX I

Effect of Option to Accelerate Payment of Death Benefits: If you are eligible for and elect the Option to Accelerate Payment of Death Benefits, your amount of insurance will be reduced by the amount of any Terminal Illness Proceeds paid.

Amount Reduction Based on Age: An employee's insurance will be reduced on his or her 70th and 75th birthday in accordance with the schedule below to 65% or 50% of the amount that would have been in effect without a reduction.

The Delay of Effective Date section does not apply to this provision.

Age	Percent
70	65
75 and above	50

If your amount of insurance is reduced under this provision, you may convert the amount of the reduction to an individual life insurance contract. The same rules and conversion period death benefit apply for the reduction amount as would apply if you had transferred out of a Covered Class.

EMPLOYEE WORK RELATED ACCIDENTAL DEATH COVERAGE

BENEFIT AMOUNTS:

Amount For Each Benefit Class: \$10,000.

To Whom Payable: Benefits that become payable on account of your death will be paid to your Beneficiary or Beneficiaries.

OTHER INFORMATION

Contract Holder: COMMONWEALTH OF PENNSYLVANIA

Group Contract No.: LG-91475-PA

Associated Agencies: Associated Agencies are independent agencies of the Commonwealth of Pennsylvania that participate in the group life insurance program and are reported to Prudential in writing for inclusion under the Group Contract, provided that Prudential has approved such request.

Employment Waiting Period: There is a 90 day waiting period from your initial date of employment with the Contract Holder or with an Associated Agency before any Coverage in this Certificate takes effect. Any leave without pay during this 90 days will extend your effective date by the number of days of such leave.

Your Employer will inform you of any exceptions to the Employment Waiting Period for your class.

Cost of the Insurance: The insurance in this Booklet is Non-contributory Insurance. The entire cost of the insurance is being paid by the Contract Holder, except when you are on leave without pay without benefits and choose to continue your coverage by paying the premium.

** If on leave, are they eligible for WRAD?*

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Prudential's Address:

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, New Jersey 07039

WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. Use a claim form, and follow the instructions on the form.

If you do not have a claim form, contact Prudential.

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Who is Eligible to Become Insured

FOR EMPLOYEE INSURANCE

You are eligible for Employee Insurance while:

- You are a permanent Employee of the Employer; and
- You are in a Covered Class; and
- You have completed the Employment Waiting Period.

Your class is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You can belong to more than one class for insurance, but benefits are limited to Coverage of the class with the higher amount based on your employing agency.

This applies if you are an Employee of more than one employer included under the Group Contract: For the insurance, your salary from both employers will be considered in calculating your benefit but will be limited to the maximum coverage of the employer in the class with the higher amount.

When You Become Insured

FOR EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will begin the first day on which:

- You are eligible for Employee Insurance; and
- You are in a Covered Class for that insurance; and
- Your insurance is not being delayed under the Delay of Effective Date section below; and
- That Coverage is part of the Group Contract.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

Delay of Effective Date

FOR EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will be delayed if you do not meet the Active Pay Status Requirement on the day your Insurance would otherwise begin. Instead, it will begin on the first day you meet the Active Pay Status Requirement and the other requirements for the insurance. The same delay rule will apply to any change in your Insurance that is subject to this section. If you do not meet the Active Pay Status Requirement on the day that change would take effect, it will take effect on the first day you meet that requirement.

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Employee Term Life Coverage

A. DEATH BENEFIT WHILE A COVERED PERSON.

If you die while a Covered Person, the amount of your Employee Term Life Insurance under this Coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING CONVERSION PERIOD.

A death benefit is payable under this Section B if you die:

- (1) within 31 days after you cease to be a Covered Person; and
- (2) while entitled (under Section C) to convert your Employee Term Life Insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Employee Term Life Insurance under this Coverage you were entitled to convert. It is payable even if you did not apply for conversion. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.

If you cease to be insured for all or part of the Employee Term Life Insurance of the Group Contract for one of the reasons stated below, you may convert all or part of your insurance under this Coverage, which then ends, to an individual life insurance contract. Evidence of insurability is not required. The reasons are:

- (1) Your employment ends or you transfer out of a Covered Class.
- (2) Your insurance is reduced due to age or a reduction in salary.
- (3) All term life insurance of the Group Contract for your class ends by amendment or otherwise. But, on the date it ends, you must have been insured for five years for that insurance (or for that insurance and any Prudential rider or group contract replaced by that insurance).

Any such conversion is subject to the rest of this Section C.

Availability: You must apply for the individual contract and pay the first premium within 31 days after you cease to be insured for the Employee Term Life Insurance or 15 days from the date of the conversion notice, whichever is later.

Individual Contract Rules: The individual contract must conform to the following:

Amount: Not more than your Employee Term Life Insurance under this Coverage when your insurance ends. But, if it ends because all term life insurance of the Group Contract for your class ends, the total amount of individual insurance which you may get in place of all your life insurance then ending under the Group Contract will not exceed the lesser of the following:

- (1) The total amount of all your life insurance then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible within the next 31 days.
- (2) \$10,000.

Form: Any form of a life insurance contract that:

- (1) conforms to Title VI of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
- (2) is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Prudential's rate as it applies to the form and amount, and to your class of risk and age at the time.

Effective Date: The end of the 31 day period during which you may apply for it.

Any death benefit provided under this section of Coverage is payable according to this section and the Beneficiary Rules.

OPTION TO ACCELERATE PAYMENT OF DEATH BENEFITS.

Note:

- (1) If you elect this option, the amount of your Employee Term Life Insurance is reduced by any payment made under this option.
- (2) Any payment made under this option may be taxable. You are advised to seek the help of a professional tax advisor for assistance with any questions that you may have.

The following is added to the Employee Term Life Coverage provision:

Definitions

- **Terminally Ill Employee:** An employee whose life expectancy is 6 months or less.
- **Terminal Illness Proceeds:** The amount of Employee Term Life Insurance that you may elect to place under this option. The Terminal Illness Proceeds are equal to 50% of the amount in force on your life on the date Prudential receives the proof that you are a Terminally Ill Employee, but not more than \$20,000.

Option: If you become a Terminally Ill Employee while insured under the Employee Term Life Insurance provision or while your death benefit protection is being extended under the Employee Term Life Coverage provision, you may elect to have the Terminal Illness Proceeds placed under this option subject to the conditions set forth below. To exercise this option, you should use a claim form and follow the instructions on the form. If you do not have a claim form, contact Prudential. When payment is made under this option, Prudential will send you a benefit payment notice. The notice will indicate: (1) the amount of your Terminal Illness Proceeds; and (2) the amount of your Employee Term Life Insurance, if any, that remains in effect.

Payment of Terminal Illness Proceeds: If you elect this option, Prudential will pay the Terminal Illness Proceeds in one sum when it receives proof that you are a Terminally Ill Employee. Or, you may elect to have them paid in six equal monthly installments. The first monthly payment will be due when Prudential receives proof that you are a Terminally Ill Employee. The other payments are due on the same day of each later month.

To Whom Payable: The benefits under this provision are payable to you.

Amount Due But Unpaid at Your Death: If you elect monthly installments and you die before all payments have been made, Prudential will pay your Beneficiary or Beneficiaries determined under the Beneficiary Rules for the total of the payments that remain under this option, plus whatever amount is payable under the balance of the Employee Term Life Coverage.

Conditions: Your right to be paid under this option is subject to these terms:

- (1) You must choose this option in writing in a form that satisfies Prudential.
- (2) You must furnish proof that satisfies Prudential that your life expectancy is 6 months or less, including certification by a Doctor.
- (3) Your Employee Term Life Insurance must not be assigned.

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- (4) Terminal Illness Proceeds will be made available to you on a voluntary basis only. Therefore:
- (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.
 - (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.
- (5) You may elect this option only once.

Effect on Insurance: When you elect this option, the total amount of Employee Term Life Insurance otherwise payable on your death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount you could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds.

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Employee Work Related Accidental Death Coverage

This Coverage pays benefits for your accidental Loss that results from accidental Injury arising out of, or in the course of any work for compensation with the Employer.

Loss means loss of life.

A. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

- (1) You sustain an accidental bodily Injury while a Covered Person.
- (2) The Loss results directly from that Injury and from no other cause.
- (3) The Loss results directly from accidental injury arising out of, or in the course of, any work for wages or profit with the Employer.

For the purposes of the Coverage:

- (1) Exposure to the elements will be considered an accidental Injury.
- (2) It will be presumed that you have suffered a Loss of life if your body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant.

Not all such Losses are covered. See Losses Not Covered below.

B. LOSSES NOT COVERED

A Loss is not covered if it results from any of these:

- (1) Suicide or attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Sickness, whether the Loss results directly or indirectly from the Sickness.
- (4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- (5) Any infection. But, this does not include:
 - (a) a pyogenic infection resulting from an accidental cut or wound; or
 - (b) a bacterial infection resulting from accidental ingestion of a contaminated substance.
- (6) War, or any act of war. "War" means declared or undeclared war and includes resistance to armed aggression.

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- (7) An accident that occurs while you are serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (8) Commission of or attempt to commit a felony.
- (9) Being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
- (10) Participation in these hazardous sports, except where required by your job duties: scuba diving; bungee jumping; skydiving; parachuting; hang gliding; or ballooning.

The Claim Rules and the "To Whom Payable" part of the Schedule of Benefits apply to the payment of the benefits.

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General Information

BENEFICIARY RULES

The rules in this section apply to insurance payable on account of your death, when the Coverage states that they do. But these rules are modified by any burial expenses rule in the Schedule of Benefits and, if there is an assignment, by the Limits on Assignments section.

"Beneficiary" means a person chosen, on a form approved by Prudential, to receive the insurance benefits.

You have the right to choose a Beneficiary.

If there is a Beneficiary for the insurance, it is payable to that Beneficiary. Any amount of insurance for which there is no Beneficiary at your death will be payable to the first of the following: Your (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate. This order will apply unless otherwise provided in the Assignment Limitations.

You may change the Beneficiary at any time without the consent of the present Beneficiary. The Beneficiary change form must be filed through Prudential. The change will take effect on the date the form is signed, but it will not apply to any amount paid by Prudential before it receives the form.

If there is more than one Beneficiary but the Beneficiary form does not specify their shares, they will share equally. If a Beneficiary dies before you, that Beneficiary's interest will end. It will be shared equally by any remaining Beneficiaries, unless the Beneficiary form states otherwise.

LIMITS ON ASSIGNMENTS

You may assign your insurance under a Coverage. The following rules apply to assignments:

(1) Insurance providing accidental death benefits may be assigned only as a gift assignment; (2) Insurance under any other Coverage may be assigned either as a gift assignment or as an assignment to a viatical settlement company. Any rights, benefits or privileges that you have as an Employee may be assigned. This includes any right you have to choose a Beneficiary or to convert to another contract of insurance. Prudential will not decide if an assignment does what it is intended to do. Prudential will not be held to know that one has been made unless it or a copy is filed with Prudential.

This paragraph applies only to insurance for which you have the right to choose a Beneficiary, when that right has been assigned. If an assigned amount of insurance becomes payable on account of your death and, at your death, there is no Beneficiary chosen by the assignee, it will be payable to:

- (1) the assignee, if living; or
- (2) the estate of the assignee, if the assignee is not living.

It will not be payable as stated in the Beneficiary Rules.

EFFECT OF GIFT ASSIGNMENT OF RIGHTS OF GROUP LIFE INSURANCE UNDER ANOTHER GROUP CONTRACT

This Section applies to all Coverages providing Employee death benefits.

If you are eligible for insurance under the Group Contract on the Group Contract's effective date you will have no rights, benefits or privileges under any Coverage under the Group Contract if, on the day before that date, all the following were true:

- (1) You were insured for group life insurance under another group contract that covered Employees of the Employer.
- (2) Your group life insurance under the other group contract ended.
- (3) An irrevocable and absolute gift assignment made by you was in effect. It was made before the other contract ended. That assignment was of all your rights, benefits and privileges of the group life insurance under the other group contract. Those rights were owned by the assignee or the assignee's successor.

The owner of those rights of the group life insurance under the other group contract on the day before this Group Contract's effective date will be the owner of the rights, benefits, and privileges you would have had under a Coverage under the Group Contract. This includes, but is not limited to, any right of assignment you would have had under the Limits on Assignments section above. The term "assignee" as used in that section includes such an owner.

The term "group life insurance", as used above, means only group life insurance provided under a group contract in effect on the day before the date the Employer became included under the Group Contract.

APPENDIX I

DEFINITIONS

Active Pay Status Requirement: A requirement that you be in an active pay status at the Employer's place of business, or at any other place that the Employer's business requires you to go.

Calendar Year: A year starting January 1.

Contributory Insurance, Non-contributory Insurance: Contributory Insurance is insurance for which the Contract Holder has the right to require your contributions. Non-contributory Insurance is insurance for which the Contract Holder does not have the right to require your contributions. Except for insurance continued due to your leave without pay without benefits, your coverage is Non-Contributory Insurance.

Coverage: A part of the Booklet consisting of:

- (1) A benefit page labeled as a Coverage in its title.
- (2) Any page or pages that continue the same kind of benefits.
- (3) A Schedule of Benefits entry and other benefit pages or forms that by their terms apply to that kind of benefits.

Covered Person under a Coverage: An Employee who is insured for Employee Insurance under that Coverage

Doctor: A licensed practitioner of the healing arts acting within the scope of the license.

Employee: A person employed by the Employer, including elected officials. The term also applies to that person for any rights after insurance ends.

Employee Insurance: Insurance on the person of an Employee.

The Employer: Collectively, all employers included under the Group Contract.

Injury: Injury to the body of a Covered Person.

Prudential: The Prudential Insurance Company of America.

Sickness: Any disorder of the body or mind of a Covered Person, but not an Injury; pregnancy of a Covered Person, including abortion, miscarriage or childbirth.

Total Disability: You are Totally Disabled when:

- (1) You are not working at any job for wage or profit; and
- (2) Due to Sickness, Injury, or both, you are not able to perform for wage or profit the material and substantial duties of any job.

Total and Permanent Disability: You are Totally and Permanently Disabled when:

- (1) Total Disability exists; and
- (2) Your Total Disability is such that condition (2) of the "Total Disability" definition above will be met for the rest of your lifetime.

You: An Employee.

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CLAIM RULES

Proof of Loss: Prudential must be given written proof of the loss for which claim is made under a Coverage. This proof must cover the occurrence, character and extent of that loss.

When Benefits are Paid: Benefits are paid when Prudential receives written proof of the loss. Prudential will not have to pay benefits more often than as stated in this Certificate.

Legal Action: No action at law or in equity shall be brought to recover on the Group Contract until 60 days after the written proof described above is furnished. No such action shall be brought more than three years after the end of the time within which proof of loss is required.

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When Your Insurance Ends

EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will end when the first of these occurs:

- Your membership in the Covered Classes for the insurance ends because your employment ends (see below) or for any other reason.
- The part of the Group Contract providing the insurance ends.

End of Employment: For insurance purposes, your employment will end when you are no longer a permanent Employee in an active pay status. But, under the terms of the Group Contract, the Contract Holder may consider you as still employed in the Covered Classes during certain types of unpaid absences from work.

Continuation of Coverage Due to Leave or Disability: For the purposes of this contract, active pay status will include those periods of leave during which the Contract Holder continues to make contributions on behalf of an affected employee. An Employee whose coverage would end because they are no longer in an active pay status (as defined above) but who continues to be an Employee within the rules established and so designated to Prudential by the Contract Holder, may continue their coverage under this program by paying the premiums. Failure to make the required premium payments by such an Employee will cause coverage to end.

An Employee approved for disability life insurance shall also be considered to be in an active pay status. If you are Totally and Permanently Disabled at the time premium payments by the Contract Holder would be discontinued, and you submit satisfactory medical proof that your disability started while you were insured, coverage will be extended at the expense of the Contract Holder for a period of one year from receipt of such proof. Coverage will continue for the duration of the disability if you later provide satisfactory medical proof of continued disability when requested by Prudential. The coverage amount extended will be the amount for which you were insured on the last date you were in an active pay status, with standard Amount Reductions Based on Age being applied at ages 70 and 75. This section will only apply if satisfactory medical proof is submitted to Prudential within twelve months of the last premium payment. Contact Prudential for the disability claim forms.

The Contract Holder decides which Employees will be Covered Persons and for how long. In doing this, the Contract Holder must not discriminate among persons in like situations.

If you go on leave without pay without benefits or terminate employment, Prudential will notify you of your options, if any, to continue your insurance.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Employee: The Employee whose signature appears on the Foreword in the front of the Booklet.

Certificate of Coverage

Prudential certifies that insurance is provided according to the Group Contract(s) for each Insured Employee. Your Booklet's Schedule of Benefits shows the Contract Holder and the Group Contract Number(s).

Insured Employee: You are eligible to become insured under the Group Contract if you are in the Covered Classes of the Booklet's Schedule of Benefits and meet the requirements in the Booklet's Who Is Eligible section. The When You Become Insured section of the Booklet states how and when you may become insured for each Coverage. Your insurance will end when the rules in the When Your Insurance Ends section so provides. Your Booklet and this Certificate of Coverage together form your Group Insurance Certificate.

Beneficiary for Employee Death Benefits: See the Booklet's Beneficiary Rules.

Coverages and Amounts: The available Coverages and the amounts of Insurance are described in the Booklet.

If you are insured, your Booklet and this Certificate of Coverage form your Group Insurance Certificate. Together they replace any older booklets and certificates issued to you for the Coverages in the Booklet's Schedule of Benefits. All Benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate.

The Prudential Insurance Company of America

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COP Census Report - Disables

AGE	GENDER	LIVES	VOLUME
23	F	1	\$28,000
24	F	3	\$66,000
27	M	1	\$30,000
27	F	3	\$77,000
28	F	3	\$90,000
30	M	1	\$24,000
30	F	2	\$57,000
31	M	1	\$30,000
31	F	1	\$40,000
32	M	3	\$106,000
32	F	2	\$62,000
33	M	2	\$58,000
33	F	1	\$40,000
34	M	2	\$61,000
34	F	2	\$68,000
35	M	1	\$50,000
35	F	4	\$113,000
36	M	1	\$50,000
36	F	3	\$75,000
37	M	1	\$27,000
38	M	2	\$130,000
38	F	1	\$29,000
39	M	3	\$105,000
39	F	1	\$30,000
40	M	7	\$216,000
40	F	2	\$59,000
41	M	3	\$87,000
41	F	1	\$23,000
42	M	4	\$122,000
42	F	4	\$115,000
43	M	9	\$288,000
43	F	6	\$194,000
44	M	8	\$252,000
44	F	5	\$132,000
45	M	6	\$151,000
45	F	10	\$265,000
46	M	3	\$93,000
46	F	4	\$127,000
47	M	12	\$332,000
47	F	14	\$395,000
48	M	17	\$492,000
48	F	9	\$238,000
49	M	5	\$155,000
49	F	18	\$506,000
50	M	13	\$366,000
50	F	20	\$623,000
51	M	12	\$384,000
51	F	25	\$722,000
52	M	23	\$725,000
52	F	25	\$637,000

53	M	26	\$791,000
53	F	42	\$1,193,000
54	M	25	\$722,000
54	F	33	\$948,000
55	M	40	\$1,204,000
55	F	43	\$1,176,000
56	M	48	\$1,536,000
56	F	43	\$1,163,000
57	M	61	\$1,903,000
57	F	41	\$1,239,000
58	M	45	\$1,404,000
58	F	48	\$1,341,000
59	M	67	\$1,995,000
59	F	60	\$1,781,000
60	M	54	\$1,670,000
60	F	55	\$1,571,000
61	M	66	\$1,934,000
61	F	32	\$890,000
62	M	46	\$1,447,000
62	F	51	\$1,504,000
63	M	74	\$2,294,000
63	F	64	\$1,646,000
64	M	63	\$1,828,000
64	F	42	\$1,178,000
65	M	72	\$2,114,000
65	F	39	\$1,005,000
66	M	52	\$1,540,000
66	F	52	\$1,446,000
67	M	58	\$1,702,000
67	F	31	\$880,000
68	M	52	\$1,500,000
68	F	62	\$1,609,000
69	M	45	\$1,164,000
69	F	52	\$1,456,000
70	M	60	\$1,155,450
70	F	43	\$721,250
71	M	47	\$778,700
71	F	51	\$854,450
72	M	27	\$485,550
72	F	35	\$529,750
73	M	51	\$874,900
73	F	42	\$595,400
74	M	44	\$837,200
74	F	44	\$655,200
75	M	39	\$508,400
75	F	32	\$381,450
76	M	34	\$456,000
76	F	32	\$350,000
77	M	39	\$452,500
77	F	24	\$230,000
78	M	30	\$391,500
78	F	15	\$169,000

79	M	21	\$246,000
79	F	22	\$223,000
80	M	15	\$194,000
80	F	22	\$218,000
81	M	12	\$151,000
81	F	9	\$91,000
82	M	6	\$68,000
82	F	4	\$37,000
83	M	4	\$53,000
83	F	7	\$77,000
84	M	3	\$32,500
84	F	1	\$8,500
85	M	1	\$9,000
85	F	5	\$62,500
86	F	2	\$20,500
87	M	1	\$13,000
88	F	1	\$4,500
94	F	1	\$15,000
TOTAL		2,820	\$69,869,200

Commonwealth of Pennsylvania Group Life Insurance Claims

<u>Fiscal Year</u>	<u>Claims</u>	<u>Volume</u>
03-04	284	\$10,968,160.00
04-05	242	\$9,961,567.00
05-06	277	\$11,475,200.00

RFP—Voluntary Benefits

CN00023197

Addendum #3

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
BUREAU OF PROCUREMENT
HARRISBURG

January 26, 2007

Subject: RFP – Voluntary Benefits
Bid Number: CN00023197
Opening Date/Time: February 13, 2007, 1:30 P.M.
Flyer: Addendum #3

To All Bidders:

Clarifications:

1. Bid Opening is set for February 13, 2007, at 1:30 P.M.; as per Calendar of Events listed on Page iii of the official RFP document.
2. The document *COPA – Group Life Insurance Claims Count* which contains the claims count for the previous three (3) years is attached to this Addendum #3.
3. Updated information from Addendum #2, Question #3 is revised to read: "**For purposes of submitting this proposal only, the Offeror should assume that all eligible employees will participate. The proposal evaluation will be on this basis. If the volume of participating employees decreases substantially the Commonwealth will consider renegotiating the premium**". This response also applies to Question # 77 & # 150 of Addendum #2.
4. The RFP document has been updated as to the product request for Long Term Care. Specifications required are as follows:

Section II-10 – Add the following wording:

If proposing Long Term Care Insurance, please include a separate rate quotation for each Long Term Care plan proposed that reflects a \$300,000 guaranteed maximum funding coverage level. This quotation is in addition to any other coverage levels that the Offeror wishes to propose.

Section IV-3, d, Plan Design Requirements – Add the following wording:

For Long Term Care Insurance, while no minimum plan design has been specified the Commonwealth requests that the Offeror include a separate plan design that provides long-term care insurance coverage in the following settings: 1) nursing facilities (NF) and 2) home care.

5. Offeror is to review Part II, Introductory paragraph, especially as it relates to **cost information** being contained only in the Cost Submittal.

Except as clarified and amended by this flyer, the terms, conditions, specifications, and instructions of the invitation to bid and any previous flyers, remain as originally written.

Very truly yours,

Sylvie M. Shingara

Commodity Specialist
Phone: (717) 346-3833
E-mail: sshingara@state.pa.us

Average Disability Policies

03/04	2,886
04/05	2,886
05/06	2,871

Disability Premium Volume

03/04	\$875,384,000
04/05	\$881,178,000
05/06	\$877,036,000

Disability Claims Volume

	Number of Claims	Volume Paid
03/04	92	\$ 2,457,232.66
04/05	149	\$ 3,961,650.00
05/06	112	\$ 2,958,065.00

RFP—Voluntary Benefits

CN00023197

Addendum #4

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
BUREAU OF PROCUREMENT
HARRISBURG

February 6, 2007

Subject: RFP – Voluntary Benefits
Bid Number: CN00023197
Opening Date/Time: February 13, 2007, 1:30 P.M.
Flyer: Addendum #4

To All Bidders:

Clarifications:

1. Disadvantage Business Participation:

Offerors submitting proposals for RFP-CN00023197 must provide separate sealed Disadvantage Business Certification submittals for each insurance product proposed.

2. Offerors submitting proposals will **not** be permitted to attend the bid opening on February 13, 2007.

Any questions concerning this bid direct to: Matthew M. Bembenick via email at mbembenick@state.pa.us.

Except as clarified and amended by this flyer, the terms, conditions, specifications, and instructions of the invitation to bid and any previous flyers, remain as originally written.

Very truly yours,

Syline M. Shingara

Syline M. Shingara
Commodity Specialist
Phone: (717) 346-3833
E-mail: sshingara@state.pa.us

RFP—Voluntary Benefits

CN00023197

Addendum #5

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
BUREAU OF PROCUREMENT
HARRISBURG

February 8, 2007

Subject: RFP – Voluntary Benefits
RFP Number: CN00023197
Opening Date/Time: **February 23, 2007, 1:30 P.M.**
Addendum: Addendum #5

To All Offerors:

The Commonwealth of Pennsylvania has elected to extend the proposal due date for RFP—CN00023197, Voluntary Benefits from February 13, 2007 at 1:30 P.M. to **February 23, 2007, at 1:30 P.M.**

Offerors wishing a Microsoft Word version of the RFP, please contact Syline Shingara at sshingara@state.pa.us. Please note electronic versions of the RFP are subject to I-29 of the RFP

Sincerely,

Syline M. Shingara

Syline M. Shingara
Commodity Specialist
Phone: (717) 346-3833
E-mail: sshingara@state.pa.us

RFP—Voluntary Benefits

CN00023197

Addendum #6

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
BUREAU OF PROCUREMENT
HARRISBURG

February 9, 2007

Subject: RFP – Voluntary Benefits
RFP Number: CN00023197
Opening Date/Time: **February 23, 2007, 1:30 P.M.**
Addendum: Addendum #6

To All Offerors:

The Commonwealth of Pennsylvania has elected to rescind Addendum #4 to RFP CN00023197 – Voluntary Benefits dated February 6, 2007.

Sincerely,

Syline M. Shingara

Syline M. Shingara
Commodity Specialist
Phone: (717) 346-3833
E-mail: sshingara@state.pa.us

RFP—Voluntary Benefits

CN00023197

Addendum #7

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
BUREAU OF PROCUREMENT
HARRISBURG

February 16, 2007

Subject: RFP – Voluntary Benefits
RFP Number: CN00023197
Opening Date/Time: February 23, 2007, 1:30 P.M.
Addendum: Addendum #7

To All Offerors:

Potential Offerors submitting proposals for RFP-CN00023197 – Voluntary Benefits are not invited to the proposal opening scheduled for Friday, February 23, 2007 at 1:30 PM.

If you have any questions, please feel free to contact me at telephone number (717) 346-3833.

Sincerely,

Syline M. Shingara

Syline M. Shingara
Commodity Specialist
Phone: (717) 346-3833
E-mail: sshingara@state.pa.us