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City of Sugar Land Request for Proposal Analysis

Presented By:

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Recommendations

- **Life and Disability**
 - It is recommended to move from Symetra to Dearborn National for the City's Basic Life, Optional Life, Long Term Disability and Optional Short Term Disability insurance programs. Dearborn National has substantially matched the current plan design and the proposal represents a +10,930 or 9.3% increase to the City's costs for Basic Life and Long Term Disability insurance programs. This is an - \$18,751 savings from the best and final renewal offer from Symetra. Rates will be guaranteed for three years.
 - Dearborn National's Optional Life and Optional Short Term Disability proposal has substantially matched current benefit levels and with no increase to employee rates. All active employees will be accepted at their current election levels with Symetra. Rates will be guaranteed for three years.

☒ New Application ☐ Change Group #: F023239 Federal Tax ID #: _____

Section 1. POLICYHOLDER INFORMATION: Please Type or Print All Information.

Policyholder (full legal name): City of Sugar Land

Address (not PO box): 2700 Town Center Blvd. North

City: Sugar Land State: TX Zip: 77479

Subsidiaries or Affiliates to be covered: ☐ Yes; or ☒ No (If more than one, indicate on separate sheet and attach to this application)

If Yes: Company Name: _____

Address (not PO box): _____

City: _____ State: _____ Zip: _____

Premium is payable on the first of the insurance month unless mutually agreed upon by the Policyholder and the insurance company.

Section 2. GENERAL INFORMATION:

Product Choice (Check all that apply)	Policyholder will contribute:	Requested Effective:	*Replacing Coverage Yes/No:
☒ Group Term Life ☒ AD&D:	☒ 100%; or ☐ Other: _____ %	01/01/2019	Yes
☒ Supplemental Life ☐ AD&D:	☒ 0%; or ☐ Other: _____ %	01/01/2019	Yes
☐ Group Dental:	☐ 100%; or ☐ Other: _____ %		
☐ Group Short-Term Disability (STD):	☐ 100%; or ☐ Other: _____ %		
☒ Group Long-Term Disability (LTD):	☒ 100%; or ☐ Other: _____ %	01/01/2019	Yes
☐ Group Stand Alone AD&D:	☐ 100%; or ☐ Other: _____ %		
☐ Group Specified Disease:	☐ 100%; or ☐ Other: _____ %		
☐ Group Accident:	☐ 100%; or ☐ Other: _____ %		
☐ Group Vision:	☐ 100%; or ☐ Other: _____ %		
☐ Voluntary Term Life ☐ AD&D:	☐ 0%; or ☐ Other: _____ %		
☐ Voluntary Group Dental:	☐ 0%; or ☐ Other: _____ %		
☒ Voluntary Short-Term Disability (VSTD):	☒ 0%; or ☐ Other: _____ %	01/01/2019	Yes
☐ Voluntary Long-Term Disability (VLTD):	☐ 0%; or ☐ Other: _____ %		
☒ Voluntary Stand Alone AD&D:	☒ 0%; or ☐ Other: _____ %	01/01/2019	Yes
☐ Voluntary Group Specified Disease:	☐ 0%; or ☐ Other: _____ %		
☐ Voluntary Group Accident:	☐ 0%; or ☐ Other: _____ %		
☐ Voluntary Group Vision:	☐ 0%; or ☐ Other: _____ %		

*Enclose a copy of each in force policy to be replaced.