



CITY OF DELRAY BEACH
CITY ATTORNEY'S OFFICE
200 NW 1ST Avenue, Delray Beach, FL 33444
561-243-7090



LEGAL REVIEW FORM

This form is to be used solely for the legal review of documents not including procurement agreements. Procurement Agreements are reviewed under a separate cover. This form shall only be completed by a member of the City Attorney's Office.

Date of Review: 8/25/23

Document Name: Standard Insurance Company

Document Type: Renewal and Amendment

Submitted by: Alexa DeFranco

☒ This document is approved as to form and legal sufficiency.

☐ This document is approved as to form and legal sufficiency; however, the undersigned made the following change(s):

☐ This document is not approved as to form and legal sufficiency for the following reason(s):

_____.

s/Kelly W. Brandon, Esq.
Attorney

Copy to:

___ City Attorney's Office (with a copy of the approved document)



Request for Group Insurance Amendment

Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204-1282

Employee Benefits Consultant: Jarod Hayer
Employee Benefits Service Representative: Dayton Baird
Employee Benefits Sales and Service Office: Tampa

Policyholder: City of Delray Beach
Group Number: 163645

As an authorized representative of the Employer, I request that Standard Insurance Company ("The Standard") amend the above Employer's coverage under the Group Policy to make the following change(s):

Basic Life Insurance Benefit:

Class 11 Retired Members: The amount of your Life Insurance Benefit in effect on your last full day of Active Work just prior to your retirement date. The maximum amount is \$150,000.
Premium Rates for Plan 1:

Active Members: 0.220 monthly per \$1,000
Retired Members: 0.700 monthly per \$1,000

I request that the amendment become effective on 10/01/2023. I understand that the amendment will not become effective unless approved and issued by The Standard.

I request that the amendment be approved by The Standard subject to The Standard's usual underwriting requirements, including, if applicable, Evidence of Insurability or a Pre-existing Condition provision.

I understand that the amendment, if approved by The Standard, will be issued in the policy language customarily used by The Standard.

I understand that any increase in Insurance for a Member who is not Actively At Work all day on the Member's last regular work day before the scheduled effective date of the amendment will be deferred until the first day after the Member completes one full day of Active Work.

I request that the amendment, if approved and issued by The Standard, become effective by its terms without any further acceptance by the Employer, and that a copy of this Request for Group Insurance Amendment form be attached to and made a part of the amendment.

Sign Name:


Shelly Petrolia

Title: Mayor


Print Name:

Shelly Petrolia

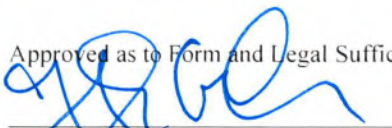
Date:

9/18/2023

ATTEST:


Katerri Johnson, City Clerk

Approved as to Form and Legal Sufficiency:


Lynn Gelin, City Attorney

