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: Sarah Alford
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):

Add a One Time Open Enrollment period beginning August 11, 2025 and ending August 22, 2025 with elections made during this period becoming effective October 1, 2025. Members may increase or apply for contributory coverage for themselves, spouses, and dependents up to the GI. Evidence of Insurability is required for those whose Evidence of Insurability was not approved by us during any prior period of eligibility. (Prior declines remain declined.)

I request that the amendment become effective on 10/01/2025. 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: _____ Title: _____
            Authorized Representative

Print Name: _____ Date: _____