



FLORIDA VIRTUAL  
SCHOOL

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# PROCUREMENT SERVICES

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## Request For Proposal

### Life and Disability Insurance

### RFP01-1901625B01-LIFDIS-XXXXXX

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Issue Date:	December 5, 2018
Pre-submittal Conference: Dial-In Number: Presentation URL:	December 11, 2018 @ 11:00 AM EST <a href="tel:407-513-7124">407-513-7124</a>
Question & Answer Deadline:	December 14, 2018, 2:00 PM EST
Bid Due Date/Time:	January 8, 2019, 2:00 PM EST
Direct All Inquiries in Writing To:	FLVS Procurement Services Karen Stolarenko, Senior Buyer
Email Address	<a href="mailto:kstolarenko@flvs.net">kstolarenko@flvs.net</a>

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**NOTICE TO ALL INTERESTED PARTIES:** Sealed responses shall be received by the Procurement Department located on the 2<sup>nd</sup> Floor of 2145 Metrocenter Boulevard Orlando, Florida 32835. Florida Virtual School (FLVS) is a secured controlled building, and all hand delivered Bid and/or RFP submittals must be checked in by the FLVS receptionist. Note that receipt of response means DELIVERED AND DATE/TIME STAMPED RECEIVED IN THE PROCUREMENT DEPARTMENT. Responses delivered to the building, but not delivered to the Procurement Department and date/time stamped as received, will not be considered as received for this solicitation process. Responses must be delivered in a SEALED package with the RFP name, RFP number, and opening date/time clearly marked on the outside of the package.

Responses will not be accepted or considered after the specified time and date listed above.

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**FLORIDA VIRTUAL SCHOOL**  
**REQUEST FOR PROPOSAL**  
**Life and Disability Insurance**

**1. OVERVIEW**

- 1.1 Purpose: Florida Virtual School (FLVS), hereafter referred to as the "district" or "FLVS", is seeking responses from qualified proposers interested in providing **Life and Disability Insurance**. The recommended award will be to the most qualified proposer(s) as determined by an evaluation committee. The final award will be based on Board approval (if total value is \$100,000 or more) or Procurement Director approval (if total value is less than \$100,000).
- 1.2 District Profile: Florida Virtual School is a statewide public school district providing elementary, middle and high school courses to Florida residents. All FLVS courses are fully online. FLVS (the district) is accredited as a system by Advanced Education, Inc. (AdvancedEd) and various FLVS schools are accredited by SACS CASI (Southern Association of College and Schools Council on Accreditation and School Improvement). Our courses meet the Florida Standards. As a school of choice, all public institutions within Florida must provide Florida families the option to choose FLVS for their courses. FLVS Global was created in 2000 by the Florida Legislature as the national and international arm of FLVS. As a not-for-profit institution, FLVS reinvests revenue from FLVS Global into the research and development of new educational technologies and the creation of the highest-quality courses, benefiting students in Florida and beyond.
- 1.3 Student Enrollment
  - 1.3.1 FLVS Enrollments: FLVS annually serves more than 200,000 students who successfully complete more than 470,000 semester enrollments. We are projecting to serve more than 500,000 successful completions in the coming years.
    - a. FLVS Full Time is a diploma granting school with standardized state testing that follows a traditional public school schedule and pace.
    - b. FLVS Flex does not operate on a fixed calendar. FLVS courses are designed for semester-based terms. Since time is not a constant in our online courses, students have flexibility of pace.
  - 1.3.2 Students can enroll in one or multiple courses at a time throughout the year as part of an open and rolling enrollment process. An enrollment in FLVS terms is a half credit in traditional terms. We do not differentiate between students taking a full-year course that is one full credit (or two half-credit enrollments) from a student that is taking two half credit courses (or two half-credit enrollments). One student could be active in six concurrent half-credit enrollments at one time.
- 1.4 Teachers
  - 1.4.1 FLVS Teachers: Currently our instructional staff totals ~ 1,500 and we have a total of ~ 8,800 active classrooms in the system.

- 1.5 Prior to describing the statement of work, the following section shall provide an overall description of the contract scope, operational structure and pricing.

1.5.1 Contract Services, Structure, Term, Sequence and Pricing: FLVS shall enter into a "single contract" with a "single prime Proposer" or multiple proposers as deemed to be in FLVS's best interest for all services as described under this RFP. It is the responsibility of the Proposer to partner as necessary and assemble the team, skills, assets and other qualifications to meet all requirements as laid out in the RFP. The selected Proposer shall assume all contractual responsibilities, obligations and comply with all contract terms and conditions.

1.5.2 Scope of Work: The scope of work under this contract is specified in Section 8 of this RFP.

- a. Contract Structure: The Master Service Agreement (MSA) is the first Agreement that shall be exercised for *three (3) years with two (2) two-year renewals* as directed by FLVS. The Services SOW shall be exercised at FLVS discretion and shall have a term that does not exceed 12 months from the MSA expiration date. Separate and individual Scopes of Work (SOW) may be issued that are specific to the needs of the project.

1.5.3 Contract Pricing: Contractors shall provide pricing as required on the proposal price sheet. Alternate price structures may be submitted in addition to the pricing requested. FLVS reserves the right to reject proposals that do not comply with the information requested on the proposal price sheet.

## 2.0 EVALUATION OF RESPONSES

Responses shall be reviewed and evaluated by the Proposal Evaluation Committee as described herein.

### 2.1 Proposal Evaluation Committee (PEC)

2.1.1 A Proposal Evaluation Committee shall convene, review, evaluate and rank all valid responses submitted based on the evaluation criteria. The PEC committee shall consist of FLVS staff members or non-staff members assigned to the committee who are voting members and non-voting subject matter experts (SMEs). The non-voting members will be reviewing the proposals and reporting in their field of expertise to the committee.

2.1.2 The Proposal Evaluation Committee reserves the right to interview any, all or none of the Proposers that responded to the RFP and to require at the discretion of FLVS formal presentations with the key personnel who shall administer and be assigned to work on behalf of the contract before recommendation of award.

2.1.3 The Proposal Evaluation Committee reserves the right to conduct site visits of a Proposer's facilities and/or of a current project they are managing.

2.1.4 Public Notice of Proposal Evaluation Committee meetings will be posted on FLVS Procurement Services website <https://flvs.net/about/procurement-opportunities/solicitations-open>

## 2.2 Evaluation Process

2.2.1 The selection process to evaluate the responses under this RFP shall be conducted in accordance with the evaluation procedure as described in this section. Accepted Responses shall be evaluated by the PEC comprised of FLVS staff or non-staff members assigned to the committee. FLVS shall be the sole judge as to which response is best and, in ascertaining the best response, shall take into consideration the financial resources, reputation, fit of proposed solution, and experience in performing similar work, as generally described below. FLVS will use 1) A minimum Qualifications/Responsiveness Check and 2) a two-step process (written and oral steps).

2.2.2 FLVS shall generally follow the above shown process; in doing so, FLVS at its will, reserves, at a minimum, the following rights:

- a. The award shall be made to the Proposer that best meets FLVS needs. Every response shall be reviewed/evaluated in terms of its conformance to the RFP specifications;
- b. All responses properly completed and submitted shall be accepted by FLVS. However, FLVS reserves the right to reject any or all responses, reject any response that does not meet all mandatory requirements, or cancel this RFP according to its best interest;
- c. FLVS also reserves the right to waive minor irregularities in responses if that action is in the best interest of FLVS. If the Proposer is awarded the contract, such a waiver shall in no way modify the requirements stated in this RFP or excuse the Proposer from full compliance with the specifications stated in this RFP or resulting contract;
- d. FLVS reserves the right, before awarding the contract, to require Proposer to submit additional evidence of qualifications or any other information the District may deem necessary;
- e. FLVS reserves the right to further negotiate any response, including price, with the highest rated Proposer. If a contract cannot be reached with the highest rated Proposer, the District reserves the right to negotiate and recommend award to the next highest Proposer or subsequent Proposers until a contract is reached;
- f. FLVS shall not be under any requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process would the need arise due to budget constraints, time constraints or other factors as directed by FLVS;
- g. FLVS, at its sole discretion may waive the requirement to have demonstrations or interviews and may determine an award based on steps as defined.
- h. FLVS, at its sole judgment, will award or reject any or all responses as is in the best interest of FLVS and the decision shall be final.

## 2.3 Evaluation Steps

2.3.1 Response Opening: Response submittals shall be received and publicly opened. Only the names of Proposers will be read at this time.

2.3.2 Responsiveness to Submittal Requirements: A preliminary evaluation by Procurement Services shall determine whether each received response is complete and compliant with the minimum qualifications and all other instructions and/or submittal requirements in the RFP. Any responses that are incomplete or that do not comply with the instructions and /or submittal terms and conditions may be rejected and excluded from further consideration or taken into consideration during the scoring. Contractor responses, which are compliant as determined solely by FLVS, are moved to Step 1 of the evaluation stage.

2.3.3 Step 1: In this stage, FLVS shall evaluate each written response based on the evaluation criteria listed in 3.0, using a 1-20 rating system multiplied by the weights assigned. This is a public meeting.

Step 1a: The proposal evaluation committee members will discuss all contractor responses, and each evaluation committee member will score the contractors individually. Additionally, the Procurement Representative will send each individual member an Evaluation Committee Rules form to sign as acknowledgment of the committee member's understanding of the requirements. The form specifies, "Each member will conduct, and complete, an individual evaluation of each response." Each member of the PEC will first score each contractor's written response. The procurement representative will combine the weighted evaluation scores from each committee member to finalize total weighted scores for each contractor.

Step 1b: The procurement representative will combine the evaluation scores submitted by all PEC members and shall determine the highest scoring contractors based on the total evaluation scores received. FLVS reserves the right to determine the cutoff score and the number of responses that may advance to Step 2. Step 2 is optional at the sole discretion of FLVS. If FLVS determines that Step 2 is not required, award recommendation will be made based on the scores from Step 1.

2.3.4 Optional Step 2: In this stage, the finalists shall be notified by Procurement Services of the process for the system demonstration and/or oral presentation based on interviews. Step 2 evaluation is a "fresh evaluation" with scores from Step 1 not being carried forward. Only the scoring session shall be a public meeting.

The finalists and their sub proposers may be required to appear (face to face preferred), in no particular order before the PEC for a system demonstration and/or oral presentation/interview of their response and detailed discussion of the elements of their response;

a. Procurement Services will assign the date for the on-site demonstrations and/or oral presentations based upon a random drawing of the responses advanced to Step 2;

b. The PEC may require the finalists to furnish additional information

or respond to questions and/or clarifications prior to or at the oral demonstration/interview;

c. FLVS may require finalists to provide login or access for testing systems if applicable as directed;

d. FLVS reserves the right to invite additional subject matter experts from FLVS and/or its representatives to attend oral demonstrations/presentations;

e. Following the oral demonstrations/oral presentations, FLVS may require finalists to furnish additional information or respond to questions and/or clarifications. May require additional public meeting(s).

f. Using the evaluation criteria in Section 3.0, each member of the PEC will separately score each contractor's system demonstration/oral presentation using a 1-20 rating system multiplied by the weights assigned. The procurement representative will combine the weighted evaluation scores from each committee member to finalize total weighted scores for each contractor to determine highest ranking. The ranking shall be determined by the highest weighted score.

g. Procurement Services will post an Intent to Award Notice within approximately two weeks from finalist selection.

2.3.5 Basis of Award: Recommended award shall be made to the highest ranked Contractor whose response is determined in writing to be the most advantageous, bringing "best value" to meet the criteria of FLVS. FLVS reserves the right to make awards by individual item, group of items, all or none or a combination thereof; to reject any and/or all Bids or to waive any minor irregularities or technicalities. All purchases are contingent upon district funding. Following the selection and upon final negotiation of the contract terms and conditions with the top ranked Contractor, recommendation for contract award will be submitted to FLVS Board of Trustees (if total value is \$100,000 or more) or Procurement Director approval (if total value is less than \$100,000). The final award will be based on Board approval.

The Executive Team at their sole discretion shall accept or reject all recommendations of the Evaluation Committee. If the Executive Team accepts the Evaluation Committee's recommendation, the process continues as noted in each step above. If the Executive Team rejects any Evaluation Committee's recommendation, the Executive Team at their sole discretion, shall proceed with any of the following methods: directing the Procurement Representative to recommence the selection ranking process at whatever state or step the Executive Team deems appropriate (including step 1, step 2, and/or step 3); pursuing the project by any other alternative method permitted under Florida law; or abandoning the project all together. If the Executive Team elects to pursue the project through an alternative method or abandon the project all together, FLVS shall provide public notice of that decision.

2.3.6 FLVS reserves the right to negotiate price and contract terms and conditions with the most qualified firm(s) to provide the requested service.

2.3.7 Selection Criteria: This procurement will comply with applicable Board Policies, State Board Rules, and Florida Statutes. The selection of a firm may be made without discussion with Proposer(s) after responses are received. Therefore, responses should be submitted complete with all pertinent information.

- a. No Proposer shall have any rights against FLVS arising from such negotiations.
- b. There will be no interim briefing regarding the status of a particular response until the evaluation of all responses is complete.

## 2.4 Evaluation Criteria

2.4.1 The evaluation table below shows the evaluation criteria for both steps. These criteria shall be used through the evaluation process as described subsequently:

<b>Criteria No.</b>	<b>Step 1: Main Criteria Description</b>	<b>Weight</b>
1.	Compliance	5%
2.	Qualifications, Experience, Team Members	10%
3.	References	10%
4.	Ability to Meet Stated Requirements and Respondent Methodology	15%
5.	Disability Questionnaire and Deviation Summary	30%
6.	Price Proposal	29%
7.	Acceptance of Invoice Payments via FLVS Visa Purchasing Card	1%
	<b>TOTAL</b>	<b>100%</b>

<b>Criteria No.</b>	<b>Step 2: Main Criteria Description</b>	<b>Weight</b>
1.	Ability to Demonstrate How Contractor Will Meet Scope of Services	75%
2.	Additional Value-Added Services	25%
	<b>TOTAL</b>	<b>100%</b>



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## 2.5 Schedule/Project Timeline

See Cover Sheet	Pre-Submittal Meeting
See Cover Sheet	Last Day to Request Additional Information or Clarification
See Cover Sheet	Response Due Date
January 22, 2019	Step 1 Evaluation Committee Meeting Tentative Date
January 29, 2019	Step 2 Oral Interviews/Demonstration Committee Meeting Tentative Date
February 1, 2019	Notice of Intent to Award Date (Tentative)
February 6, 2019	Negotiations Tentative Date
March 12, 2019	Award Date Tentative Date

### 3. RESPONSE SUBMISSION FORMAT AND INFORMATION THAT MUST BE SUBMITTED

3.1 In order to maintain comparability and consistency in review and evaluation of responses, all responses shall be organized as specified below. Avoid any elaborate promotional materials and provide only information that is required. All supporting materials should clearly reference the portion of the RFP to which they pertain. Submit **one (1)** unbound original (clearly marked as such) and six (6) physical copies. **Responses must be bound in a three ring** binder (with the exception of the unbound original). **Two electronic copies on USB flash drive are also required** for document management purposes. **The first electronic copy MUST be scanned as a single document** (scan the entire response and save it as **one (1) contiguous .pdf**). The second electronic copy shall be the **redacted version also scanned as a single document** (see public records Attachment 8). Responses not meeting the requirements below may be determined to be non-responsive, non-responsive responses will receive no further consideration.

- a. Table of Contents: Clearly outline and identify the material and responses by tab and page number. Outline in sequential order the major areas of the response, including enclosures. Tabs should be used to separate each tabbed section. All pages must be consecutively numbered and correspond to the table of contents.
- b. Tab 1 - Cover Letter and Compliance Information: Provide a cover letter indicating your company's understanding of the requirements/scope of services of this specific response. The letter must be a brief formal letter from the Proposer that provides information regarding the company's interest in and ability to perform the requirements of this RFP. Clearly demonstrate your familiarity with the RFP. Unless specific exceptions are noted in the response to this package, all terms and conditions contained in the response to include the inclusive sample contract are considered to be accepted by the proposer. The prospective Proposer hereby certifies, by submission and signature of this letter, represents complete and unconditional acceptance of the requirements, terms and conditions of this solicitation and all appendices and any Addendum released hereto. Cover letter shall be signed by authorized principal party.
  - i. Authorized parties and contact information required: For each of the following provide a full list of names, titles, addresses, telephone numbers, and email addresses:
    - 1. Primary Contact: Point of contact for solicitation process and contracting purposes.
    - 2. Principals and authorized signatures: Person(s) or entities serving or intending to serve as principals, authorized to legally commit the Proposer's organization to perform the services.
- c. Compliance and Qualifications Checklist: All respondents must complete the compliance checklist and attach page directly following the cover letter (Appendix K).
  - 3.1.1 Include under this tab the following signed forms (An original form and signature is required. **These forms must not be modified in any manner.**).

i. Contractor's Statement of Qualifications (Appendix A)

ii. Acknowledgement of Business Type (Appendix B)

iii. Statement of Affirmation and Intent (Appendix C)	iv. Mutual Non-Disclosure Agreement (Appendix D)
v. Addenda Form / Dispute Resolution Clause (Appendix E)	vi. Drug Free Workplace Certification (Appendix G)
vii. Fair Labor Act / Public Crimes / Federal Debarment Certifications (Appendix F)	viii. Public Records Act/Chapter 119 Requirements (Appendix H)
ix. Insurance Certificate (See Section 6.18)	x. Compliance Worksheet (Appendix J)
xi. Anti-Lobbying Certification (Appendix I)	xii. Compliance Checklist (Appendix K)

3.1.2 Type of Business (Refer to Appendix B): The Proposer shall identify the type of business entity involved (e.g.; sole proprietorship, partnership, corporation, joint venture, etc.) The Proposer shall identify whether the business entity is incorporated in Florida, another state, or a foreign country. Indicate years in business; changes in ownership; bank reference; and other information to verify financial responsibility.

- a. If the Proposer is a corporation, provide a copy of the certification from the Florida Secretary of State verifying Proposer's corporate status and good standing, and in the case of out-of-state corporation, evidence of authority to do business in Florida.
- b. Provide the Federal Employer Identification Number of the Proposer. In the case of a sole proprietorship or partnership, provide the Social Security numbers for all owners/partners.
- c. License Sanctions: List any regulatory or license agency sanctions. The Board may perform a background check on Proposer with all state and regulatory agencies.

3.1.3 Drug-Free Workplace: If applicable, provide a statement concerning the Proposer's status as a Drug-Free Work Place. (Reference Appendix G) Responses received which are equal with respect to price, quality, and service and that have provided proper certification that a business has implemented a drug-free workplace program, shall be given preference in the award process.

3.1.4 Conflict of Interest Statement: See "Statement of Affirmation and Intent" (Refer to Appendix C and Section 5.1.1) included in this package

3.1.5 In order to be considered for award, Proposer must demonstrate financial stability to FLVS. Proposer must provide at a minimum a Statement from a Certified Public Accountant certifying the firm's financial stability including information as to current or prior bankruptcy proceedings. All respondents must satisfy a rating of no less than "A-" in accordance with AM Best ratings.

- 3.1.6 FLVS as its sole discretion may request at any time during the evaluation or contracting process a Dun & Bradstreet (D&B) Supplier Evaluation Report (SER) and / or Certified Financial Statements (Copy of audited financial statement for each of the last three years, by an independent certified public accounting firm or Federal Tax Return for previous years).

All costs associated with this report shall be borne by Proposer.

3.2 Tab 2 Qualifications and Experience, and Team Members: Summarize the qualifications of the Proposer. Provide the credentials of the individual(s) from your company that will administer the day-to-day operations of FLVS contract.

3.2.1 Background - Provide a profile of your organization:

- a. Describe your organizational structure including ownership interests, present status and projected direction of the business.
- b. Where are your corporate offices located?
- c. Do you have any offices in Central Florida, Orlando, and any contiguous county to Orange County?
- d. List the number of years your company has been in operation.
- e. Describe your support and quality assurance resources.
- f. Company website
- g. Number of Clients in Florida within the Public Sector

3.2.2 Organization Experience – Provide a brief history of your organization. Describe your company's experience with the services specified of similar size and scope. Provide details/examples as well as quantifiable results and objectives achieved as a partner with specific clients (3 client case studies).

- a. Describe what strategic advantages your organization brings to the relationship of our organization?
  - i. Skills
  - ii. Strengths

3.2.3 Experience of Personnel - Describe how your company is organized and staffed to support the required services in the scope of work.

- a. Identify by name all key personnel assigned to the account.
- b. Provide the location of the office that will manage the FLVS account.
- c. For each of these individuals, provide a resume that includes their educational background, job experience, a list of specific projects/clients they have supported and how long they have been with the company.
- d. Provide a current Organizational (Org) Chart detailing the chain of command and contact information for each individual

- 3.3 Tab 3 References - Provide three (3) written letters of reference (preferable educational or similar references). Proposers shall be required to sign the form in Section 10 giving FLVS authorization to contact and check previous performance on projects.

Include name of customer, address, contact name, telephone numbers, and email address. Include only references within the previous thirty-six (36) months. FLVS will contact these references during the evaluation process. Non-responsive references may reflect negatively on the contractor.

- 3.4 Tab 4 Ability to Meet Specified Requirements and Respondent Methodology:

3.4.1 Respondent Methodology – The respondent's approach and methodology of how services herein addressed will be provided. This section shall summarize all key features of the proposal, including the identification of any affiliated individuals or firms that respondent proposes to assist in this engagement. A list of any deviations and exceptions from the requirements contained in the RFP shall be identified under this section, with the exception of the Disability Deviation Summary documents which are included in Attachment 5, and Attachment 6.

- a. Describe plan for performing the work specified. For each of the required services identified in the scope of services, describe how your firm will accomplish each activity. Include practices, methods, and processes that determine how best to plan, develop, control and deliver the work specified until successful completion.
- b. Discuss overall communications methodology for communicating to key target audiences/stakeholder groups such as project team members, users, and external (resident and contractor) community.
- c. Define the expectations that you have of your clients.
- d. Describe any additional value-added services that contractor is proposing.
- e. Provide a complete description of reports that will be provided along with samples.

- 3.5 Tab 5 Disability Questionnaire and Deviation Summary

3.5.1 Respondent are required to complete the Disability Questionnaire – Section 8.5 and the Disability Deviation Forms Attachment 5 and Attachment 6 as provided in their entirety. The completed form shall be included within the response.

3.5.2 Provide a complete description of reports that will be provided along with samples. Include as a minimum the following reports: monthly and quarterly activity reports. Provide samples of all reports required in the scope of work in section 83.6 Tab 6 Cost Proposal

Proposers shall submit their cost according to the format provided in Section 9- Price Proposal and Attachment 20. Completion of the Price Proposal form is required. Alternative pricing may be offered in addition (not as a replacement) to the pricing structure requested. Do not cite price anywhere else in the submission.

3.5.1 The District reserves the right to contact Proposers on price and scope clarification at any time throughout the selection process and negotiation process.

3.5.2 All work will be performed remotely at Respondent appointed facilities. The Respondent is responsible for providing appropriate work environment including high-speed internet connectivity to appointed staff for the duration of this project. There will be no travel included in this project.

3.6.3 The cost response shall have the following distinct components:

- a. The completed cost proposal form referenced in Section 9 (see Attachment 20) including monthly rates, monthly premiums, annual premiums, percent changes, 10% commission, and rate guarantees. Respondent may provide any additional noted details in the space provided.

3.7 Tab 7 Acceptance of Invoice Payments via FLVS Visa Purchasing Card

State whether or not the Proposer will accept 100% payments via the FLVS Visa Purchasing Card. No additional charges, fees or price increases may be assessed by the contractor for the use of Procurement/Charge/Bank cards during the life of any award resulting from this contract, and any applicable extensions.

Respondent shall accept payments via PCard without processing Fee Yes: ☐ No: ☐

#### 4. SUBMISSION REQUIREMENTS

##### **Notice to Proposers:**

You are cautioned to write all descriptions and prices in a legible manner so that there will be no doubt as to the intent and scope of your response. No oral, telegraphic (facsimile/scanned), telephone responses or modifications to responses, will be accepted. See cover for instructions.

Responses will not be accepted or considered after the specified time and date listed on page 1.

**Each Response envelope/box shall be sealed and identified as specified below:**

**FILL OUT THE LABEL BELOW AND ATTACH IT TO YOUR RFP REPLY PACKAGE(S).**

*Cut out label and tape to outer sealed envelope(s) or package(s).*

<b>DO NOT OPEN - SEALED RESPONSE - DO NOT OPEN</b>	
<b>RFP NO.:</b> RFP01-1901625B01-LIFDIS-XXXXXX	<b>RFP Title:</b> Life & Disability Insurance
<b>TO BE OPENED:</b> 2:00 PM EST, January 8, 2019	
<b><u>LATE RESPONSE WILL NOT BE ACCEPTED</u></b>	
<b><u>FROM</u></b>	
Name of Firm:	
Contact Name:	Email Address:
Telephone No.:	Fax No.:
<b>Deliver To:</b>	<b>Florida Virtual School Procurement Services Attn: Karen Stolarenko, Senior Buyer 2145 Metrocenter Boulevard, Suite 100 Orlando, FL 32835</b>

4.1 Non Submittal Response Form - If your company is not submitting a response to this solicitation, complete and email this form prior to the due date established in the RFP document. If you are submitting this form, then only this form needs to be returned, do not return the entire RFP package. This information will assist Procurement Services in the preparation of future solicitations.

**RFP NO.: RFP01-1901625B01-LIFDIS-XXXXXX**

**RFP NAME: Life & Disability Insurance**

**Attention: Karen Stolarenko**

**Email: kstolarenko@flvs.net**

**Company Name:** \_\_\_\_\_

**Contact Person Name & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Check reason for a “no bid.”**

Specifications “too tight”, geared toward one brand or manufacturer (explain below)

\_\_\_\_\_

Insufficient time to respond.

\_\_\_\_\_

Specifications unclear (explain below)

\_\_\_\_\_

We do not offer this product/service or an equivalent.

\_\_\_\_\_

Our schedule does not permit us to perform

\_\_\_\_\_

Unable to meet specifications

\_\_\_\_\_

Unable to meet bond requirements

\_\_\_\_\_

Unable to hold prices firm throughout the term of the contract period

\_\_\_\_\_

Unable to meet insurance requirements

\_\_\_\_\_

Other, explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 5 INSTRUCTIONS TO PROPOSER

- 5.1 **Upon the issuance of this RFP, all contact with FLVS must be made through the procurement representative named on the first page.** The Proposer must limit communication with the designated contact to the means specified in this document. Other employees and representatives of FLVS and the participating agencies are instructed not to answer questions regarding the RFP or otherwise discuss the contents of the RFP with the Proposer or its representatives. Any contacts made with other employees and representatives of FLVS will be reported and forwarded to Procurement. Proposer shall not, under the penalty of law, offer any gratuities, favors or anything of monetary value to any officer or employee of FLVS in connection with this competitive procurement.
- 5.2 Proposer to this Response or persons acting on their behalf are specifically requested not to contact Board of Trustees, members, staff, or Committee Members during the course of the Response and Selection process. All procedural matters shall be directed to Procurement/Contract Specialist. Evaluation Committee members or other School employees shall not be contacted or approached by representatives of any potential Proposer to this RFP. Contact or communication initiated by any responding firm may result in rejection of the Response.
- 5.3 Upon award recommendation or thirty (30) days after opening, whichever is earlier, any material submitted in response to this RFP will become a public record and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Records Law). Proposers must claim the applicable exemptions to disclosure provided by law, in their response to the RFP, by identifying materials to be protected and must state the reasons why such exclusion from public disclosure is necessary and legal. FLVS reserves the right to make any final determination of the applicability of the Public Records Law.

### 5.3.1 Redacted Submissions

If Proposer considers any portion of the documents, data or records submitted in response to this solicitation to be confidential, proprietary, trade secret or otherwise not subject to disclosure pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, Proposer shall mark the document as "Confidential" and simultaneously provide a separate redacted copy of its response and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the solicitation name, number, and the Proposer's name on the cover, and shall be clearly titled "Redacted Copy." The Redacted Copy should only redact those portions of material that the Proposer claims is confidential, proprietary, trade secret or otherwise not subject to disclosure.

In the event of a request for public records pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, to which documents that are marked as confidential are responsive, FLVS shall provide the Redacted Copy to the requestor. If a requestor asserts a right to the Confidential Information, the Department shall notify the Proposer such an assertion has been made. It is the Proposer's responsibility to assert that the information in question is exempt from disclosure under Chapter 119, Florida Statutes, or other applicable law. If FLVS becomes subject to a demand for discovery or disclosure of the Confidential Information of the Proposer in a legal proceeding, FLVS shall give the Proposer prompt notice of the demand prior to releasing the information (unless otherwise prohibited by applicable law). The Proposer shall be responsible for defending its

determination that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure.

By submitting a bid, the Proposer agrees to protect, defend, and indemnify FLVS for any and all claims arising from or relating to the Proposer's determination that the redacted portions of its reply are confidential, proprietary, trade secret, or otherwise not subject to disclosure. If Proposer fails to submit a redacted copy of information it claims is confidential, FLVS is authorized to produce the entire documents, data, or records submitted in answer to a public records request for these records.

- 5.4 Posting Of Tabulations/Recommendation. RFP tabulations with recommended awards will be posted for review by interested parties. Visit <http://www.demandstar.com> or <https://www.flvs.net/about/procurement-opportunities/solicitations-open> for bid/response links and in the Procurement Services Department, at 2145 Metrocenter Boulevard, Suite 100, Orlando, FL 32835. Results will remain posted for a period of 72 hours. Failure to file a Notice of Intent to Protest within the time prescribed in Section 120.57(3) b, Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes. If the tabulation with the recommendation of award is not posted by said date and time, Procurement Services will endeavor to post a "Notice of Delay of Posting" to inform all Proposer of the delay and anticipated posting date and time.
- 5.5 Bid Protests: Any person who believes they are adversely affected by any specification in this Bid or RFP or any decision or intended decision concerning this Bid or RFP and who wishes to protest such specification, decision, or intended decision shall file a Notice of Intent to Protest in accordance with section 120.57(3), Florida Statutes. A formal written protest must be accompanied by a bond payable to FLVS in an amount equal to one percent (1%) of the total value of the proposed contract. Security shall be in the form of a bond, a cashier's check, or money order. Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security within the time frame set forth in section 287.042(2)(c), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.
- 5.6 Any Proposer in doubt as to the true meaning of any part of this RFP or related documents may submit a written request for clarification to the Buyer (see cover sheet) no later than the date and time specified on the cover. Any interpretation to a Proposer shall be made only by amendment duly issued. All Amendments will be posted and disseminated on the following web-sites:
- Demandstar (<http://www.demandstar.com>)
  - Florida Virtual School Procurement Opportunities  
<https://flvs.net/about/procurement-opportunities/solicitations-open>
- 5.6.1 Prior to submitting the response, it shall be the sole responsibility of each Proposer to determine if addenda were issued and, if so, to download such addenda from Demandstar or FLVS.net for attachment to the response (**Appendix E**).

**NOTE:** If you download a copy of this response from Demandstar you will be notified by Demandstar (as you listed, email or fax) of postings during the life of

this solicitation. **You will not be notified if your downloaded a copy of this response from FLVS.net.**

- 5.6.2 All questions must be in writing and emailed to the Buyer (see cover sheet).
- 5.7 Any corrections or amendments will be posted as addenda issued no later than five (5) days prior to the response due date. Proposers should not rely on any statements other than those made in this RFP or written response to questions and/or addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail.
- 5.8 All responses must be prepared and submitted in accordance with the instructions provided in this RFP. Each response received will be reviewed to determine if the response is responsive to the submission requirements outlined in the RFP. A responsive response is one that follows the requirements of the RFP, includes all documentation, supporting exhibits, is of timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may deem your response non-responsive.
- 5.9 FLVS will receive sealed responses until the date and time indicated on this response cover page. Responses must be delivered to the Procurement Services Office at the stated address and will be recorded at the stated date/time. Responses must be delivered in sealed envelopes, clearly marked on the outside as to response name, response number, and opening date. **Responses received in unidentifiable envelopes are sent at the Proposer's risk. Responses received after the date/time indicated on the response cover will be date/time stamped received and returned to the Proposer unopened.** It will be the Proposer's responsibility to get the response to the correct location and on time. Note that the official clock, for the purpose of receiving responses, is located in the Procurement Services Division.
- 5.10 Purchase Order: The award of the response shall not constitute an order. Before any shipments are made or services rendered, Proposer must receive a purchase order. Shipments shall be made as specified on the purchase order, conforming to the response form, specifications, and general instructions.
- 5.11 Conflict of Interest
- 5.11.1 No contract for goods or services shall be made with any business organization other than governmental agencies in which any of the following apply:
- a) The CEO/President or a member of the Board of Trustees has any financial interest whatsoever
  - b) A spouse or child of the CEO/President or a member of the Board of Trustees has an employment relationship or a material interest as defined by Section 112.312(15), Florida Statutes
  - c) An employee of the district has a material interest as defined by Section 112.312.(15), Florida Statute, unless the contract is based upon a competitive bid and the employee has not, directly or indirectly, participated in the development of bid specifications or in the recommendation for purchase or award

- 5.11.2 No employee or official of the Board of Trustees shall use bid prices or school prices or receive any other preferential treatment in the making of personal purchases. Neither shall any employee or official make purchases for personal use through the school or the school district. Nothing contained herein shall be deemed to prohibit an employee from participating in activity or purchasing program that is publicly offered to all employees of the district.
- 5.11.3 Any violation of any provision of this subsection by an employee of the district shall be grounds for disciplinary action that could include dismissal.
- 5.11.4 No employee shall be the approver or initiator of purchases from any business organization in which a family member is the point of contact, the person performing the work, or works for the business organization. In this situation, the employee is required to recuse themselves from participating directly or indirectly in the procurement process.

## 6 GENERAL TERMS AND CONDITIONS

- 6.1 FLVS may, at its sole and absolute discretion, reject any and all, or parts of any and all responses; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP, or in the responses received as a result of this RFP. FLVS also reserves the right to request clarification of information from any Proposer.
- 6.2 All expenses involved with the preparation and submission of responses to FLVS, or any work performed in connection therewith, shall be borne by the Proposer. No payment will be made for any responses received, any other effort required of or made, or expenses incurred by the Proposer.
- 6.3 FLVS may require the Proposer to give oral presentations in support of their response or to exhibit capabilities to support their response. Proposers will be notified of the date(s) and time(s) of any such oral presentations, if needed.
- 6.4 FLVS has implemented a Purchasing Card Program to streamline our procurement process.
  - 6.4.1 By making purchases with the Visa Purchasing Card, we can more effectively control our procurement activities and achieve a significant cost savings over our current paper purchasing/payment system. Our Awardees also achieve cost saving results by accepting our Purchasing Card.
  - 6.4.2 FLVS may, at their sole option, elect to make payment by use of a Purchasing/Bank/Charge card. No additional charges, fees or price increases may be assessed by the contractor for the use of Procurement/Charge/Bank cards during the life of any award resulting from this contract, and any applicable extensions.
- 6.5 This RFP and the related responses of the selected Proposer(s) will constitute the basis of the formal contract between the Proposer(s) and FLVS. No modification of this RFP, except by addendum issued by FLVS, shall be binding on FLVS.
- 6.6 It is understood and agreed between the parties hereto that FLVS shall be bound and obligated hereunder only to the extent that the funds shall have been appropriated and budgeted for the purpose of this RFP. In the event funds are not appropriated and budgeted in any fiscal year for payments due under this RFP, FLVS shall immediately notify Awardee(s) of such occurrence and this RFP shall terminate on the last day of the fiscal year for which an appropriation(s) was (were) received without penalty or expense to FLVS of any kind whatsoever.
- 6.7 The awards made pursuant to this RFP are subject to the provisions of Chapter 112, Florida Statutes. All Proposers must disclose, with their response, the name of any officer, director, or agent who is also an employee of FLVS. Further, all Proposers must disclose the name of any FLVS employee who owns directly, or indirectly, an interest of five percent (5%) or more in the Proposer or any of its branches/subsidiaries.
- 6.8 Purchasing Agreements with Other Government Agencies. All Bidders submitting a response to this Invitation to Bid agree that such response also constitutes a bid to all political subdivisions under the same conditions, for the same prices and the same effective period as this bid, should the Bidder feel it is in their best interest to do so.

This agreement in no way restricts or interferes with the right of any political subdivision to rebid any or all items.

- 6.9 Proposers, their agents, and/or associates are subject to the provisions of the Florida Sunshine Law, Florida Statute 286.011.
- 6.10 There shall be no discrimination permitted by any party under this engagement as to race, sex, color, creed, national origin, or handicap.
- 6.11 The Procurement Director may terminate this solicitation in whole or in part when it is in the best interest of FLVS. Notification of termination must be in writing and issued by the Procurement Director or designee. This action will be publicly posted.
- 6.12 Should any Proposer fail to enter into a contract with FLVS, on the basis of the submitted response by said Proposer, the Proposer acknowledges that Proposer shall be liable to FLVS for any lost revenue.
- 6.13 Venue for any and all legal action regarding or arising out of the transactions covered herein shall be solely in Florida Court in and for Orange County, State of Florida. The laws of the State of Florida shall govern this transaction.
- 6.14 Attached as Appendix L, is the most current version of FLVS' standard contract. By submitting a response to this RFP, submitters acknowledge and agree that they have reviewed this standard form and have no objection to it. Further, if selected by FLVS, Submitters acknowledge and agree that they will execute this standard form contract, subject to FLVS' right to make revisions and modifications thereto prior to execution, where FLVS has determined, in its sole discretion that such revisions or modifications are in FLVS' best interest.
- 6.15 This contract or agreement is personal to the parties herein and may not be assigned, in whole or in part, by the Proposer without prior written consent of the School. The Proposer herein shall not assign payments under this contract or agreement without the prior written consent of the School.
- 6.16 With the consent and agreement of the Awardee(s), purchases may be made under this response by other school boards and governmental agencies. Services are to be furnished in accordance with the Contract of said product(s) and/or service(s) resulting from this Response. Such purchases shall be governed by the same terms and conditions as stated herein. It is hereby made a part of this RFP that the submission of any response, in response to this advertised request, shall constitute a response made under the same conditions, for the same contract price, and for the same effective period as this response to all public entities if they so request.
- 6.17 All accounting and invoicing correspondence must reference FLVS purchase order number. Invoicing for rental equipment or "tools of trade" will not be allowed. Rental equipment for special circumstances must be pre-approved by FLVS. Invoices and requests for payment must be accompanied by detailed cost sheets for each project denoting equipment, labor, disposal fees, etc. These items must be received by FLVS consultant/representative at least ten (10) working days before the deadline for submission of Awardee's request for payment dates.

- 6.18 Insurance Requirements: Awardee(s) shall obtain and maintain in full force prior to performance and effect throughout the initial Term and any Renewal Term no less than 5 years past the completion of the project with a reputable insurance carrier qualified to do business in the state or states in which the Premises are located and having a rating of not less than "A" from A.M. Best & Company.
- 6.18.1 All policies of insurance shall be written on a per occurrence basis. All such insurance policies shall, to the extent permitted under applicable law, provide that (a) the policies shall not be cancelled nor shall any material change be made therein without at least ten (10) days prior written notice to Florida Virtual School (FLVS) and (b) FLVS is to be named as an additional insured party with respect to Proposer activities.
- 6.18.2 General Liability Insurance of not less than One Million (\$1,000,000.00) per occurrence and Two Million (\$2,000,000.00) General Aggregate for bodily injury, property damage liability, personal injury, advertising liability, and shall include errors and omissions coverage. The General Liability policy should be on CGL 0001 (12/04) or equivalent form. Insurance shall be primary and non-contributory to any other insurance of the certificate holder and shall name the certificate holder, owners and any other required by written contract or an agreement as additional insured.
- 6.18.2.1 Policy should be endorsed with a "per project aggregate". All coverage's should include contingent liability and contingent property damage liability. If coverage is written on a Claims made basis the retroactive and continuity dates should be at least the first day services begin with FLVS. Policy should include an endorsement waiving all rights to subrogate against FLVS.
- 6.18.2.2 The above policies for General Liability insurance must be so written as to include Contingent Liability and Contingent Property Damage Insurance to protect the contract against claims arising from the operation of subcontractors.
- 6.18.3 Worker's Compensation Insurance: The Awardee(s) shall maintain during the life of this Contract, Worker's Compensation Insurance in accordance with Florida Statute 440. Contractors shall require all subcontractors to maintain such insurance during the life of this Contract Employer's Liability Insurance: The Contractor shall maintain, Employer's Liability Insurance shall be in the amounts not less than Five Hundred Thousand Dollars (\$500,000.00) each accident for bodily injury by accident, Five Hundred Thousand Dollars (\$500,000.00) each employee for bodily injury by disease, and Five Hundred Thousand Dollars (\$500,000.00) policy limit for bodily injury by disease.
- 6.18.4 Automobile Liability Insurance: Automobile Liability Insurance shall be maintained, by Contractor as to ownership, maintenance, and use, including loading and unloading, of all owned, non-owned, leased or hired vehicles with limits of not less than One Million Dollars (\$1,000,000.00) combined single limit each accident for bodily injury & property damage liability.

- 6.18.5 Professional Liability and Cyber Liability including: Technology Errors and Omissions, Telecommunications Errors and Omission, or Multimedia Professional Liability whichever is applicable not less than One Million Dollars (\$1,000,000.00), and Network Security Liability, Privacy Liability, Crisis Management, Cyber Extortion, and Media Liability not less than One Million Dollars (\$1,000,000.00).
- 6.19 Compliance with the Law: It shall be the responsibility of the Awardee(s) to be knowledgeable of all federal, state, county and local laws, ordinances, rules and regulations that in any manner affect the items covered herein which may apply. Lack of knowledge by the Awardee(s) will in no way be a cause for relief from responsibility. Awardee(s) doing business with the School are prohibited from discriminating against any employee, applicant, or client because of race, creed, color, national origin, sex or age with regard to but not limited to the following: employment practices, rates of pay or other compensation methods, and training selection.
- 6.20 After notification of award, the Awardee(s) shall indemnify and hold harmless FLVS as specified in Florida Statutes Section 725.06. Nothing in the award, resulting agreement, contract, or purchase order shall be deemed to affect the rights, privileges and immunities of FLVS as set forth in Florida Statutes.
- 6.20.1 Successful Proposer shall, in addition to any other obligation to indemnify Florida Virtual School and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the School, their agents, officers, elected officials and employees from and against all claims, actions, liabilities, losses (including economic losses), costs arising out of any actual or alleged;
- 6.20.1.1 Bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting there from, or any other damage or loss arising out of, or claimed to have resulted in whole or in part from any actual or alleged act or omission of the contractor, subcontractor, anyone directly or indirectly employed by any of them, of anyone for whose acts any of them may be liable in the performance of the work; or
- 6.20.1.2 Violation of law, statute, ordinance, governmental administration order, rule or regulation by contractor in the performance of the work; or Liens, claims or actions made by the contractor or any subcontractor or other party performing the work.
- 6.20.1.3 The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor of any subcontractor under workers' compensation acts; disability benefit acts, other employee benefit acts or any statutory bar.
- 6.20.1.4 Any costs or expenses, including attorney's fees, incurred by Florida Virtual School to enforce this agreement shall be borne by the Contractor and venue shall be in Orange County.
- 6.21 Patents and Royalties. The Proposer, without exception shall indemnify and hold harmless the School and its employees from liability of any nature or kind including cost and



expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of the contract, including its use by Florida Virtual School. If the Proposer uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the proposed prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work. In addition, FLVS shall maintain all rights to the written documentation, electronic media and other materials provided by the Contractor in response to this Response.

- 6.22 All information submitted in response to this request shall be submitted in compliance with Florida Statutes Chapter 119.07 Public Records and 812-081 Trade Secrets. All information submitted as "Trade Secret" shall be submitted in a separate envelope and so labeled. If challenged, the Proposer who submits the "Trade Secret" information shall bear all costs associated with defending their position.

6.23 Financial Terms and Conditions.

6.23.1 Payment: Contractor will provide all Services, as defined in the RFP. All travel and related expenses are included. Payment shall be made in arrears as follows: on a monthly basis.

6.23.2 Conditions to Payment: Payment to Contractor of the amounts due shall be conditioned strictly upon satisfaction of the conditions for such payment set forth in the Pricing Schedule under the Contract and specifically upon the successful and timely completion of the services. FLVS reserves the right to determine the acceptance process which may include the approval and release of funds.

6.23.3 Scope of Work (SOW): In the event that FLVS shall issue a SOW (Scope of Work) for Services, under this Contract, District shall pay to contractor an amount determined by the hourly rates under the Pricing Schedule, not to exceed the maximum cumulative amount for a Scope of Work under this Contract. Invoices for each SOW shall itemize the time and materials expended on the particular SOW.

6.23.4 Payment Terms Our Payment Clause

- a. FLVS will remit full payment on all undisputed invoices within forty- five (45) days from receipt by the appropriate person(s) (to be designated at time of contract) of the invoice(s) or receipt of all products or services ordered.
- b. By submitting a Proposal to the FLVS, the Contractor expressly agrees that if awarded a contract, FLVS may withhold from any payment, monies owed by the Contractor to FLVS for any legal obligation between the Contractor and FLVS.

6.23.5 Form of Invoicing: Invoices shall itemize services, dates, and deliverables consistent with the terms of the Contract.

6.23.6 Intentionally Omitted

6.23.7 State on the Response Price Sheet the Terms and Conditions you will accept for a payment discount. (i.e.: 2% net 45 days, upon receipt of invoice). FLVS shall pay

to Provider the fees for services as per State Statute Net 45 days of receipt of approved invoice. The School shall not pay Federal Excise and State taxes on direct purchases of tangible personal property. This exemption does not apply to purchases of tangible personal property made by contractors who use the tangible personal property in the performance of contracts for the improvement of School Board-owned real property as defined in Chapter 192 of the Florida Statutes. The tax exemption number is 85-8013320819C-8.

6.24 FLVS will monitor and enforce compliance by all Awardees and sub-contractors that provide services and/or products to FLVS.

6.24.1 It is the intent of FLVS that all Awardees and sub-contractors supplying services and/or products shall at no time cause unsafe conditions or acts that could have any impact on the safety and health of students, employees, or visitors to FLVS operations. The Awardee(s) may be required to supply a written copy of their Safety Program/Manual for review after contract award. Periodic review of the Awardee's safety manual and operations may be conducted. All Awardees and their employees, including sub-contractors, performing work under the terms of this contract will follow the best safe working practices at all times, as well as comply with all Federal, State, Local, and FLVS safety policies and procedures. This includes the operation of vehicles and equipment on FLVS owned property. Any accidents, injuries, or incidents occurring on FLVS property shall be immediately reported to FLVS Facilities Office.

6.24.2 In compliance with Chapter 442, Florida Statutes, any item delivered or used when providing services under this contract must have a published Material Safety Data Sheet (MSDS). Each MSDS must be in English (Spanish may be required by FLVS) and include information regarding the specific chemical identity of the hazardous chemical(s) involved and the common names. Information must be provided on the physical and chemical characteristics of the hazardous chemical; known acute and chronic health effects and related health information; exposure limits; whether the chemical is considered to be a carcinogen by NTP, IARC or OSHA; emergency first aid procedures; and the identification of the organization responsible for preparing the MSDS.

6.25 Federal Provisions [THESE PROVISIONS MAY NOT BE APPLICABLE TO THIS CONTRACT BUT FLVS IS REQUIRED BY THE UNIFORMED GRANT GUIDANCE TO HAVE THIS IN ALL CONTRACTS UTILIZING FEDERAL FUNDS]

6.25.1 Contracts for more than the simplified acquisition threshold currently set at \$150,000, which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

6.25.2 All Contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be affected and the basis for settlement.

- 6.25.3 Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of “funding agreement” under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.
- 6.25.4 Environmental Protection. Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and sub grants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the regional office of the Environmental Protection Agency (EPA).
- 6.25.5 Debarment and Suspension Certification. Debarment and Suspension (Executive Orders 12549 and 12689) - A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
- 6.25.6 Lobbying Certification Contract must adhere to: Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

## 7. SPECIAL PROVISIONS

- 7.1 Renewals: It is understood and agreed that this contract may be renewed under the same terms, conditions, and specifications governing the original contract, and any request for a change in the contract conditions shall be interpreted as a request not to renew the contract at the end of the current contract period.
- 7.2 FLVS, at its sole discretion, may exercise options to extend the contract for the number of renewals referenced in Section 1.2.a, based upon funding availability and by mutual written consent of both parties. Respondent understands that any rate increases must be requested in writing with supporting documentation, approved by FLVS, and shall not exceed the average CPI for All Urban Consumers U.S. City Average for the renewal periods.

### 7.2.1 Price Increase

After the initial three-year period, FLVS may consider a price increase if the following conditions occur:

- a. There is a verifiable cost increase to the awarded contractor
  - b. The awarded contractor submits to FLVS, in writing, notification of price increases with all supporting documentation.
  - c. The price increase shall be based on a reasonable percentage increase in product cost (not to exceed 5%) acceptable to FLVS.
  - d. The awarded contractor shall submit the above-mentioned information to FLVS not less than 150 days prior to the effective date of the price increase. When the awarded contractor complies with all of the above-mentioned conditions, FLVS shall reserve the sole right to determine if it is in the best interest of FLVS to adjust the pricing of the product proposal, in conjunction with the awarded contractor's effective date of price increase.
- 7.3 Contract Termination: FLVS shall have the right at any and all times to terminate this agreement, with or without cause, upon written notice of such termination provided not less than ninety (90) days prior to the date that such termination is to be effective, or with such lesser notice as FLVS may deem appropriate under the circumstances. Such right to terminate this contract without cause is hereby reserved by and to FLVS. In the event FLVS shall elect to terminate this contract without cause, FLVS shall compensate the Proposer for all work and services provided or supplied prior to the date of termination. In the event that an advance notice of termination is given, the Awardee(s) agree to abide and perform all covenants and provisions of this contract until the date of the termination specified in the written notice of termination. The Awardee(s) shall have no further rights, and FLVS shall have no further obligation to the Awardee(s), subsequent to the date of termination of this contract as specified in the written notice.
- 7.4 Minimum Qualifications/Experience: The Awardee(s) shall maintain a current business license. The Awardee(s) shall keep current all licenses and permits, whether Municipal, County, State, or Federal, required for the performance of its obligations and functions, hereunder, and shall pay promptly when due all such fees. Awardee(s) shall provide documentation of applicable license, certification, and/or commercial experience involving the services described herein. FLVS reserves the right to request documentation at any time during the contract period.

7.4.1 Proposer(s) shall include a copy of all-applicable licensing with their response.

7.4.2 Inspection of Proposer's Facilities: FLVS reserves the right to inspect the Proposer's facilities and vehicles prior to awarding this contract. 7.4.3. It shall be the sole responsibility of the Awardee(s) performing services for this contract to safeguard their own materials, tools, and equipment. FLVS shall not assume any responsibility for vandalism and/or theft of materials, tools, and/or equipment.

7.5 Awardee(s) Personnel: Awardee's staff members are to present a professional appearance. Personnel shall be neat, clean, well groomed, properly uniformed, and conduct themselves in a respectable and courteous manner while performing duties and while at any FLVS facility.

7.5.1 Qualifications of new people working under this contract will be submitted to FLVS, in writing, for approval prior to them conducting any service under this contract. Submit a list of all employees who will be working under the current contract, any intention for additional personnel, and back-up personnel for each function.

7.5.2 Effective September 1, 2005, as per Section 1012.465 of the Florida State Statutes all Florida education agencies and Contractual personnel must be in compliance with the Jessica Lunsford Act. Awardees meeting any of the criteria including those permitted access on school grounds when students are present, or those who have direct contact with students, or those who have access to or control of school funds are required to be Level II fingerprinted and screened by our Human Resources Department. This consists of a FDLE/FBI criminal record and fingerprint search. Contractor shall assign no person to perform work hereunder who has any form of criminal record without the prior written authorization of FLVS.

The term "contractor" means any contractor, individual, or entity under contract with a school or with the school board who receives remuneration for services performed for FLVS or a school, but who is not otherwise considered an employee of the FLVS. The term also includes any employee of a contractor who performs services for the school district or school under the contract and any subcontractor and its employees.

The Technical Assistance paper for the Jessica Lunsford Act can be accessed at <http://info.fldoe.org/docushare/dsweb/Get/Document-3151/k12%2005-107a>.

7.6 Public Entity Crimes. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendors list.

- 7.6.1 The Awardee(s) certifies by submission of this RFP, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 7.7 Communications: Awardee(s) must provide a means to receive direct communications from FLVS. A copy of all written communication concerning contract discrepancies, issues, or concerns from FLVS and the Awardee(s) shall be forwarded to the Procurement/Contract Specialist upon issuance.
- 7.8 Contract Administration: FLVS will periodically inspect work to assure that the requirements of this contract are being met. Should it be found that the requirements specified herein are not being satisfactorily maintained, the Awardee(s) shall be contacted and any discrepancies, inconsistencies, or items not meeting the specifications contained herein, are to be corrected immediately at no additional cost to FLVS. A second discrepancy notice shall serve as notification that any future discrepancies, inconsistencies, or items not meeting specifications contained herein, will result in termination of the Awardee's right to proceed further with this work. In such event, the Awardee(s) will be paid only for materials used. The Awardee(s) and their sureties may be liable to FLVS for any additional cost incurred by FLVS to complete the job. At this point, the Awardee(s) shall be considered in default and the contract subject to termination. Performance ratings may be considered during award of future contracts by FLVS.
- 7.8.1 Failure of the Awardee(s) to comply with any of the provisions of this contract shall be considered a material breach of contract and shall be cause for immediate termination of the contract, at the discretion of FLVS.
- 7.8.2 FLVS reserves the right to terminate this contract, in whole or in part, should the need for the services cease to exist.
- 7.8.3 Awardee(s) shall be subject to periodic performance evaluations by FLVS personnel. Continued unsatisfactory ratings shall be cause to find the Awardee(s) in default of the contract.
- 7.8.4 Upon cancellation of any ensuing agreement, FLVS reserves the right to award the contract to the responsible Proposer(s) offering the next highest rated response to FLVS for the unexpired term of the canceled contract, or for a full year period, whichever is deemed to be in FLVS's best interest.
- 7.9 FLVS Facility Security: All personnel must coordinate with the facility's front office or security personnel. Awardee's employees must be properly identified and must sign in and sign out when working or making deliveries during operational hours. All personnel must remain in the assigned work area.
- 7.10 Marketing Agreement/Use of Product: Trademark License: Neither party shall without the other party's written consent and approval: (i) permit usage of corporate logos, names and trademarks in marketing materials, provided such usage shall be subject to a limited license and shall be in conformance with such party's logo usage and trademark guidelines; (ii) at its own expense and in its sole discretion, furnish to the other party reasonable quantities of marketing collateral and other sales promotion materials upon request; (iii) list the other party as an Partner on their website; and (iv) issue with the other

party a joint press release announcing formation of the referral relationship between the parties, provided, however, that neither party shall issue any press release regarding the other party without the other party's prior written consent.

- 7.11 Identical Qualifying Bids: In the event of identical qualifying bids, FLVS will execute the tie breaking procedure contained in its policies and procedures manual, section F11 purchasing.2A General Provisions Related to Competitive Solicitations.
- 7.12 Software Related Purchases: Licensor acknowledges that Licensee has a duty to maintain the privacy of student records, including without limitation education records as defined by the Family Educational Rights and Privacy Act (20 USC § 1232g; 34 CFR Part 99) ("FERPA"), and further acknowledges that as a contractor to whom Licensee has outsourced certain institutional services or functions: A. Confidential information about Licensee's students is contained in records provided to and maintained by Licensor, and Licensor will protect the privacy of all student education records to the fullest extent required of Licensee under FERPA; B. Licensor is performing an institutional service or function that has been outsourced by Licensee and for which Licensee would otherwise use its employees; C. Licensor is under the direct control of Licensee with respect to the use and maintenance of education records, as defined by FERPA; D. Licensor is subject to all FERPA requirements governing the use and re-disclosure of personally identifiable information from education records, including without limitation the requirements of 34 CFR § 99.33(a); E. Even in circumstances that might justify an exception under FERPA, Licensor may not disclose or re-disclose personally identifiable information unless Licensee has first authorized in writing such disclosure or re-disclosure; and F. Licensor will not use any personally identifiable information acquired from Licensee for any purpose other than performing the services or function that are the subject of this agreement.

## 8. SCOPE OF WORK

8.1 Florida Virtual School (FLVS) is soliciting proposals for the group term life insurance, Accidental Death & Dismemberment, and short and long term disability plans. FLVS currently offers their employees the following:

Employer paid

1. Group term life and accidental death and dismemberment
2. Short term disability
3. Long Term disability

Voluntary

1. Buy up short term disability
2. Life insurance

Proposer shall quote all plans for all employees and retirees and any plan proposed should be on a group contract basis. FLVS will not contract with independent third parties, independent agents or independent third parties acting as agent or broker. All Proposers must comply with all applicable Florida Statutes.

Deviations from suggested plans must be clearly identified in the Deviation Summary (Attachment 6), which reflects the current plan offerings. Proposer is requested to provide a plan that matches the plans outlined as closely as possible.

FLVS reserves the right to negotiate benefit levels and plan deviations each Plan Year for the duration of the contract including renewal periods.

Gallagher Benefit Services, Inc. will be providing consultant services to FLVS in relation to this RFP. Gallagher Benefit Services will assist FLVS in the review and evaluation of these proposals.

### 8.2 Attachments

Included within this RFP are the following attachments to assist with your response:

Attachment Number	Document Description	Type of Document
Attachment 1	Employee and Retiree Census	Informational
Attachment 2	Most recent invoice for Lines of coverage (Cigna self-bill)	Informational
Attachment 3	Claims experience for all lines of coverage FLVS 10/27	Informational
Attachment 4	FLVS Amendment for Renewal	Informational
Attachment 5	Short Term Disability Summary & Deviation Form	Must be completed and returned
Attachment 6	Long Term Disability Summary & Deviation Form	Must be completed and returned
Attachment 7	Basic & Voluntary Life Summary & Deviations Form	Must be completed and returned



Attachment 8	Basic Accidental Death & Dismemberment Summary & Deviations Form	Must be completed and returned
Attachment 9	Life Policy	Informational
Attachment 10	Life Class 1	Informational
Attachment 11	Life Class 2	Informational
Attachment 12	Life Class 3	Informational
Attachment 13	Accidental Death & Dismemberment Policy	Informational
Attachment 14	Accidental Death and Dismemberment Class 1	Informational
Attachment 15	Accidental Death and Dismemberment Experience	Informational
Attachment 16	Long Term Disability Policy	Informational
Attachment 17	Long Term Disability Cost of Change	Informational
Attachment 18	Short Term Disability Policy	Informational
Attachment 19	Short Term Disability Cost of Change	Informational
Attachment 20	Cost Proposal	Must be Completed and Returned

### 8.3 Minimum Requirements

All proposers must complete and submit, as part of their proposal, the Requirements Table as shown below. Providing a “Yes” response confirms that stated requirement shall be met and included in proposed pricing. If responding with “No” to any requirements, complete the Exceptions and Alternatives table (**Section 8.6**)

Req #	Description of Requirement	Shall Meet Requirement Yes or No	
1.	Proposal assumes a contract Effective Date of July 1, 2019		
2.	The Contract situs will be the State of Florida		
3.	Any change in rates following a rate guarantee period must be delivered to FLVS no later than November 1 for a change date of the following July 1		
4.	Your proposal shall not include minimum participation requirements		
5.	Variations in actual enrollment shall have no affect on rate quotation. Proposal shall be valid regardless of the final enrollment mix		
6.	Actively-at-work provisions shall be waived for all participants		
7.	Your proposal will accept all current participants at their current insurance elections without Evidence of Insurability requirements		
8.	Your proposal will accept all beneficiary designations on file		
9.	The annual enrollment is generally held in May of each year for changes to become effective July 1		
10.	FLVS shall review and approve all communication materials prior to distribution by the Successful Respondent		
11.	The Awardee can support assisting FLVS in establishing an interface with FLVS' systems which will allow for electronic transfer of data if requested		
12.	Provide a dedicated Account Manager who will have overall responsibility for managing the client relationship.		
13.	Response time to FLVS staff is one business day or less		
14.	Respondent shall notify FLVS of any changes in staffing of key team members		
15.	Provide customer service lines with a toll-free telephone number and a customer friendly website		
16.	Successful Respondent will follow FLVS enrollment processes for current participants, new hires, and changes.		
17.	Provide FLVS and participants with electronic Certificates of Coverage.		
18.	Key account team members shall be available during FLVS standard hours of operation Monday through Friday between 9:00AM and 5:00PM EST		

#### 8.4. Life Questionnaire

Respondents shall complete the following Questionnaire in its entirety to be included in their proposal response. Respondents may use additional sheets of paper if more space is needed to provide an appropriate response.

1. Does your proposal match the current Life coverage options? If not, detail any and all deviations. If no deviations are provided, then it is assumed to match benefits.  

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2. As an option for consideration, if you cannot match the current Life and AD&D coverage options, FLVS will consider proposals that provide Life and AD&D options that when integrated may closely mirror the current plan design options. Describe the following and detail any and all deviations. If no deviations are provided, then it is assumed to match benefits.
  - a. Life (Employee and Retiree)  

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  - b. Accidental Death and Dismemberment  

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3. Does your proposal match the current Group Term Life Insurance age reduction schedule for employees and retirees? If no, what is your proposed age reduction schedule?  

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4. Describe your Evidence of Insurability process (i.e. electronic/paper, time frames, simplified underwriting). Describe all processes that are the requirement of the member and the FLVS Risk Management staff.  

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5. Does your proposal include an accelerated death benefit for terminal illness? Describe.  

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6. What are your Life Insurance benefit exclusions and limitations?  

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7. Does your proposal match the current Employee Accidental Death & Dismemberment (AD&D) benefits? If not, detail any deviations. If no deviations are provided, then it is assumed to match benefits.  

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8. Describe what accidental losses are covered and the benefit amount for each.  

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9. Does your proposal include a repatriation benefit? Describe.

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10. Does your proposal include a seatbelt and airbag benefit? Describe.

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11. What accidental losses are excluded or limited under your plan?

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12. What other value-added features are included in your proposal for no additional cost?

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13. Does your proposal include a waiver of premium provision? If yes, describe and include details on the following:

a. Elimination period.

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b. Definition of disability.

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c. Duration.

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14. How does your company define disability for waiver of premium purposes?

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15. Does your proposal include a portability provision? Describe the portability contract and any impact to the policy holder should FLVS ultimately cancel the group contract.

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16. Does your proposal include a conversion provision? Describe.

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17. The current Certificate is provided; identify any other contractual differences.

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18. What enrollment forms and/or start up procedures will you require?

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19. What is the proposed claim office's current turnaround time (in business days) for life claims, from the receipt of properly completed claim forms to the mailing of the claim payment? For AD&D claims?

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20. Describe a claimant's settlement/payment options.

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21. If the insured does not name a beneficiary, how is the death benefit paid?

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22. Delineate all assumptions and/or qualifications used in developing your proposed premiums, including your retention.

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23. How will renewal rates be determined after the rate guarantee period? Explain your renewal formula and process including credibility, retention level, reserving and target loss ratio.

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24. Include a Specimen Policy for the coverages offered.

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25. Provide a list of all standard reports, including report function, data elements and distribution frequency.

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26. Will you guarantee that no plan participant will lose or gain coverage or benefits due to this change in administration? Will you guarantee that you will continue with coverage for all those currently covered? Will you waive any actively at work provisions? These are requirements of the proposal.

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27. Describe the administrative support you will provide FLVS.

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28. What charges, if any, do you assess on late premium payments?

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29. Are you willing to guarantee your rate for at least three (3) years with no deficit recoupment?

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30. Are any additional charges levied at policy cancellation? On the anniversary date? If so, please fully explain?

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31. Describe the reporting offered to FLVS, including frequency, type of details, and how content will be delivered. Include what reporting is available upon request and what will be provided proactively.

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## 8.5 Disability Questionnaire

1. Does your proposal match the current Disability coverage options? If not, detail any and all deviations. If no deviations are provided, then it is assumed to match benefits.

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2. As an option for consideration, if you cannot match the current Disability coverage options, FLVS will consider proposals that provide Short-Term and Long-Term Disability Insurance options that when integrated may closely mirror the current plan design options. Please describe the following and detail any and all deviations. If no deviations are provided, then it is assumed to match benefits.

a. Short Term Disability

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b. Long Term Disability

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3. Describe what prior insurance credit is given upon transfer of carriers.

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4. How does your company define disability? Partial Disability?

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5. Are any disabilities not covered? Explain.

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6. What is your definition of a pre-existing condition?

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7. Describe the benefit for a recurring disability?

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8. Are there any limitations for specified illnesses or injuries (i.e. mental health)? Describe.

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9. Does your proposal include a vocational rehabilitation and work assistance benefit? Describe.
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- 
10. Does your proposal include an education benefit? Describe.
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- 
- 
11. Does your proposal include a survivor benefit? Describe.
- 
- 
- 
12. Does your proposal include a waiver of premium provision? If yes, describe.
- 
- 
- 
13. If you are not also selected as the life carrier, what assistance can you provide to coordinate life waivers?
- 
- 
- 
14. Describe your Evidence of Insurability process (i.e. electronic/paper, time frames, simplified underwriting). Describe all processes that are the requirement of the member and the FLVS Risk Management staff.
- 
- 
- 
15. Does your policy include a conversion option? Portability option? Describe the portability contract and any impact to the policy holder should FLVS ultimately cancel the group contract.
- 
- 
- 
16. What sources of income will offset disability benefits? How often do you verify other sources of income?
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17. What are not deductible sources of income to offset disability benefits?
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- 
18. What are your claim turnaround standards?
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- 
19. Will you prepare the W-2, W2-Cs, 1099s and issue tax statements for disability payments? Please describe how you will administer the FICA portion for taxable benefits paid to claimants.
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20. Provide the grievance/appeals procedures for insured. Outline the steps and time frames of the process from initiation to final resolution.

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21. In the event of contract termination, what would be the status of:

a. Persons in receipt of claims payments?

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b. Persons in the process of satisfying the elimination period?

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c. Persons who may have incurred disabilities but have not yet reported them?

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22. Include a Specimen Policy for the coverages offered.

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23. Please propose performance guarantees for this account. Please consider areas such as claims payment accuracy and timelines, customer service and implementation. Please only propose account specific performance guarantees and not book of business guarantees.

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24. Will you guarantee that no plan participant will lose or gain coverage or benefits due to this change in administration? Will you guarantee that you will continue with coverage for all those currently covered? Will you waive any actively at work provisions? These are requirements of the proposal.

---

---

---

25. Describe the administrative support you will provide FLVS.

---

---

---

26. What charges, if any, do you assess on late premium payments?

---

---

---

27. Are you willing to guarantee your rate for at least three (3) years with no deficit recoupment?

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---

---

28. Are any additional charges levied at policy cancellation? On the anniversary date? If so, please fully explain?

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29. Describe the reporting offered to FLVS, including frequency, type of details, and how content will be delivered. Include what reporting is available upon request and what will be provided proactively.

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- 8.6 Exceptions to the RFP Note: FLVS reserves the right to reject proposals with exceptions to the requirements of this RFP and /or take the exceptions into consideration when evaluating.

No.	Summary of Exception	Exception to Paragraph or Requirement Number

8.7 **ALTERNATIVES TO THE SCOPE OF WORK**

No.	Summary of Alternative	Alternative to SOW Paragraph Number

## 9 PROPOSAL PRICE SHEET

Respondents shall complete the cost proposal form Attachment 20 as provided which must include:

- Monthly Rate
- Monthly Premium
- Annual Premium
- Percent (%) Change
- 10% commission
- Rate Guarantee
- Pricing shall be inclusive of all travel expenses
- Unit price will be used to determine the correct extended price if calculation error is found.
- Extended price should be computed as Estimated Total Hours multiplied by the Proposed Unit Price
- All quantities are estimated and could be higher or lower at the discretion of FLVS in accordance with the Statement of Work.
- FLVS reserves the right to make award(s) by individual item, group of items, all or none or a combination thereof; to reject any and/or all Bids or to waive any minor irregularity or technicality. Responders are cautioned to make no assumptions unless their proposal has been evaluated as being responsive. Cash discounts for prompt payment shall not be considered in determining the lowest net cost for bid evaluation purposes.

## 10. REFERENCES

I \_\_\_\_\_ being of \_\_\_\_\_

(Name/Title)

(Name of Company)

Hereby give Florida Virtual School authorization to check our company's previous performance.

Authorizing Signature \_\_\_\_\_

NOTE: All references shall be contacted via an online web form. If you wish to see a copy of the questions contact the procurement personnel listed on page one (1) of this document.

### REFERENCE 1.

COMPANY NAME:

COMPANY ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

FACSIMILE NUMBER:

EMAIL:

### REFERENCE 2.

COMPANY NAME:

COMPANY ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

FACSIMILE NUMBER:

EMAIL:

### REFERENCE 3.

COMPANY NAME:

COMPANY ADDRESS:

CONTACT PERSON:

PHONE NUMBER:

FACSIMILE NUMBER:

EMAIL:

# Appendix A

## Contractor's Statement of Qualification

Provide written responses to the following questions. If the answer to any of the questions is "Yes", Contractor shall describe fully the circumstances, reasons therefore, the current status, and ultimate disposition of each matter that is the subject of this inquiry.

1. Has Contractor been declared in default of any contract? ☐ Yes or ☐ No
2. Has Contractor forfeited any payment of performance bond issued by a surety company on any contract? ☐ Yes or ☐ No
3. Has an uncompleted contract been assigned by Contractor's surety company on any payment of performance bond issued to Contractor arising from its failure to fully discharge all contractual obligations thereunder? ☐ Yes or ☐ No
4. Within the past three (3) years, has Contractor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes? ☐ Yes or ☐ No
5. Is Contractor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability? ☐ Yes or ☐ No
6. Is Contractor currently involved in any state of a fact-finding, negotiations, or resistance to a merger, friendly acquisition, or hostile take-over, either as a target or as a pursuer? ☐ Yes or ☐ No
7. License Sanctions: List any regulatory or license agency sanctions. The Board may perform a background check on Proposer with all state and regulatory agencies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Provide the following financial information:

\$ _____	Earnings before Interest & Taxes
\$ _____	Total Assets
\$ _____	Net Sales
\$ _____	Market Value of Equity (Common & Preferred Stock)
\$ _____	Total Liabilities
\$ _____	Current Assets
\$ _____	Current Liabilities
\$ _____	Retained Earnings

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Company Name

Access the FLVS Vendor Application, Commodity Codes and W-9 form at:

<https://www.flvs.net/about/procurement-opportunities/vendor-application>

## Appendix B

### ACKNOWLEDGEMENT OF BUSINESS TYPE

This form must be signed in the presence of a Notary Public or other officer authorized to administer oaths and submitted with the bid on the specified due date and time. The undersigned Bidder certifies that this proposal package is submitted in accordance with the scope of services in its entirety and with full understanding of the conditions governing this proposal. The Bidder further declares that he/she has carefully examined the scope of services, instructions, terms and conditions of this Invitation to Bid and that Bidder's proposal is made according to the provisions of the bid and that he/she will meet or exceed the scope of services, requirements, and standards contained in the Invitation to Bid.

#### Business Address of Proposer:

Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

#### Signature of Proposer:

☐ If an Individual: \_\_\_\_\_  
Signature

doing business as \_\_\_\_\_

☐ If a Partnership: \_\_\_\_\_  
Name of Partnership

by: \_\_\_\_\_  
Partner Signature

☐ If a Corporation: \_\_\_\_\_  
Corporate Name

(a \_\_\_\_\_ Corporation) In what State is the Corporation Incorporated? \_\_\_\_\_

If not incorporated under the laws of Florida, are you licensed to do business in Florida? Yes \_\_\_\_ No \_\_\_\_

by: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

Attest: \_\_\_\_\_ (SEAL)

Corporate Secretary

#### NOTARY PUBLIC

State Of: \_\_\_\_\_ County Of: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared (name) \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) \_\_\_\_\_, to execute the affidavit and did so as his or her free act and deed.

Notary Public Signature: \_\_\_\_\_ Notary Name, Printed, Typed or Stamped: \_\_\_\_\_

Commission Number: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

## Appendix C

### STATEMENT OF AFFIRMATION AND INTENT

TO: FLORIDA VIRTUAL SCHOOL, PROCUREMENT DIVISION

PROJECT: \_\_\_\_\_

DATE: \_\_\_\_\_

The undersigned, hereinafter called the Proposer, declares that the only persons, or parties interested in their Response are those named herein, that this Response is, in all respects, fair and without fraud that it is made without collusion with any other vendor or official of Florida Virtual School. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.

The Proposer certifies that no Board Member, Director, or any Florida Virtual School Employee directly or indirectly owns assets or capital stock of the bidding entity, nor will directly or indirectly benefit by the profits or emoluments of this Response. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Proposer certifies that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the School. In the event that a conflict of interest is identified in the provision of services, the Proposer agrees to immediately notify FLVS in writing.

The Proposer further declares that he/she has carefully examined the scope of services, instructions, terms and conditions of this Request for Proposal and that Proposer's Response is made according to the provisions of the RFP and that he/she will meet or exceed the scope of services, requirements, and standards contained in the Request for Proposals.

The Proposer agrees to abide by all conditions of the negotiation process. In conducting negotiations with FLVS, Proposer offers and agrees that if this negotiation is accepted, the Proposer will convey, sell, assign, or transfer to FLVS all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by FLVS. At the School's discretion, such assignment shall be made and become effective at the time the School tenders final payment to the Proposer. The Response constitutes a firm and binding offer by the Proposer to perform the services as stated.

Proposer acknowledges that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

The signer of this Response guarantees, as evidence of the sworn affidavit required herein, the truth and accuracy of all statements and information hereinafter provided. The undersigned hereby authorizes any public official, surety company, bank depository, material, or equipment manufacturer or distributor or any person or firm or corporation to furnish any pertinent information requested by Florida Virtual School or their representative, deemed necessary to verify the information provided and statements made regarding the standing and general reputation of the applicant.

\_\_\_\_\_  
Signature of Authorized Firm Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Firm Representative (Typed)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Name of Firm (Typed)

\_\_\_\_\_  
Address, City, Zip

\_\_\_\_\_  
Telephone Number

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

Sworn to and subscribed before me this \_\_\_\_ day \_\_\_\_\_ of 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date

## APPENDIX D

### MUTUAL NONDISCLOSURE AGREEMENT

This Mutual Nondisclosure Agreement (this "*Agreement*") is made and entered into as of [REDACTED] by and between Florida Virtual School, a state of Florida entity, and [REDACTED] (referred to from this point as "*Company*"). Florida Virtual School (FLVS) and the Company agree as follows:

1. Purpose. The parties wish to explore a business opportunity of mutual interest and in connection with this opportunity, each party may disclose to the other certain confidential technical and business information that the disclosing party desires the receiving party to treat as confidential.
2. "Confidential Information" means any information disclosed by either party to the other party, either directly or indirectly, in writing, orally or by inspection of tangible objects (including without limitation documents, prototypes, samples, plant and equipment), which is designated as "Confidential," "Proprietary" or some similar designation. Information communicated orally shall be considered Confidential Information if such information is confirmed in writing as being Confidential Information within a reasonable time after the initial disclosure. Confidential Information may also include information disclosed to a disclosing party by third parties. Confidential Information shall not, however, include any information which: (i) was publicly known and made generally available in the public domain prior to the time of disclosure by the disclosing party; (ii) becomes publicly known and made generally available after disclosure by the disclosing party to the receiving party through no action or inaction of the receiving party; (iii) is already in the possession of the receiving party at the time of disclosure by the disclosing party as shown by the receiving party's files and records immediately prior to the time of disclosure; (iv) is obtained by the receiving party from a third party without a breach of such third party's obligations of confidentiality; (v) is independently developed by the receiving party without use of or reference to the disclosing party's Confidential Information, as shown by documents and other competent evidence in the receiving party's possession; or (vi) is required by law to be disclosed by the receiving party, provided that the receiving party gives the disclosing party prompt written notice of such requirement prior to such disclosure and assistance in obtaining an order protecting the information from public disclosure.
3. Non-use and Non-disclosure. Each party agrees not to use any Confidential Information of the other party for any purpose except to evaluate and engage in discussions concerning a potential business relationship between the parties. Each party agrees not to disclose any Confidential Information of the other party to third parties or to such party's employees, except to those employees of the receiving party who are required to have the information in order to evaluate or engage in discussions concerning the contemplated business relationship. Neither party shall reverse engineer, disassemble or decompile any prototypes, software or other tangible objects which embody the other party's Confidential Information and which are provided to the party hereunder.
4. Maintenance of Confidentiality. Each party agrees that it shall take reasonable measures to protect the secrecy of and avoid disclosure and unauthorized use of the Confidential Information of the other party. Without limiting the foregoing, each party shall take at least those measures that it takes to protect its own most highly confidential information and shall ensure that its employees who have access to Confidential Information of the other party have signed a non-use and non-disclosure agreement in content similar to the provisions hereof, prior to any disclosure of Confidential Information to such employees. Neither party shall make any copies of the Confidential Information of the other party unless the same are previously approved in writing by the other party. Each party shall reproduce the other party's proprietary rights notices on any such approved copies, in the same manner in which such notices were set forth in or on the original.
5. No Obligation. Nothing herein shall obligate either party to proceed with any transaction between them, and each party reserves the right, in its sole discretion, to terminate the discussions contemplated by this Agreement concerning the business opportunity.
6. No Warranty. ALL CONFIDENTIAL INFORMATION IS PROVIDED "AS IS". EACH PARTY MAKES NO WARRANTIES, EXPRESS, IMPLIED OR OTHERWISE, REGARDING ITS ACCURACY, COMPLETENESS OR PERFORMANCE.
7. Return of Materials. All documents and other tangible objects containing or representing Confidential Information which have been disclosed by either party to the other party, and all copies thereof which are in the possession of the other party, shall be and remain the property of the disclosing party and shall be promptly returned to the disclosing party upon the disclosing party's written request.
8. No License. Nothing in this Agreement is intended to grant any rights to either party under any patent, mask work right or copyright of the other party, nor shall this Agreement grant any party any rights in or to the Confidential Information of the other party except as expressly set forth herein.
9. Term. The obligations of each receiving party hereunder shall survive until such time as all Confidential Information of the other party disclosed hereunder becomes publicly known and made generally available through no action or inaction of the receiving party.
10. Remedies. Each party agrees that any violation or threatened violation of this Agreement may cause irreparable injury to the other party, entitling the other party to seek injunctive relief in addition to all legal remedies.
11. Solicitation of Employees. Each Party (FLVS and Contractor) agrees that, during the Term of this Agreement and for a period of twelve months following the termination of this Agreement for any reason, such Party shall not, directly or indirectly, on its own behalf or as a representative of any other person or entity, solicit or induce any employee of the other Party to terminate his or her employment relationship or to enter into employment with any other person or entity.



12. Public Records. Florida Virtual School is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's Public Records Law including: (a) keeping and maintaining public records that ordinarily and necessarily would be required by the BOARD in order to perform the service; (b) providing the public with access to public records on the same terms and conditions that the BOARD would provide the records and at a cost that does not exceed the cost provided in chapter or as otherwise provided by law; (c) ensuring that public records that are exempt or that are confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) meeting all requirements for retaining public records and transfer at no cost to the BOARD, all public records in possession of the contractor upon termination of the Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the BOARD in a format that is compatible with the information technology systems of the BOARD. The parties agree that if the contractor fails to comply with a public records request, then Florida Virtual School must enforce the contract provisions in accordance with the contract and as required by Section 119.0701, Florida Statutes.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT, CustodianofRecords@flvs.net , OR BY PHONE 407-513-3325, OR BY MAIL TO: 2145 METROCENTER BLVD., SUITE 100, ORLANDO, FL 32835.**

13. Miscellaneous. This Agreement may be executed in one or more counterparts, each of which shall be an original and all of which together shall constitute one instrument. This Agreement shall bind and inure to the benefit of the parties hereto and their successors and assigns. This Agreement shall be governed by the laws of the State of Florida, without reference to conflict of laws principles. In any action arising out of or related to this Agreement, the parties hereto consent to the exclusive jurisdiction and venue in the courts located in the Orange County of Florida. This document contains the entire agreement between the parties with respect to the subject matter hereof, and neither party shall have any obligation, express or implied by law, with respect to trade secret or proprietary information of the other party except as set forth herein. Any failure to enforce any provision of this Agreement shall not constitute a waiver thereof or of any other provision. This Agreement may not be amended, nor any obligation waived, except by a writing signed by both parties hereto.

IN WITNESS WHEREOF, the parties have caused this Mutual Nondisclosure Agreement to be executed by their duly authorized representatives as of the date first written above.

**Florida Virtual School**

Signature:

Print Name:

Title:

Date:

**Company**

Signature:

Print Name:

Title:

Company/  
School/District:

Phone Number:

Email:

Date:



## **Appendix E**

### **ADDENDA FORM**

The signer of this response guarantees, as evidence by the sworn affidavit required herein, the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

The undersigned hereby authorizes any public official, engineer, architect, surety company, bank depository, material or equipment manufacturer or distributor or any person, firm or corporation to furnish any pertinent information requested by Florida Virtual School or their representative, deemed necessary to verify the statements made in this qualification form or regarding the standing and general reputation of the applicant. The signer also states that all information given is an accurate representation of the office location and resources from where the services are to be rendered.

Receipts of the following Addenda are hereby acknowledged: (List all Addenda as follows):

ADDENDUM NO	Dated
ADDENDUM NO _____	Dated _____
ADDENDUM NO _____	Dated _____
ADDENDUM NO _____	Dated _____

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

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### **DISPUTE RESOLUTION CLAUSE**

In the event a dispute occurs, or a clarification of minor contract terms becomes necessary, indicate your Proposer representative.

Representative's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FLVS representative will be the Procurement Director.



## **Appendix F**

### **FAIR LABOR STANDARDS ACT - "HOT GOODS"**

The undersigned hereby certify that these goods are or will be produced in compliance with all applicable requirements of sections 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the United States Department of Labor issued under section 14 thereof.

The undersigned shall be required to stamp or print such certifications on the invoices which covers the resalable goods shipped, and which are furnished to the School District.

Company Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **PUBLIC ENTITY CRIMES**

Per the provisions of Florida Statute 287.133 (2) (A), "A person or affiliate who has been placed on the convicted Vendor(s) list following a conviction for a public entity crime may not submit a response on a contract to provide any goods or services to a public entity, may not submit a response on a contract with a public entity for the construction or repair of a public building or public work, may not submit responses on leases of real property to a public entity, may not be awarded or perform work as a Vendor(s), supplier, sub-vendor(s) or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statute 287.017 for category two for a period of 36 months from the date of being placed on the convicted Vendor(s) list."

Company Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **FEDERAL DEBARMENT CERTIFICATION**

Certification regarding debarment, suspension, ineligibility and voluntary exclusion.

The prospective lower tier (\$25,000) participant certifies, by submission of this response, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.

Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this response.

Company Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Appendix G**

### **DRUG-FREE WORKPLACE CERTIFICATION**

Tie response preference shall be given to businesses with drug-free workplace programs. Whenever two or more responses, which are equal with respect to price, quality and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, a response received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie responses will be followed if none of the tied Awardee(s) have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace, and specifying the actions that will be taken against employees for violations of such prohibition.

Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

Give each employee engaged in providing the commodities or contractual services that are under response a copy of the statement specified in subsection (1).

In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under response, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States, or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.

Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS COMPANY COMPLIES FULLY WITH THE ABOVE DRUG-FREE WORKPLACE REQUIREMENTS.**

Company Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Appendix H**

### **PUBLIC RECORDS ACT/CHAPTER 119 REQUIREMENTS**

Florida Virtual School is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's Public Records Law including:

1. Keeping and maintaining public records that ordinarily and necessarily would be required by the Board in order to perform the service.
2. Providing the public with access to public records on the same terms and conditions that the BOARD would provide the records and at the cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.
3. Ensuring that public records that are exempt or that are confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and
4. Meeting all requirements for retaining public records and transfer at no cost to the BOARD, all public records in possession of the Contractor upon termination of the Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the BOARD in a format that is compatible with the information technology systems of the BOARD.

The parties agree that if the contractor fails to comply with a public records request, then Florida Virtual School must enforce the contract provisions in accordance with the contract and as required by Section 119.0701, Florida Statutes.

Company Official Signature:

Date:

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Proposing agency shall specify any exceptions to Public Records Act/Chapter 119 Requirement by including a detailed justification of the applicable content to be redacted for exemption. All exemptions must be stated specifically according to the Statute. Exceptions shall be reviewed for compliance. Contractor is responsible for defending all exemptions.

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**Appendix I**  
**CERTIFICATION REGARDING ANTI-LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements  
(To be submitted with each bid or offer exceeding \$100,000)

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The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or shall be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1) -(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official: \_\_\_\_\_

Name and Title of Contractor's Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_



## COMPLIANCE WORKSHEET – APPENDIX J

Formal Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Type of Business (*check one*):

Sole Proprietorship: ☐ Partnership: ☐ Corporation: ☐ Joint Venture: ☐ Other (specify): \_\_\_\_\_

Incorporated in the State of Florida Yes: ☐ No: ☐ If “No” specify where incorporated: \_\_\_\_\_

Copy of certification from Florida Secretary of State  
providing corporate status attached Yes: ☐ No: ☐

Out of State corporation: Florida Business  
License attached: Yes: ☐ No: ☐

Location of Corporate Office: \_\_\_\_\_

Office Locations: Orange County: ☐ Central Florida: ☐ or contiguous county: ☐

Federal Employer Identification  
Number: \_\_\_\_\_

Debarments (if any): \_\_\_\_\_

Number of Active Clients (past 5 years) In Florida Public Sector

S&P Rating: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

License Sanctions (if any): \_\_\_\_\_

History of changes to ownership: \_\_\_\_\_

### Financial Stability Compliance & Qualifications

Indicate type of supporting document included with your proposal in accordance with Section 3.2.1.

☐ Statement from Certified Accountant

☐ Dun & Bradstreet Report or SER

☐ Certified Financial Statements and/or Tax Returns

☐ Annual Report

### Authorized Parties

Primary Contact Information	Principals & Authorized Signatures
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Name: _____
Telephone: _____	Title: _____
Email: _____	

### Contractor Certification and/or License (if applicable)

Certifying or Licensing Agency	Description of License or Certification	License or Cert. Number or ID

### FERPA

If Contractor is provided access to any student personally identifiable information (as defined under FERPA), Contractor acknowledges that it will comply with the privacy regulations outlined in the Family Educational Rights and Privacy Act (“FERPA”), for the handling of such information, to the extent such regulations apply to Contractor. Contractor will not disclose or use any student information except to the extent necessary to carry out its obligations under its agreement as permitted by FERPA.

Company: \_\_\_\_\_

Authorized Representative’s Name: \_\_\_\_\_

Authorized Representative’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Appendix K COMPLIANCE CHECK LIST

### Authorized Parties and Contact Information

Primary Contact Details (name, address, telephone, email)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
List of persons authorized signatures for proposing organization attached.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### Appendix and Attachment Check List

Appendix	Description	Attached
Section 2. b	Cover Letter	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 3.1.5	Financial Stability Compliance including AM Best ratings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 3.2	Qualifications, Experience and References (including 3 letters of reference)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 3.3	3 Letters of Reference	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 3.4	Methodology	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 3.7	P Card Acceptance Response	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 4	Submission Label (affixed to outside of package)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 6.18	Certificate of Insurance (with active/adequate coverage)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 8.3	Requirements Table	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 8.4	Life Insurance Questionnaire	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 8.5	Disability Questionnaire	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Section 8.6	Exceptions / Alternatives	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix A	Contractor's Statement of Qualifications (includes Vendor Application Form)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix B	Acknowledgement of Type of Business	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix C	Statement of Affirmation and Intent	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix D	Mutual Non-Disclosure Agreement	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix E	Addenda Form / Dispute Resolution Clause	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix F	Fair Labor Act / Public Crimes / Federal Debarment Certifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix G	Drug Free Work Place Certification	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix H	Public Records Act / Chapter 119 Requirements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix I	Anti-Lobbying Certification	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix J	Compliance Worksheet	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix K	Requirements Checklist	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Appendix L	Sample FLVS Terms and Conditions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Attachment 5	Short Term Disability Plan Summary & Deviations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Attachment 6	Long Term Disability Plan Summary & Deviations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Attachment 7	Basic & Voluntary Life, Summary & Deviations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Attachment 8	Accidental Death & Dismemberment Summary & Deviations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Attachment 20	Cost Proposal Form	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Appendix L



**SAMPLE FLORIDA VIRTUAL SCHOOL  
Standard Master Service Contract Form**

Solicitation Title	Solicitation Number	Contract Number
--------------------	---------------------	-----------------

1. This Contract is entered into between FLVS and the Contractor named below:

Entity Name <b>Florida Virtual School</b>	(hereafter called FLVS)
--	-------------------------

Contractor's Name	(hereafter called Contractor)
-------------------	-------------------------------

2. Contract to Begin:                      Date of Completion:                      Renewals:

3. Performance Bond, if any:                      Other Bonds, if any:

4. Maximum Amount of this Contract: \$

Authorized Person to Receive Contract Notices for FLVS:	Authorized Person to Receive Contract Notices for Contractor:
---	---

6. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Contract:

Attachment 1 – <b>FLVS Standard Master Service Contract Terms and Conditions for Services</b>
Attachment 2 – <b>Solicitation (referenced above)</b>
Attachment 3 – <b>Solicitation (referenced above) Addendum</b>
Attachment 4 – <b>Contractor's Final Response</b>
Attachment 5 – <b>Statements of Work (SOW) &amp; Change Orders</b>
Attachment 6 – <b>Contract Renewal Amendments (if any)</b>

**IN WITNESS, WHEREOF, this Contract has been executed by the parties hereto.**

7. **Contractor**

Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*

By <i>(Authorized Signature)</i>	Date Signed
----------------------------------	-------------

Printed Name and Title of Person Signing

Address

8. **FLVS**

FLVS Name  
**Florida Virtual School**

By <i>(Authorized Signature)</i>	Date Signed
----------------------------------	-------------

Printed Name and Title of Person Signing

Address  
**2145 Metrocenter Blvd. Orlando, Florida 32835**



**FLORIDA VIRTUAL SCHOOL**  
**STANDARD MASTER SERVICE CONTRACT**  
**Attachment 1**  
**Contract Terms and Conditions for Services**

**1. DEFINITIONS AND GENERAL INFORMATION**

**1.1 Definitions.** The following words shall be defined as set forth below:

- (i) **"FLVS"** means Florida Virtual School or the entity identified in the Standard Master Service Contract Form to contract with the Contractor for the Services identified in the Contract.
- (ii) **"FLVS Standard Master Service Contract" or "Contract"** means the agreement between FLVS and the Contractor as defined by FLVS Standard Master Service Contract Form and its incorporated documents.
- (iii) **"FLVS Standard Master Service Contract Form"** means the document that contains basic information about the Contract and incorporates by reference the applicable Contract Terms and Conditions, the RFX, Contractor's Response to the RFX, the final pricing documentation for Services and any mutually agreed clarifications, modifications, additions and deletions resulting from final contract negotiations. No objection or amendment by a Contractor to the RFX requirements or the Contract shall be incorporated by reference into this Contract unless FLVS has accepted the Contractor's objection or amendment in writing. FLVS Standard Contract Form is defined separately and referred to separately throughout FLVS Standard Master Service Contract as a means of identifying the location of certain information. For example, the initial term of the Contract is defined by the dates in FLVS Standard Master Service Contract Form.
- (iv) **"Contractor"** means the provider(s) of the Services under the Contract.
- (v) **"Purchase Order"** means the form or format used to make a purchase under the Contract (e.g., a formal written purchase order, electronic purchase order, procurement card, or other authorized means).
- (vi) **"Response"** means the Contractor's submitted response to the RFX, including any modifications or clarifications accepted by FLVS.
- (vii) **"RFX"** means the Request for Proposal, Request for Bid, Invitation to Negotiate or other solicitation document (and any amendments or addenda thereto) specifically identified in FLVS Standard Master Service Contract Form that was issued to solicit the Services that are subject to the Contract.
- (viii) **"Services"** means the services and deliverables as provided in the SOW and as further described by the Response and the Contract.
- (ix) **"State"** means the State of Florida, FLVS, and any other authorized state entities issuing Purchase Orders against the Contract.
- (x) **"Statement of Work (SOW)"** means the Contractor's Responsibilities as described in detail in Attachment 5.

- 1.2 Priority of Contract Provisions.** Any pre-printed contract terms and conditions included on Contractor's forms or invoices shall be null and void.
- 1.3 Reporting Requirements.** Contractor shall provide all reports required by the SOW. In addition, unless otherwise provided in the SOW, Contractor shall keep a record of the purchases made pursuant to the Contract and shall submit a quarterly written report to FLVS.
- 1.4 Construction of Contract:** FLVS and the contractor waive application of the principle of contract construction that ambiguities are to be construed against a contract's drafter, and agree that this Agreement is their joint product. FLVS and the Contractor agree that they have had their respective attorneys review and approve this Agreement or that they have had the opportunity to do so. Time is of the essence with regard to each and every obligation of the Contractor contained in the Agreement. Each such obligation is deemed material, and a breach of any such obligation (including a breach resulting from the untimely performance thereof) shall constitute a material breach.

## **2. DURATION OF CONTRACT**

- 2.1 Contract Term.** The Contract between FLVS and the Contractor shall begin and end on the dates specified in FLVS Standard Master Service Contract Form unless terminated earlier in accordance with the applicable terms and conditions. This Contract shall not be deemed to create a debt of FLVS for the payment of any sum beyond the fiscal year of execution or, in the event of a renewal, beyond the fiscal year of such renewal.

The initial term of the contract shall be for a <<INSERT NUMBER OF YEARS (SPELLED OUT)>> <<(INSERT NUMBER ONLY)>> year period following execution of Standard Master Service Contract. The initial term of the contract shall be from <<INSERT BEGINNING DATE>> through <<INSERT END DATE>> and the anticipated award date is <<INSERT BOARD APPROVAL DATE>>.

- 2.2 Contract Renewal.** FLVS shall have the option, in its sole discretion, to renew the Contract for additional terms as defined in FLVS Standard Master Service Contract Form on a year-to-year basis by giving the Contractor written notice of the renewal decision at least sixty (60) days prior to the expiration of the initial term or renewal term. Renewal will depend upon the best interests of the FLVS, funding, and Contractor's performance. Renewal will be accomplished through the issuance of a Notice of Renewal Amendment. Upon FLVS election, in its sole discretion, to renew any part of this Contract, Contractor shall remain obligated to perform in strict accordance with this Contract unless otherwise agreed by FLVS and the Contractor.

This contract may be renewed for <<INSERT NUMBER OF YEARS (SPELLED OUT)>> <<(INSERT NUMBER ONLY)>> year periods provided all terms and conditions remain unchanged and in full force and effect. This option to renew requires the mutual agreement of both parties. Refusal by either party to exercise this option to renew will require this contract to expire on the original or mutually agreed date.

- 2.3 Contract Extension.** In the event that this Contract shall terminate or be likely to terminate prior to the making of an award for a new contract for the Services, FLVS may, with the written consent of Contractor, extend this Contract for such period as may be necessary to afford the FLVS a continuous supply of the Services.

## **3. DESCRIPTION OF SERVICES**

- 3.1 Statement of Work (SOW):** All Services shall be provided in accordance with the specifications contained in the attached Statement of Work, the terms of the Contract, and as further described in Contractor's Response.
- 3.2 Non-Exclusive Rights.** The Contract is not exclusive. FLVS reserves the right to select other contractors to provide services similar to the Services described in the Contract during the term of the Contract.
- 3.3 No Minimums Guaranteed.** The Contract does not guarantee any minimum level of purchases or use of Services.

## 4. COMPENSATION

**4.1 Pricing and Payment.** The Contractor will be paid for Services provided pursuant to the Contract and final pricing documents as incorporated into FLVS Standard Master Service Contract Form and the terms of the Contract. Unless clearly stated otherwise in the Contract, all prices are firm and fixed and are not subject to variation. Prices include, but are not limited to freight, insurance, fuel surcharges and customs duties. FLVS shall pay the amount set out in Attachment 3 or in the applicable Statements of Work for any goods and/or services purchased hereunder. Payments made to the Contractor may be by a Visa Purchasing Card.

**4.2 Purchase Orders.** FLVS shall order services by issuing a purchase order. Purchase orders, used in conjunction with a Statement of Work (SOW), shall reference the SOW to establish the specific deliverables, costs, payment schedules, start/completion dates, etc. for specific assignments.

The award of the response shall not constitute an order. Before any shipments are made or services rendered, Proposer must receive a purchase order. Services shall be made as specified on the purchase order or reference the corresponding Contractual agreement governing the specifications and terms and conditions. Contractor will not be compensated for work performed without receipt of a purchase order.

**4.3 Billing/Invoice.** The Contractor shall submit an invoice for the Services supplied to FLVS under the Contract at the billing address specified in the Purchase Order or Contract. Invoices must include the FLVS purchase order number. Any invoice submitted as a result of the award of this Bid shall be itemized reflecting the items on the purchase order. "Lump sum" invoices shall not be submitted nor will be accepted for multiple line purchase orders. FLVS will only pay the dollar amounts authorized on the purchase order. The invoice shall comply with all applicable rules concerning payment of such claims. FLVS shall pay all approved invoices in arrears and in accordance with applicable provisions of State law.

Invoices should be submitted within fifteen (15) days of completion of work. Detailed invoices are to be sent to the attention Project Manager for approval for hours worked on the listed projects. FLVS will only reimburse Contractor for expenses incurred in performing services authorized in advance by FLVS project manager. FLVS shall pay to Provider the fees for services within forty-five (45) days of receipt of invoice.

Unless otherwise agreed in writing by FLVS and the Contractor, the Contractor shall not be entitled to receive any other payment or compensation from FLVS for Services provided by or on behalf of the Contractor under the Contract. The Contractor shall be solely responsible for paying all costs, expenses and charges it incurs in connection with its performance under the Contract.

**4.4 Delay of Payment Due to Contractor's Failure.** If FLVS in good faith determines that the Contractor has failed to perform or deliver Services as required by the Contract, the Contractor shall not be entitled to any compensation under the Contract until such Service is performed or delivered. In this event, FLVS may withhold that portion of the Contractor's compensation which represents payment for Services that were not performed or delivered. To the extent that the Contractor's failure to perform or deliver in a timely manner causes FLVS to incur costs, FLVS may deduct the amount of such incurred costs from any amounts payable to Contractor. FLVS authority to deduct such incurred costs shall not in any way affect FLVS authority to terminate the Contract.

**4.5 Set-Off Against Sums Owed by the Contractor.** In the event that the Contractor owes FLVS any sum under the terms of the Contract, pursuant to any judgment, or pursuant to any law, FLVS may set off the sum owed against any sum owed by FLVS to the Contractor in FLVS sole discretion.

## 5. TERMINATION

- 5.1 Immediate Termination.** This Contract will terminate immediately and absolutely if FLVS determines that adequate funds are not appropriated or granted or funds are de-appropriated such that FLVS cannot fulfill its obligations under the Contract, which determination is at FLVS sole discretion and shall be conclusive. Further, FLVS may terminate the Contract for any one or more of the following reasons effective immediately without advance notice:
- 5.1.1** In the event the Contractor is required to be certified or licensed as a condition precedent to providing the Services, the revocation or loss of such license or certification may result in immediate termination of the Contract effective as of the date on which the license or certification is no longer in effect;
  - 5.1.2** FLVS determines that the actions, or failure to act, of the Contractor, its agents, employees or subcontractors have caused, or reasonably could cause, life, health or safety to be jeopardized;
  - 5.1.3** The Contractor fails to comply with confidentiality laws or provisions; and/or
  - 5.1.4** The Contractor furnished any statement, representation or certification in connection with the Contract or the bidding process which is materially false, deceptive, incorrect or incomplete.
- 5.2 Termination for Cause.** The occurrence of any one or more of the following events shall constitute cause for FLVS to declare the Contractor in default of its obligations under the Contract:
- 5.2.1** The Contractor fails to deliver or has delivered nonconforming Services or fails to perform, to FLVS satisfaction, any material requirement of the Contract or is in violation of a material provision of the Contract, including, but without limitation, the express warranties made by the Contractor;
  - 5.2.2** FLVS determines that satisfactory performance of the Contract is substantially endangered or that a default is likely to occur;
  - 5.2.3** The Contractor fails to make substantial and timely progress toward performance of the Contract;
  - 5.2.4** The Contractor becomes subject to any bankruptcy or insolvency proceeding under federal or state law to the extent allowed by applicable federal or state law including bankruptcy laws; the Contractor terminates or suspends its business; or FLVS reasonably believes that the Contractor has become insolvent or unable to pay its obligations as they accrue consistent with applicable federal or state law;
  - 5.2.5** The Contractor has failed to comply with applicable federal, state and local laws, rules, ordinances, regulations and orders when performing within the scope of the Contract;
  - 5.2.6** The Contractor has engaged in conduct that has or may expose FLVS to liability, as determined in FLVS sole discretion; or
  - 5.2.7** The Contractor has infringed any patent, trademark, copyright, trade dress or any other intellectual property rights of FLVS.
  - 5.2.8** The Contractor is found guilty of a public crime.
- 5.3 Notice of Default.** If there is a default event caused by the Contractor, FLVS shall provide written notice to the Contractor requesting that the breach or noncompliance be remedied within the period of time specified in FLVS written notice to the Contractor. If the breach or noncompliance is not remedied within the period of time specified in the written notice, FLVS may:
- 5.3.1** Immediately terminate the Contract without additional written notice; and/or
  - 5.3.2** Procure substitute services from another source and charge the difference between the Contract and the substitute contract to the defaulting Contractor; and/or,
  - 5.3.3** Enforce the terms and conditions of the Contract and seek any legal or equitable remedies.

- 5.4 Termination Upon Notice.** Following thirty (30) days' written notice, FLVS may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Contractor. Following termination upon notice, the Contractor shall be entitled to compensation, upon submission of invoices and proper proof of claim, for Services provided under the Contract to FLVS up to and including the date of termination.
- 5.5 Termination Due to Change in Law.** FLVS shall have the right to terminate this Contract without penalty by giving thirty (30) days' written notice to the Contractor as a result of any of the following:
- 5.5.1** FLVS authorization to operate is withdrawn or there is a material alteration in the programs administered by FLVS; and/or
  - 5.5.2** FLVS duties are substantially modified.
- 5.6 Payment Limitation in Event of Termination.** In the event of termination of the Contract for any reason by FLVS, FLVS shall pay only those amounts, if any, due and owing to the Contractor for the Services actually rendered up to the date specified in the notice of termination for which FLVS is obligated to pay pursuant to the Contract or Purchase Order. Payment will be made only upon submission of invoices and proper proof of the Contractor's claim. This provision in no way limits the remedies available to FLVS under the Contract in the event of termination. The FLVS shall not be liable for any costs incurred by the Contractor in its performance of the Contract, including, but not limited to, startup costs, overhead or other costs associated with the performance of the Contract.
- 5.7 The Contractor's Termination Duties.** Upon receipt of notice of termination or upon request of FLVS, the Contractor shall:
- 5.7.1** Cease work under the Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the date of notice of termination, describing the status of all work under the Contract, including, without limitation, results accomplished, conclusions resulting therefrom, and any other matters FLVS may require;
  - 5.7.2** Immediately cease using and return to FLVS, any personal property or materials, whether tangible or intangible, provided by FLVS to the Contractor;
  - 5.7.3** Comply with FLVS instructions for the timely transfer of any active files and work product produced by the Contractor under the Contract;
  - 5.7.4** Cooperate in good faith with FLVS and its employees, agents and contractors during the transition period between the notification of termination and the substitution of any replacement contractor(s); and
  - 5.7.5** Immediately return to FLVS any payments made by FLVS for Services that were not delivered or rendered by the Contractor.

## **6. CONFIDENTIAL INFORMATION**

- 6.1 Access to Confidential Data.** The Contractor's employees, agents and subcontractors may have access to confidential data maintained by FLVS to the extent necessary to carry out the Contractor's responsibilities under the Contract. The Contractor shall presume that all information received pursuant to the Contract is confidential unless otherwise designated by FLVS. If it is reasonably likely the Contractor will have access to FLVS's confidential information, then:
- 6.1.1** The Contractor shall provide to FLVS a written description of the Contractor's policies and procedures to safeguard confidential information;
  - 6.1.2** Policies of confidentiality shall address, as appropriate, information conveyed in verbal, written, and electronic formats;
  - 6.1.3** The Contractor must designate one individual who shall remain the responsible authority in charge of all data collected, used, or disseminated by the Contractor in connection with the performance of the Contract; and



- 6.1.4** The Contractor shall provide adequate supervision and training to its agents, employees and subcontractors to ensure compliance with the terms of the Contract.

The private or confidential data shall remain the property of FLVS at all times. Some Services performed for FLVS may require the Contractor to sign a nondisclosure agreement. Contractor understands and agrees that refusal or failure to sign such a nondisclosure agreement, if required, may result in termination of the Contract.

- 6.2 No Dissemination of Confidential Data.** No confidential data collected, maintained, or used in the course of performance of the Contract shall be disseminated except as authorized by law and with the written consent of FLVS, either during the period of the Contract or thereafter. Any data supplied to or created by the Contractor shall be considered the property of FLVS. The Contractor must return any and all data collected, maintained, created or used in the course of the performance of the Contract, in whatever form it is maintained, promptly at the request of FLVS.
- 6.3 Subpoena.** In the event that a subpoena or other legal process is served upon the Contractor for records containing confidential information, the Contractor shall promptly notify FLVS and cooperate with FLVS in any lawful effort to protect the confidential information.
- 6.4 Reporting of Unauthorized Disclosure.** The Contractor shall immediately report to FLVS any unauthorized disclosure of confidential information.
- 6.5 Survives Termination.** The Contractor's confidentiality obligation under the Contract shall survive termination of the Contract.

## **7. INDEMNIFICATION**

- 7.1 Contractor's Indemnification Obligation.** The Contractor agrees to indemnify and hold harmless FLVS, its Board of Directors, and all State of Florida officers, employees, agents, and volunteers who are engaged in any activities relating to the Contract (collectively, "Indemnified Parties") from any and all costs, expenses, losses, claims, damages, liabilities, settlements and judgments, including reasonable value of the time spent by the Attorney General's Office, related to or arising from:
- 7.1.1** Any breach of the Contract;
  - 7.1.2** Any negligent, intentional or wrongful act or omission of the Contractor or any employee, agent or subcontractor utilized or employed by the Contractor;
  - 7.1.3** Any failure of Services to comply with applicable specifications, warranties, and certifications under the Contract;
  - 7.1.4** The negligence or fault of the Contractor in design, testing, development, manufacture, or otherwise with respect to the Services provided under the Contract;
  - 7.1.5** Claims, demands, or lawsuits that, with respect to the goods (if any) or any parts thereof, allege product liability, strict product liability, or any variation thereof;
  - 7.1.6** The Contractor's performance or attempted performance of the Contract, including any employee, agent or subcontractor utilized or employed by the Contractor;
  - 7.1.7** Any failure by the Contractor to comply with the "Compliance with the Law" provision of the Contract;
  - 7.1.8** Any failure by the Contractor to make all reports, payments and withholdings required by federal and state law with respect to social security, employee income and other taxes, fees or costs required by the Contractor to conduct business in the State of Florida or the United States;

**7.1.9** Any infringement of any copyright, trademark, patent, trade dress, or other intellectual property right; or

**7.1.10** Any failure by the Contractor to adhere to the confidentiality provisions of the Contract.

**7.2 Duty to Reimburse State Tort Claims Fund.** To the extent such damage or loss as covered by this indemnification is also covered by the State of Florida Tort Claims Fund ("the Fund"), the Contractor (and its insurers) agrees to reimburse the Fund. To the full extent permitted by the Constitution and the laws of the State and the terms of the Fund, the Contractor and its insurers waive any right of subrogation against the FLVS, the Indemnified Parties, and the Fund and insurers participating thereunder, to the full extent of this indemnification.

**7.3 Litigation and Settlements.** . No settlement or compromise of any claim, loss or damage entered into by the Indemnified Parties shall be binding upon Contractor unless approved in writing by Contractor. No settlement or compromise of any claim, loss or damage entered into by Contractor shall be binding upon the Indemnified Parties unless approved in writing by the Indemnified Parties. Both parties recognize that the Florida Legislature has waived sovereign immunity for liability relating to certain torts, but only to the extent specified in § 768.28 of the Florida Statutes.

#### **7.4 CLAIMS AND DISPUTES**

**7.4.1** The term "Claim" as used herein shall mean any and all demands made by one party hereunder against the other party, whether such demand be for money, time or the assertion of any right or obligation that arises out of the Contract Documents.

**7.4.2** Initial notice of Claims by Contractor shall be made in writing to FLVS within seven (7) calendar days after the first day of the event giving rise to such Claim or else Contractor shall be deemed to have waived the Claim. Written supporting data shall be submitted to FLVS within thirty (30) calendar days after the occurrence of the event, unless FLVS grants additional time in writing, or else Contractor shall be deemed to have waived the Claim.

**7.4.3** Contractor shall proceed diligently with its performance as directed by FLVS, regardless of any pending Claim, unless otherwise agreed to by FLVS in writing. FLVS shall continue to make payments in accordance with the Contract Documents during the pendency of any Claim.

**7.5 Intellectual Property Indemnification.** Contractor shall, at its own expense, indemnify, defend and hold harmless the Indemnified Parties, from and against any third-party liabilities, claims, demands or suits alleging that the Indemnifying Party's goods or services infringes any patent, trademark, copyright or other Intellectual Property right of a third party and shall pay all damages awarded or agreed to under a settlement for the Indemnified Parties;

In case any of the Services is in any suit held to constitute infringement and its use is enjoined, Contractor shall, at its option and expense:

**7.5.1** Procure for FLVS the right to continue using the Services;

**7.5.2** Replace or modify the same to the reasonable satisfaction of FLVS so that it becomes non-infringing; or

**7.5.3** Remove the same and cancel any future charges pertaining thereto.

Contractor, however, shall have no liability to FLVS if any such patent, copyright, or trademark infringement or claim thereof is based upon or arises out of:

**7.5.4** Compliance with designs, plans or specifications furnished by or on behalf of FLVS as to the Services;

**7.5.5** Use of the Services in combination with apparatus or devices not supplied by Contractor, but only if combination is the cause of the infringement; or

**7.5.6** Use of the Services in a manner for which the same was neither designed nor contemplated.

**7.6 Procedure for Indemnification.** For all claims subject to indemnification obligations, FLVS will: (i) provide prompt notice to Contractor of the claim (but delayed notification shall not constitute a basis for avoiding indemnification unless the delay materially prejudices Contractor's ability to defend the claim); (ii) subject to approval of the Attorney General of the State of Florida, provide Contractor with control over the defense and/or settlement of such claim (with the Indemnified Parties retaining the right to be represented by their own counsel at their own expense if they so elect), and (iii) provide reasonable cooperation and assistance, with regard to such claim. Contractor may not resolve any claims against FLVS in a manner that imposes any liability other obligations on the Indemnified Parties without FLVS' prior written consent.

**7.7 Survives Termination.** The indemnification obligation of Contractor shall survive termination of the Contract.

## **8. INSURANCE**

**8.1** Contractor shall provide all insurance as required.

**8.1.1** Contractor shall obtain and maintain in full force prior to performance and effect throughout the initial Term and any Renewal Term no less than 5 years past the completion of the project with a reputable insurance carrier qualified to do business in the state or states in which the Premises are located and having a rating of not less than "A" from A.M. Best & Company. All certificates of insurance shall be provided within ten calendar days of contract execution.

**8.1.2** All policies of insurance shall be written on a per occurrence basis. All such insurance policies shall, to the extent permitted under applicable law, provide that (a) the policies shall not be cancelled nor shall any material change be made therein without at least ten (10) days prior written notice to Florida Virtual School (FLVS) and (b) FLVS is to be named as an additional insured party with respect to Respondent activities.

**8.1.3** General Liability Insurance of not less than One Million (1,000,000) per occurrence and Two Million (2,000,000) General Aggregate for bodily injury and property damage liability, and personal injury and advertising liability. The General Liability policy should be on CGL 0001 (12/04) or equivalent form. Insurance shall be primary and non-contributory to any other insurance of the certificate holder and shall name the certificate holder, owners and any other required by written contract or an agreement as additional insured.

- a) Policy should be endorsed with a "per project aggregate". All coverage's should include contingent liability and contingent property damage liability. If coverage is written on a Claims made basis the retroactive and continuity dates should be at least the first day services begin with FLVS. Policy should include an endorsement waiving all rights to subrogate against FLVS.
- b) The above policies for General Liability insurance must be so written as to include Contingent Liability and Contingent Property Damage Insurance to protect the contract against claims arising from the operation of subcontractors.

- 8.1.4** Worker's Compensation Insurance: The Contractor shall maintain during the life of this Contract, Worker's Compensation Insurance in accordance with Florida Statute 440. Contractors shall require all subcontractors to maintain such insurance during the life of this Contract Employer's Liability Insurance: The Contractor shall maintain, Employer's Liability Insurance shall be in the amounts not less than Five Hundred Thousand Dollars \$500,000.00 each accident for bodily injury by accident, Five Hundred Thousand Dollars \$500,000.00 each employee for bodily injury by disease, and Five Hundred Thousand Dollars \$500,000.00 policy limit for bodily injury by disease.
- 8.1.5** Automobile Liability Insurance: Automobile Liability Insurance shall be maintained, by Contractor's to ownership, maintenance, and use, including loading and unloading, of all owned, non-owned, leased or hired vehicles with limits of not less than One Million Dollars \$1,000,000 combined single limit each accident for bodily injury & property damage liability.
- 8.1.6** Professional Liability and Cyber Liability including: Technology Errors and Omissions, Telecommunications Errors and Omissions, or Multimedia Professional Liability whichever is applicable not less than One Million \$1,000,000, and Network Security Liability, Privacy Liability, Crisis Management, Cyber Extortion, and Media Liability not less than One Million Dollars \$1,000,000

## 9. BONDS

- 9.1** The Contractor shall provide all required bonds as stated by FLVS herein. The bonds shall be issued by a company licensed to do business in the state of Florida, with offices in Florida and with a four star rating or higher
- |              |                   |                                   |   |
|--------------|-------------------|-----------------------------------|---|
| <b>9.1.1</b> | Bid Bond:         | Required <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| <b>9.1.2</b> | Contract Bond:    | Required <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| <b>9.1.3</b> | Maintenance Bond: | Required <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| <b>9.1.4</b> | Performance Bond: | Required <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| <b>9.1.5</b> | Payment Bond:     | Required <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |

## 10. WARRANTIES

- 10.1** Construction of Warranties Expressed in the Contract with Warranties Implied by Law: All warranties made by the Contractor and/or subcontractors in all provisions of the Contract and the Contractor's Response, whether or not the Contract specifically denominates the Contractor's and/or subcontractors' promise as a warranty or whether the warranty is created only by the Contractor's affirmation or promise, or is created by a description of the Services to be provided, or by provision of samples to FLVS shall not be construed as limiting or negating any warranty provided by law, including without limitation, warranties which arise through course of dealing or usage of trade, the warranty of merchantability, and the warranty of fitness for a particular purpose. The warranties expressed in the Contract are intended to modify the warranties implied by law only to the extent that they expand the warranties applicable to the Services provided by the Contractor. The provisions of this section apply during the term of the Contract and any extensions or renewals thereof.
- 10.2** Warranty – Nonconforming Services and Goods. All Services and any goods delivered by Contractor to FLVS shall be free from any defects in design, material, or workmanship. If any Services or goods offered by the Contractor are found to be defective in material or workmanship, or do not conform to Contractor's warranty, FLVS shall have the option of returning, repairing, or replacing the defective Services or goods at Contractor's expense. Payment for Services and any goods shall not constitute

acceptance. Acceptance by FLVS shall not relieve the Contractor of its warranty or any other obligation under the Contract.

- 10.3 Compliance with Federal Safety Acts.** Contractor warrants and guarantees to FLVS that the Services provided under the Contract are in compliance with Sections 5 and 12 of the Federal Trade Commission Act; the Fair Packaging and Labeling Act; the Federal Food, Drug, and Cosmetic Act; the Consumer Product Safety Act; the Federal Environmental Pesticide Control Act; the Federal Hazardous Substances Act; the Fair Labor Standards Act; the Wool Products Labeling Act; the Flammable Fabrics Act; the Occupational Safety and Health Act; the Office of Management and Budget A-110 Appendix A; and the Anti-Kickback Act of 1986.
- 10.4 Conformity with Contractual Requirements.** The Contractor represents and warrants that the Services provided in accordance with the Contract will appear and operate in conformance with the terms and conditions of the Contract.
- 10.5 Authority to Enter into Contract.** The Contractor represents and warrants that it has full authority to enter into the Contract and that it has not granted and will not grant any right or interest to any person or entity that might derogate, encumber or interfere with the rights granted to FLVS.
- 10.6 Obligations Owed to Third Parties.** The Contractor represents and warrants that all obligations owed to third parties with respect to the activities contemplated to be undertaken by the Contractor pursuant to the Contract are or will be fully satisfied by the Contractor so that FLVS will not have any obligations with respect thereto.
- 10.7 Confidentiality of FLVS Data.** With respect to all confidential data or other materials provided to Contractor in conjunction with this Agreement, including but not limited to financial, statistical, technical, personnel data, and student data, Contractor shall keep and instruct its personnel to keep such information confidential by using the same care and discretion Contractor uses with its own most highly confidential information, but in no even less than a reasonable standard of care. This Agreement shall not affect the rights of either party to use or disclose information (a) which such party can demonstrate to have been in the public domain through no wrongful act of such party prior to the date of its disclosure to such party by the other party; (b) which such party can demonstrate by written records predating disclosure to the other party by such party to have been in the possession of such party on a non-confidential basis prior to the date of its disclosure; (c) which becomes part of the public domain by publication or otherwise not due to any unauthorized act or omission on the part of such party; (d) which such party can show by written records to have been disclosed to the other party on a non-confidential basis by a third party having a lawful right to do so; or (e) which is required to be disclosed by law, or governmental, judicial or legal process, provided, in each case that to the extent not contrary to law or any provision of any regulatory authority, such party timely informs the other party and, at the expense of the other party, cooperates with the other party to limit such disclosure. Contractor further agrees neither it nor its' employees will use student information for any reason including but not limited to bulk commercial mailings (spam), selling email addresses, or revealing the names and email addresses of primary or end users. Contractor ensures that employees with access to student data will abide by this policy.
- 10.8 Assignment.** For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Contractor agrees to and hereby does assign to FLVS all intellectual property rights in all written materials, video, graphics or other multimedia materials, computer programs (including all source and object code, documentation, manuals or specifications relating to same) and any other works or materials created for FLVS under this Agreement or any Statement of Work as such rights are defined in any jurisdiction throughout the world (the "Work Product"). Contractor agrees to execute all documents that may be necessary to confirm FLVS' ownership of the Work Product, acknowledges that FLVS may use the Work Product in whatever way and for whatever purpose it chooses, in its sole

discretion, and represents and warrants that any third parties who are permitted to contribute to the Work Product under this Agreement are bound by all of the obligations of this paragraph.

- 10.9** License To Preexisting And Third-Party Materials. Unless otherwise approved by FLVS in advance, no third-party materials or preexisting Contractor materials will be incorporated into or combined with any Work Product delivered to FLVS. For any third-party materials or preexisting Contractor materials that are approved for use with Work Product, Contractor grants FLVS (on its own behalf and on behalf of any required third parties) a perpetual, non-exclusive, royalty free license to possess and use same for all purposes contemplated in this Agreement, including the right to create derivative works based on same.
- 10.10** Contractor's Representations and Warranties. Contractor represents and warrants that: (a) all Work Product created hereunder will be wholly original to Contractor and that Contractor has full right, title and authority to transfer ownership of same to FLVS as contemplated hereunder; (b) for any materials or other assets provided under this Agreement for which Contractor does not have full right, title or ownership, that Contractor has all necessary right and authority to grant the licenses or other rights set forth in this Agreement; (c) that there are no third-party restrictions on Contractor's rights, including but not limited to any confidentiality restrictions, license restrictions, encumbrances, liens or use restrictions, that will prevent FLVS from exercising the rights granted under this Agreement; (d) any Work Product will be compatible with and may be used in conjunction with other software or hardware as described herein, in any Statement of Work, or in any documentation relating to the Work Product; (e) there are no copy protection or similar mechanisms within the Work Product or any materials being licensed with it which will, either now or in the future, interfere with the rights granted herein; (f) the Work Product and any other materials licensed hereunder do not contain any virus, worm, Trojan Horse, tracking software or devices capable of identifying users or tracking use, or any undocumented software locks or drop dead devices which would render inaccessible or impair in any way the operation of the Work Product or any other hardware, software or data which the Work Product is designed to work with; (g) unless approved by FLVS in advance, the Work Product and any materials licensed with it are and shall be free from all liens and encumbrances, shall not contain any "open source" software, freeware or software subject to any public license or similar license obligations; (h) the Work Product, any materials licensed with it and FLVS exercise of its rights hereunder, do not and will not infringe upon, violate or misappropriate any patent, copyright, trade secret, trademark, contract, right of publicity or privacy, or other right or interest of any third party, will not constitute libel or slander against, any person, firm or corporation, and no such third party claims are pending or have been asserted or threatened as of the Effective Date; and (i) any maintenance, support or other services performed hereunder shall be performed in a professional and competent manner in accordance with industry standards and in compliance with all applicable laws, regulations and orders.
- 10.11** Hosting Or Storing FLVS Data. **[THIS PROVISION APPLIES ONLY IF CONTRACTOR IS HOSTING OR STORING DATA FOR FLVS]** If this Agreement contemplates Contractor hosting or otherwise storing FLVS' data on FLVS' behalf, Contractor agrees to maintain the appropriate security safeguards reasonably necessary to prevent unauthorized persons from accessing, using, disclosing, or otherwise committing any act that could breach or compromise the privacy, availability, integrity, or content of such data or information. Contractor and/or its designated hosting provider shall transmit and store any and all Confidential Information using a commercially supported encryption solution. Stored information means Confidential Information resting on any end user device, including but not limited to laptop and desktop computers, smartphones, tablets and PDA computers, CD/DVD media, removable flash drives, and backup tapes. Licensor shall transmit all Confidential Information in encrypted form. Licensor shall employ encryption solutions that meet the recommendations of the National Institute of Standards and

Technology (NIST) Special Publication 800-111 and Federal Information Processing Standard (FIPS) 140-2.

In the event Contractor or its representatives becomes aware of any unauthorized access to, use or disclosure of, or potential access to or use or disclosure of any of FLVS' data being stored for FLVS (a "Data Breach"), Contractor shall promptly, and at its own expense, (i) notify FLVS of the Data Breach; (ii) cooperate with FLVS in the investigation, analysis, notification and mitigation activities; and (iii) indemnify FLVS for all costs FLVS incurs for those activities.

Contractor shall provide a monthly incremental update of FLVS data in an industry standard format to a repository mutually agreed upon with FLVS.

In the event Contractor's hosting or other storage of FLVS' data is terminated, Contractor must ensure that FLVS is able to output all data, and save all reports, documents, and images in appropriate file folders prior to such termination and will provide, at no additional cost, reasonable assistance to FLVS to recover its data. To facilitate FLVS' recovery of its data, Contractor must provide a Data Dictionary for all data stores that hold or manage FLVS data. "Data Dictionary" means a document that describes the details of all databases and database management systems (DBMS) including the schema used to structure the data, the types of records stored in the database, integrity constraints, whether or not the records are encrypted, relationships and dependencies of the data to other systems, as well as the locations, hostnames, IP addresses of the database and DBMSs; additionally, the document must include the name and locations of all log files, transaction logs, key storage, and all other pertinent details that help identify, locate and access the database system and all of its components. FLVS may use the information related to such Data Dictionary for creating software interfaces to the applicable databases. The Contractor data systems must provide FLVS with all reasonably required connectivity information to ensure that FLVS may connect any third party or FLVS owned functional components to the Contractor data systems as deemed necessary by FLVS, in its discretion, to obtain its data in useable form and in a manner that will minimize the disruption to FLVS' operations.

- 10.12 Industry Standards. The Contractor represents and expressly warrants that all aspects of the Services provided or used by it shall at a minimum conform to the standards in the Contractor's industry. This requirement shall be in addition to any express warranties, representations, and specifications included in the Contract, which shall take precedence.
- 10.13 Contractor's Personnel and Staffing. Contractor warrants that all persons assigned to perform Services under this Contract are either lawful employees of Contractor or lawful employees of a subcontractor authorized by FLVS as specified in the RFX. All persons assigned to perform Services under this Contract shall be qualified to perform such Services. Personnel assigned by Contractor shall have all professional licenses required to perform the Services.
- 10.14 Security. FLVS requires that a criminal background investigation be made of any and all Contractor personnel utilized to provide Services to FLVS. Contractor represents and warrants that Contractor shall refrain from assigning personnel to any task under this Contract if such investigation reveals a disregard for the law or other background that indicates an unacceptable security risk as determined by FLVS. The Contractor's employees, agents and subcontractors may be granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations to the extent necessary to carry out the Contractor's responsibilities under the Contract. Such access may be terminated at the sole discretion of FLVS. The Contractor shall provide immediate notice to FLVS of any employees, agents and/or subcontractors suspected of abusing or misusing such access privilege. The Contractor represents and warrants that Contractor shall provide notice to FLVS of the changed status of any employee, agent or subcontractor granted access to state computers, hardware, software,

programs and/or information technology infrastructure or operations, including, but not limited to, termination or change of the position or contract relationship.

- 10.15 **Jessica Lunsford Act:** Effective September 1, 2005, in order to be in compliance with the Jessica Lunsford Act, Awardees meeting any of the three criteria listed below will be required to be Level II fingerprinted and screened by our Human Resources Department. This consists of a FDLE/FBI criminal record and fingerprint search. Contractor shall assign no person to perform work hereunder who has any form of criminal record without the prior written authorization of FLVS.

The Technical Assistance paper for the Jessica Lunsford Act can be accessed at <http://info.fldoe.org/docushare/dsweb/Get/Document-3151/k12%2005-107a>.

- 10.16 **Public Entity Crimes.** A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

The Contractor certifies by submission of this RFP, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

## **11. PRODUCT RECALL**

If this Contract includes the provision of goods and in the event that any of the goods are found by the Contractor, FLVS, any governmental Agency, or court having jurisdiction to contain a defect, serious quality or performance deficiency, or not to be in compliance with any standard or requirement so as to require or make advisable that such goods be reworked or recalled, the Contractor will promptly communicate all relevant facts to FLVS and undertake all corrective actions, including those required to meet all obligations imposed by laws, regulations, or orders, and shall file all necessary papers, corrective action programs, and other related documents, provided that nothing contained in this section shall preclude FLVS from taking such action as may be required of it under any such law or regulation. The Contractor shall perform all necessary repairs or modifications at its sole expense except to any extent that the Contractor and FLVS shall agree to the performance of such repairs by FLVS upon mutually acceptable terms.

## **12. SOLICITATION OF EMPLOYEES**

Each Party (FLVS and Contractor) agrees that, during the Term of this Agreement and for a period of twelve months following the termination of this Agreement for any reason, such Party shall not, directly or indirectly, on its own behalf or as a representative of any other person or entity, solicit or induce any employee of the other Party to terminate his or her employment relationship or to enter into employment with any other person or entity. Notwithstanding the foregoing, a general solicitation for resumes or employees published in a newspaper, on the internet or in any other public medium or in a similar manner will not be deemed to be a violation of this Section 12. Contractor acknowledges that FLVS has informed Contractor that FLVS employees are under contract that contain non-compete Agreement and Contractor will not hire said employees unless the non-compete Agreement has expired.

## **13. CONTRACT ADMINISTRATION**

FLVS will periodically inspect work to assure that the requirements of this contract are being met. Should it be found that the requirements specified herein are not being satisfactorily maintained, the



Contractor shall be contacted and any discrepancies, inconsistencies, or items not meeting the specifications contained herein, are to be corrected immediately at no additional cost to FLVS. A second discrepancy notice shall serve as notification that any future discrepancies, inconsistencies, or items not meeting specifications contained herein, will result in termination of the Contractor right to proceed further with this work. In such event, the Contractor will be paid only for materials used. The Contractor and their sureties may be liable to FLVS for any additional cost incurred by FLVS to complete the job. At this point, the Contractor shall be considered in default and the contract subject to termination. Performance ratings may be considered during award of future contracts by FLVS.

Failure of the Contractor to comply with any of the provisions of this contract shall be considered a material breach of contract and shall be cause for immediate termination of the contract, at the discretion of FLVS.

FLVS reserves the right to terminate this contract, in whole or in part, should the need for the services cease to exist.

Contractor shall be subject to periodic performance evaluations by FLVS personnel. Continued unsatisfactory ratings shall be cause to find the Contractor in default of the contract.

Upon cancellation of any ensuing agreement, FLVS reserves the right to award the contract to the responsible Proposer(s) offering the next highest rated proposal to FLVS for the unexpired term of the canceled contract, or for a full year period, whichever is deemed to be in FLVS's best interest.

- 13.1 Compliance with the Law.** The Contractor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now or hereafter in effect when performing under the Contract, including without limitation, all laws applicable to the prevention of discrimination in employment and the use of targeted small businesses as subcontractors or contractors. The Contractor, its employees, agents and subcontractors shall also comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work performed under the Contract. Contractor and Contractor's personnel shall also comply with all State and FLVS policies and standards in effect during the performance of the Contract, including but not limited to FLVS's policies and standards relating to personnel conduct, security, safety, confidentiality, and ethics.

- 13.2 Drug-free Workplace.** The Contractor hereby certifies as follows:

- 13.2.1** Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace, and specifying the actions that will be taken against employees for violations of such prohibition.
- 13.2.2** Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 13.2.3** Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
- 13.2.4** In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States, or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

- 13.2.5** Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- 13.2.6** Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.
- 13.3** Amendments. The Contract may be amended in writing from time to time by mutual consent of the parties. If the contract award exceeds the delegated purchasing authority of FLVS, then FLVS must obtain approval of the amendment from the Board. All amendments to the Contract must be in writing and fully executed by duly authorized representatives of FLVS and the Contractor.
- 13.4** Third Party Beneficiaries. There are no third-party beneficiaries to the Contract. The Contract is intended only to benefit FLVS, and the Contractor.
- 13.5** Choice of Law and Forum. The laws of the State of Florida shall govern and determine all matters arising out of or in connection with this Contract without regard to the choice of law provisions of State law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with this Contract, such proceeding shall solely be brought in a court or other forum of competent jurisdiction within Orange County, Florida. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to FLVS.
- 13.6** Attorney's Fees. If any action is commenced to construe or enforce any term, covenant, or condition of this Agreement, the prevailing party in such action shall be entitled to all costs and expenses of said action (including reasonable attorney's fees at the trial and appellate levels) from the unsuccessful party in said action.
- 13.7** Arbitration. In the event of any controversy or claim arising out of or relating to this Agreement, the parties specifically and irrevocably agree to submit such controversy or dispute to resolution by arbitration to be conducted in Orange County, Florida, in accordance with the arbitration rules of the American Arbitration Association. A judgment upon any award or decision rendered by the arbitrator shall be entered by a court having subject matter jurisdiction therein and all parties expressly waive any challenge to the use of arbitration in accordance with this paragraph. The parties hereto agree that jurisdiction ad venue for the entry of a judgment upon said arbitration award or decision shall be in Orange County, Florida. The arbitrators are directed to award the expenses of the arbitration, including required travel and other expenses of the arbitrators and any representatives of the arbitrators, the cost and charges of the American Arbitration Association and all reasonable attorney's fees and costs to the prevailing party in the arbitration.
- 13.8** Parties' Duty to Provide Notice of Intent to Litigate and Right to Demand Mediation. In addition to any dispute resolution procedures otherwise required under this Contract or any informal negotiations which may occur between FLVS and the Contractor, no civil action with respect to any dispute, claim or controversy arising out of or relating to this Contract may be commenced without first giving fourteen (14) calendar days written notice to FLVS of the claim and the intent to initiate a civil action. At any time prior to the commencement of a civil action, either FLVS or the Contractor may elect to submit the matter for mediation. Either FLVS or the Contractor may exercise the right to submit the matter for mediation by providing the other party with a written demand for mediation setting forth the subject of the dispute. The parties will cooperate with one another in selecting a mediator and in scheduling the mediation proceedings. Venue for the mediation will be in Orlando, Florida; provided, however, that any or all mediation proceedings may be conducted by teleconference with the consent of the mediator. The parties covenant that they will participate in the mediation in good faith.

All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator or employees of any mediation service, are inadmissible for any purpose (including but not limited to impeachment) in any litigation or other proceeding involving the parties, provided that evidence that is

otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation. Inadmissibility notwithstanding, all written documents shall nevertheless be subject to the Florida Public Records Act, Chapter 119, F.S.

No party may commence a civil action with respect to the matters submitted to mediation until after the completion of the initial mediation session, forty-five (45) calendar days after the date of filing the written request for mediation with the mediator or mediation service, or sixty (60) calendar days after the delivery of the written demand for mediation, whichever occurs first. Mediation may continue after the commencement of a civil action, if the parties so desire.

- 13.9 Assignment and Delegation.** The Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of FLVS. For the purpose of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment.
- 13.10 Use of Third Parties.** Except as may be expressly agreed to in writing by FLVS, Contractor shall not subcontract, assign, delegate or otherwise permit anyone other than Contractor or Contractor's personnel to perform any of Contractor's obligations under this Contract or any of the work subsequently assigned under this Contract. No subcontract which Contractor enters into with respect to performance of obligations or work assigned under the Contract shall in any way relieve Contractor of any responsibility, obligation or liability under this Contract and for the acts and omissions of all subcontractors, agents, and employees. All restrictions, obligations and responsibilities of the Contractor under the Contract shall also apply to the subcontractors. Any contract with a subcontractor must also preserve the rights of FLVS. FLVS shall have the right to request the removal of a subcontractor from the Contract for good cause.
- 13.11 Integration.** The Contract represents the entire agreement between the parties. The parties shall not rely on any representation that may have been made which is not included in the Contract.
- 13.12 Headings or Captions.** The paragraph headings or captions used in the Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.
- 13.13 Not a Joint Venture.** Nothing in the Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties thereto. Each party shall be deemed to be an independent contractor contracting for the Services and acting toward the mutual benefits expected to be derived herefrom. Neither Contractor nor any of Contractor's agents, servants, employees, subcontractors or contractors shall become or be deemed to become agents, servants, or employees of FLVS. Contractor shall therefore be responsible for compliance with all laws, rules and regulations involving its employees and any subcontractors, including but not limited to employment of labor, hours of labor, health and safety, working conditions, workers' compensation insurance, and payment of wages. No party has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to the Contract.
- 13.14 Joint and Several Liability.** If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of the Contract, and for any default of activities and obligations.
- 13.15 Supersedes Former Contracts or Agreements.** Unless otherwise specified in the Contract, this Contract supersedes all prior contracts or agreements between FLVS and the Contractor for the Services provided in connection with the Contract.
- 13.16 Waiver.** Except as specifically provided for in a waiver signed by duly authorized representatives of FLVS and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.
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- 13.17** Notice. Any and all notices, designations, consents, offers, acceptances or any other communication provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by Federal Express, courier or other similar and reliable carrier which shall be addressed to the person who signed the Contract on behalf of the party at the address identified in FLVS Standard Master Service Contract Form. Each such notice shall be deemed to have been provided:
- 13.17.1** At the time it is actually received; or,
- 13.17.2** Within one (1) day in the case of overnight hand delivery, courier or Services such as Federal Express with guaranteed next day delivery; or,
- 13.17.3** Within five (5) days after it is deposited in the U.S. Mail in the case of registered U.S. Mail.
- From time to time, the parties may change the name and address of the person designated to receive notice. Such change of the designated person shall be in writing to the other party and as provided herein.
- 13.18** Cumulative Rights. The various rights, powers, options, elections and remedies of any party provided in the Contract shall be construed as cumulative and not one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, and shall in no way affect or impair the right of any party to pursue any other equitable or legal remedy to which any party may be entitled as long as any default remains in any way un-remedied, unsatisfied or undischarged.
- 13.19** Severability. If any provision of the Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Contract. Further, if any provision of the Contract is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law. Any agreement of FLVS and the Contractor to amend, modify, eliminate, or otherwise change any part of this Contract shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.
- 13.20** Time is of the Essence. Time is of the essence with respect to the performance of the terms of the Contract. Contractor shall ensure that all personnel providing Services to FLVS are responsive to FLVS's requirements and requests in all respects.
- 13.21** Authorization. The persons signing this Contract represent and warrant to the other parties that:
- 13.21.1** It has the right, power and authority to enter into and perform its obligations under the Contract; and
- 13.21.2** It has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of the Contract and the Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.
- 13.22** Successors in Interest. All the terms, provisions, and conditions of the Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns and legal representatives.
- 13.23** Record Retention and Access. The Contractor shall maintain books, records and documents in accordance with generally accepted accounting principles and procedures and which sufficiently and properly document and calculate all charges billed to FLVS throughout the term of the Contract for a period of at least five (5) years following the date of final payment or completion of any required audit, whichever is later. Records to be maintained include both financial records and service records. The Contractor shall grant access to all records pertaining to the Contract to FLVS's authorized representative.
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The Contractor shall permit onsite access visits by designated FLVS employees or agents to conduct audits. These audits may require FLVS access to records and data, computers or communications devices, and other materials whether owned or operated by the Contractor. Access may include, but is not limited to, user level and/or system level access to any computing or communications device; access to information (electronic, hardcopy, etc.) that may be produced, transmitted or stored on the Contractor's equipment or premises; access to work areas; and access to interactively monitor and log traffic on the Contractor's networks.

- 13.24** Solicitation. The Contractor warrants that no person or selling FLVS (except bona fide employees or selling agents maintained for the purpose of securing business) has been employed or retained to solicit and secure the Contract upon an agreement or understanding for commission, percentage, brokerage or contingency.
- 13.25** Immunity from Liability. Every person who is a party to the Contract is hereby notified and agrees that FLVS is immune from liability and suit for or from Contractor's and/or subcontractors' activities involving third parties and arising from the Contract.
- 13.26** Public Records. Florida Virtual School is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's Public Records Law including: (a) keeping and maintaining public records that ordinarily and necessarily would be required by the BOARD in order to perform the service; (b) providing the public with access to public records on the same terms and conditions that the BOARD would provide the records and at a cost that does not exceed the cost provided in chapter or as otherwise provided by law; (c) ensuring that public records that are exempt or that are confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and (d) meeting all requirements for retaining public records and transfer at no cost to the BOARD, all public records in possession of the contractor upon termination of the Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the BOARD in a format that is compatible with the information technology systems of the BOARD. The parties agree that if the contractor fails to comply with a public records request, then Florida Virtual School must enforce the contract provisions in accordance with the contract and as required by Section 119.0701, Florida Statutes.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT, [CustodianofRecords@flvs.net](mailto:CustodianofRecords@flvs.net) , OR BY PHONE 407-513-3325, OR BY MAIL TO: 2145 METROCENTER BLVD., SUITE 100, ORLANDO, FL 32835.**

- 13.27** Debarred, Suspended, and Ineligible Status. Contractor certifies that the Contractor and/or any of its subcontractors have not been debarred, suspended, or declared ineligible by any Agency of the State of Florida or as defined in the Federal Acquisition Regulation (FAR) 48 C.F.R. Ch.1 Subpart 9.4. Contractor will immediately notify FLVS if Contractor is debarred by the State or placed on the Consolidated List of Debarred, Suspended, and Ineligible Contractors by a federal entity.

- 13.28 Use of Name or Intellectual Property.** Contractor agrees it will not use the name or any intellectual property, including but not limited to, FLVS trademarks or logos in any manner, including commercial advertising or as a business reference, without the expressed prior written consent of FLVS.
- 13.29 Taxes.** FLVS is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on Contractor's employee's wages. FLVS is exempt from State and Local Sales and Use Taxes on the services. Tax Exemption Certificates will be furnished upon request. Contractor or an authorized subcontractor has provided FLVS with a sworn verification regarding the filing of unemployment taxes or persons assigned by Contractor to perform Services, which verification is incorporated herein by reference.
- 13.30 Certification Regarding Sales and Use Tax.** By executing the Contract, the Contractor certifies it is registered with the State Department of Revenue, collects, and remits State sales and use taxes as required by Florida law. The Contractor also acknowledges that FLVS may declare the Contract void if the above certification is false. The Contractor also understands that fraudulent certification may result in FLVS or its representative filing for damages for breach of contract.
- 13.31 Delay or Impossibility of Performance.** Neither party shall be in default under the Contract if performance is delayed or made impossible by an act of God. In each such case, the delay or impossibility must be beyond the control and without the fault or negligence of the Contractor. If delay results from a subcontractor's conduct, negligence or failure to perform, the Contractor shall not be excused from compliance with the terms and obligations of the Contract.
- 13.32 Obligations Beyond Contract Term.** The Contract shall remain in full force and effect to the end of the specified term or until terminated or canceled pursuant to the Contract. All obligations of the Contractor incurred or existing under the Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of the Contract.
- 13.33 Counterparts.** FLVS and the Contractor agree that the Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same Order.
- 13.34 Further Assurances and Corrective Orders.** FLVS and the Contractor agree that they will, from time to time, execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, such supplements hereto and such further Orders as may reasonably be required for carrying out the expressed intention of the Contract.
- 13.35 Transition Cooperation and Cooperation with other Contractors.** Contractor agrees that upon termination of this Contract for any reason, it shall provide sufficient efforts and cooperation to ensure an orderly and efficient transition of services to FLVS or another contractor. The Contractor shall provide full disclosure to FLVS and the third-party contractor about the equipment, software, or services required to perform the Services for FLVS. The Contractor shall transfer licenses or assign agreements for any software or third-party services used to provide the Services to FLVS or to another contractor.
- Further, in the event that FLVS has entered into or enters into agreements with other contractors for additional work related to Services rendered under the Contract, Contractor agrees to cooperate fully with such other contractors. Contractor shall not commit any act, which will interfere with the performance of work by any other contractor.
- 13.36 Order of Preference.** In the case of any inconsistency or conflict among the specific provisions of FLVS Standard Master Service Contract Terms and Conditions (including any amendments accepted by both FLVS and the Contractor attached hereto), the RFX (including any subsequent addenda), and the Contractor's Response, any inconsistency or conflict shall be resolved as follows:

- (i) First, by giving preference to the specific provisions of FLVS Standard Master Service Contract Terms and Conditions.
- (ii) Second, by giving preference to the specific provisions of the SOW.
- (iii) Third, by giving preference to the specific provisions of the RFX, Contractor's Response, except that objections or amendments by a Contractor that have not been explicitly accepted by FLVS in writing shall not be included in this Contract and shall be given no weight or consideration.

**13.37 Intent of References to Bid Documents.** The references to the parties' obligations, which are contained in this document, are intended to supplement or clarify the obligations as stated in the RFX and the Contractor's Response. The failure of the parties to make reference to the terms of the RFX or the Contractor's Response in this document shall not be construed as creating a conflict and will not relieve the Contractor of the contractual obligations imposed by the terms of the RFX and the Contractor's Response. The contractual obligations of FLVS cannot be implied from the Contractor's Response. Contractor may be suspended, terminated, or debarred if it is determined that:

- (i) Contractor has made false certification here or in the RFX; or
- (ii) Contractor fails to carry out the requirements of this contract.

**13.38 Severability.** In the event any provision of this Agreement (or portion thereof) is determined by a court of competent jurisdiction to be invalid, illegal, or otherwise unenforceable, such provision shall be deemed to have been deleted from this Agreement, while the remainder of this Agreement shall remain in full force and effect according to its terms.

**13.39 Travel.** If Anticipated Contractor travel costs are included in contractor rates and fees for scope deliverables. FLVS will not be invoiced separately for Contractor travel expenses related to this anticipated travel. If Contractor arranges for their own travel, FLVS will only reimburse up to what is considered acceptable based on FLVS travel policy (Exhibit X - TR001).

#### **14 FEDERAL PROVISIONS [THESE PROVISIONS MAY NOT BE APPLICABLE TO THIS CONTRACT BUT FLVS IS REQUIRED BY THE UNIFORMED GRANT GUIDANCE TO HAVE THIS IN ALL CONTRACTS UTILIZING FEDERAL FUNDS]**

**14.1** Contracts for more than the simplified acquisition threshold currently set at \$150,000, which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

**14.2** All Contracts in excess of \$10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be affected and the basis for settlement.

**14.3 Rights to Inventions Made Under a Contract or Agreement.** If the Federal award meets the definition of "funding agreement" under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by

Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

**14.4 Environmental Protection.** Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and sub grants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the regional office of the Environmental Protection Agency (EPA).

**14.5 Debarment and Suspension Certification.** Debarment and Suspension (Executive Orders 12549 and 12689) - A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

**14.6 Lobbying Certification Contract must adhere to:** Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.



**ATTACHMENT 2**  
**FLVS STANDARD MASTER SERVICE CONTRACT**

**Solicitation**

[\[Attach Solicitation Document\]](#)

**ATTACHMENT 3**  
**FLVS STANDARD MASTER SERVICE CONTRACT**

**Solicitation Addendum**

**[Attach Solicitation Addendum if Any]**

**ATTACHMENT 4**  
**FLVS STANDARD MASTER SERVICE CONTRACT**

**Contractor's Final Response**

**[Insert Contractor's Proposal]**

**ATTACHMENT 5**  
**FLVS STANDARD MASTER SERVICE CONTRACT**  
**Statement of Work (SOW) & Change Orders**

**[Insert Statement of Work/Scope of Work (SOW) & Change Orders if any]**



FLORIDA VIRTUAL  
SCHOOL

**Florida Virtual School  
Statement of Work (SOW) #  
XXXXXX**

**Master Service Agreement #XXXXXX for: XXXXXX**

**1. Term of SOW:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ **Project**

**2. Description and Scope**

This statement of work pursuant to the terms of the MSA# XXXXXX between FLVS and XXXXXX identified above is for the purpose of XXXXX. XXXXXX shall be paid as described below by Florida Virtual School.

**3. Project Timeline and Milestones**

Project Schedule	Milestone Due date
Kickoff	
Completion Due Date	

**Notes:**

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**4. Deliverables, Cost Structure and Payment Terms**

Payment to the Contractor will be provided as described in MSA #XXXXXX. Any changes must be mutually agreed upon through issuance of FLVS Change Order.

Deliverables	Cost
	\$

	\$
	\$
	\$
	\$
Completion	\$
TOTAL	\$

**Notes:**

- No work may begin until FLVS purchase order is issued to the Contractor. Services shall be made as specified on the purchase order or reference the corresponding Contractual agreement governing the specifications and terms and conditions. Contractor will not be compensated for work performed without receipt of a purchase order.
- Invoices will be based upon actual quantities delivered and accepted by FLVS. If fewer items are delivered and accepted, a reduction on the final invoice shall apply.
- Any invoice submitted as a result of this SOW shall be itemized reflecting the items on the purchase order. Unless otherwise stated in the contract, "lump sum" invoices shall not be submitted nor will be accepted for multiple line purchase orders. FLVS will only pay the dollar amounts authorized on the purchase order.
- Contractor will not invoice FLVS for amounts in excess of the above stated costs without prior written approval from FLVS (issuance of Statement of Work Change Order and revised Purchase Order).
- No verbal modifications to this Statement of Work may be made, including, but not limited to, scope, deliverables, milestones, and cost. Any and all modifications to this SOW must be made in writing via Statement of Work Change Order signed by both parties.
- Invoices must include the FLVS purchase order number and be sent to FLVS Accounts Payable ([accountspayable@flvs.net](mailto:accountspayable@flvs.net)) with a copy to XXXXX at XXX@[flvs.net](mailto:flvs.net).

**5. Liquidated Damages *(Include when applicable)***

Liquidated damages shall apply if the Contractor fails to meet the project schedule (Section 3) as specified within the Statement of Work. FLVS may, at its discretion, elect to assess liquidated damages in the amount of \$XXX.XX per calendar day until the earlier of the date that:

- the Contractor completes the task
- FLVS secures the deliverable elsewhere.
- FLVS needs otherwise cease

**Set-Off Against Sums Owed by the Contractor.** In the event that the Contractor owes FLVS any sum under the terms of the Contract, pursuant to any judgment, or pursuant to any law, FLVS may set off the sum owed against any sum owed by FLVS to the Contractor in FLVS sole discretion.

**6. Authorized Person to Receive Contract/Approval Notices for:**

<u>Contractor:</u>	<u>FLVS:</u>
Name:	Name:
Phone:	Phone:
Email:	Email:

**Nothing contained in this Statement of Work is agreeing to or authorizing any change in the terms of the MSA #XXXXXXXXXX, nor is this agreement authorizing or agreeing to any financial commitment beyond that authorized by the FLVS Board of Trustees in the Master Service Agreement.**

**Intellectual Property Ownership.** Except for the rights expressly granted in this Agreement, neither party shall acquire any claims to or rights in any Background Intellectual Property of the other party. All right, title and interest in and to any course content or materials created by Contractor as part of the services provided hereunder including without limitation all rights of patent, copyright, trademark, and other intellectual property and proprietary rights, shall vest in FLVS and shall be deemed a “work made for hire,” as that term is defined in the U.S. Copyright Act (17 U.S.C. § 101), by Contractor for FLVS. If the course content, materials or any portion thereof may not be considered a “work made for hire,” Contractor hereby assigns to FLVS its entire right, title and interest in and to such course content and materials.

**IN WITNESS WHEREOF, this Contract has been executed by the parties hereto.**

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**Contractor**

Contractor’s Name *(If other than an individual, state whether a corporation, partnership, etc.)*

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By *(Authorized Signature)*

Date Signed

---

Printed Name and Title of Person Signing

---

Address

---

**FLVS**

FLVS Name

---

By *(Authorized Signature)*

Date Signed

---

Printed Name and Title of Person Signing

---

Address

**2145 Metro Center Blvd. Suite 200, Orlando, FL 32835**

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<i>SOW Reviewed by:</i>	<i>Signature:</i>	<i>Date of Review:</i>





**ATTACHMENT 6**  
**FLVS STANDARD MASTER SERVICE CONTRACT**

**Amendments to the "FLVS Standard Master ServiceContract Terms and Conditions" and  
Any FLVS Special Terms and Conditions**

FLVS Standard Master Service Contract Terms and Conditions are hereby modified as follows:

**[Insert Amendments (if any)]**

This table will expand as you add rows of data.

					STD, LTD, Life/AD&D							VOLUNTARY LIFE		
Gender (M/F)	Date of Hire	Date of Birth	Home State	Home Zip Code	Base annual salary / income	STD	STD Buy-Up	LTD	Basic Life	Job Title Instructional Non-Instructional 2	Eligibility	Employee Covg	Spouse Covg	Child Covg
M	6/1/2010	8/15/1980		32801	\$45,000	Enrolled		Enrolled	\$45,000		1	N/A	N/A	N/A
Female	12/8/2014	8/20/1978	Florida	34990	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/28/2013	1/18/1965	Florida	34711	\$38,980.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/23/2010	1/2/1972	Florida	33467	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/6/2009	9/24/1985	Florida	32941	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/11/2013	2/17/1980	Florida	33543	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	100,000.00	N/A	N/A
Female	1/7/2002	1/27/1972	Florida	32092	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	\$80,000	\$10,000
Female	12/1/2008	12/21/1972	Florida	32708	\$56,811.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	4/7/2014	3/15/1971	Florida	32055	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	100,000.00	50,000.00	N/A
Female	3/21/2016	9/7/1986	Florida	32502	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	N/A
Female	7/13/2009	10/28/1981	Florida	32905	\$47,040.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	N/A
Female	3/1/2013	7/7/1979	Florida	32220	\$55,620.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	1/18/2013	1/1/1978	Florida	32738	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/1/2009	12/4/1951	Florida	32217	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/4/2013	12/14/1975	Florida	32792	\$88,502.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/4/2010	9/20/1982	Florida	33801	\$62,000.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/15/2005	8/12/1979	Florida	32796	\$66,443.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/6/2014	10/11/1979	Florida	34465	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	1/12/2015	12/9/1979	Florida	32825	\$41,904.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	6/1/2015	1/25/1973	Florida	32817	\$82,039.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	10/26/1971	Florida	32804	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/2/2012	11/9/1977	Florida	33611	\$65,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$40,000	N/A	N/A
Female	8/20/2018	12/9/1987	Florida	33025	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/13/2009	3/18/1978	Florida	32807	\$81,508.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$220,000	N/A	\$10,000
Female	5/2/2014	4/30/1987	Florida	33178	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/12/2004	9/7/1971	Florida	34683	\$62,397.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	12/1/1988	Florida	33812	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/21/2017	7/11/1981	Florida	33326	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	1/28/2013	8/3/1988	Florida	32609	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	4/3/2017	4/8/1986	Florida	33331	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/17/2011	7/1/1964	Florida	34771	\$49,258.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	N/A
Male	4/2/2012	7/25/1982	Florida	32819	\$94,438.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/13/2008	2/1/1978	Florida	33778	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$10,000
Female	4/2/2012	3/14/1969	Florida	32008	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	N/A	N/A
Female	4/22/2013	9/16/1986	Florida	32003	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A

Female	1/11/2016	8/24/1978	Florida	33020	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/1/2016	5/9/1988	Florida	34639	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/24/2017	4/1/1977	Florida	32003	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/21/2017	9/4/1992	Florida	32344	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	9/5/2017	7/10/1988	Florida	32217	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	4/2/2018	9/20/1976	Florida	34429	\$53,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/30/2018	4/30/1982	Florida	34987	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/20/2018	7/29/1966	Florida	33513	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/10/2014	9/18/1988	Florida	32712	\$38,710.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/16/2015	11/30/1981	Florida	32811	\$66,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/2/2012	12/28/1972	Florida	32825	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	6/6/2016	1/26/1971	Florida	34951	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	N/A
Female	8/10/2015	8/28/1990	Florida	34785	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/28/2013	8/11/1978	Florida	33712	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	N/A
Female	10/12/2015	8/31/1958	Florida	34715	\$37,124.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	N/A
Male	11/26/2012	4/22/1967	Florida	33428	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/26/2013	10/24/1976	Florida	34744	\$84,300.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Female	8/20/2018	7/29/1984	Florida	33433	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	11/2/2012	12/29/1986	Florida	32773	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	5/9/2016	10/22/1980	Florida	33810	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Female	7/20/2009	12/15/1976	Florida	33544	\$57,554.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	\$10,000
Female	2/11/2013	7/5/1983	Florida	32909	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	9/24/2012	9/1/1984	Florida	34761	\$54,737.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	\$5,000
Male	2/27/2017	1/21/1972	Florida	33461	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/20/2017	10/19/1983	Florida	32128	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	6/22/2009	10/20/1974	Florida	34787	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	2/11/2013	6/10/1974	Florida	32565	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/21/2005	2/21/1957	Florida	32751	\$80,938.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$100,000	N/A
Female	8/12/2013	11/9/1987	Florida	32714	\$37,124.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/9/2012	10/1/1986	Florida	34202	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/16/2014	2/23/1981	Florida	33707	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	N/A	N/A
Female	3/7/2016	6/10/1962	Florida	34471	\$65,331.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	9/12/2016	1/10/1990	Florida	32825	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/18/2014	5/31/1988	Florida	33071	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/2/2017	5/20/1988	Florida	34787	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	11/26/2007	9/29/1978	Florida	34761	\$42,293.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	2/25/2013	5/9/1983	Florida	32653	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	\$40,000	\$10,000

Female	10/27/2008	9/29/1978	Florida	34639	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/10/2014	9/24/1976	Florida	34669	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$230,000	\$50,000	\$5,000
Female	1/12/2009	12/7/1978	Florida	32935	\$56,191.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	8/20/2012	10/20/1975	Florida	34715	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	8/12/1980	Florida	34684	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/10/2015	5/14/1961	Florida	34747	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$20,000	N/A
Female	7/30/2018	4/16/1980	Florida	33813	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/24/2012	1/7/1954	Florida	33543	\$45,557.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/16/2018	10/27/1987	Florida	33770	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/8/2013	10/28/1985	California	92672	\$51,698.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	N/A
Female	3/5/2012	1/1/1970	Florida	34292	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$180,000	\$90,000	N/A
Female	7/20/2015	4/26/1974	Florida	34453	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	11/12/2012	3/10/1986	Florida	32953	\$57,266.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/8/2016	8/8/1978	Florida	33764	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/21/2017	2/23/1978	Florida	33909	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	12/1/2003	6/27/1968	Florida	32803	\$135,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	3/27/2014	8/25/1981	Florida	32828	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2018	7/13/1983	Florida	32205	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/3/2016	1/24/1972	Florida	32836	\$53,366.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/13/2012	8/4/1976	Florida	33027	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	4/9/2012	2/19/1975	Florida	32503	\$76,220.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/29/2012	11/15/1978	Florida	32082	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/20/2010	6/13/1978	Florida	34741	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	10/7/1985	Florida	34788	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/29/2018	7/9/1991	Florida	33624	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/20/2006	1/30/1964	Florida	32784	\$78,300.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	\$70,000	N/A
Female	11/20/2017	4/11/1980	Florida	34711	\$53,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	3/26/2018	12/20/1960	Florida	32736	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	7/25/2007	12/23/1967	Florida	32907	\$48,165.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/21/2005	9/21/1963	Florida	32605	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	1/22/2018	2/26/1974	Florida	32608	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	2/20/1977	Florida	33157	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2015	1/11/1967	Florida	34786	\$39,406.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	12/9/2013	10/15/1989	Florida	32812	\$50,191.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	4/2/2012	6/25/1973	Florida	32701	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$80,000	N/A	N/A
Female	7/30/2012	1/8/1975	Florida	32444	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2011	10/13/1959	Florida	33904	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/7/2013	9/24/1956	Florida	33880	\$82,901.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	\$5,000
Female	9/4/2012	3/31/1969	Florida	32258	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/21/2017	2/27/1963	Florida	32110	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/14/2015	2/10/1969	Florida	33547	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A

Female	8/4/2003	1/25/1973	Florida	34275	\$86,778.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	5/16/2014	4/17/1981	Florida	33558	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2007	8/30/1979	Florida	33825	\$57,500.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$5,000
Female	4/17/2017	4/10/1989	Florida	34746	\$59,085.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	2/22/2010	4/27/1981	Florida	32303	\$61,766.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	2/10/1972	Florida	33175	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	7/6/1985	Florida	33823	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/30/2012	9/22/1977	Florida	34761	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/11/2017	5/20/1974	Florida	34428	\$51,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/1/2015	2/7/1984	Florida	32764	\$49,831.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Female	6/13/2016	8/21/1982	Florida	33837	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/24/2012	9/12/1970	Florida	34480	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2011	1/15/1984	Florida	34787	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/18/2013	1/20/1978	Florida	33064	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$230,000	\$50,000	\$10,000
Female	5/30/2017	8/7/1979	Florida	32738	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	5/31/2013	6/8/1978	Florida	32833	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/5/2018	1/16/1986	Florida	34684	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/24/2008	4/15/1974	Florida	33436	\$61,323.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/24/2017	7/1/1978	Florida	33436	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	12/4/2017	1/4/1974	Florida	33541	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	8/15/2011	10/4/1983	Florida	33594	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	\$5,000
Female	7/14/2010	11/6/1978	Florida	32780	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	8/14/2017	9/28/1985	Florida	33030	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	4/23/2010	8/24/1980	Florida	34744	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$5,000
Female	1/5/2007	1/15/1976	Florida	32804	\$63,349.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	7/13/2009	1/22/1985	Florida	33830	\$80,202.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	7/5/1978	Florida	33830	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Male	8/3/2009	3/13/1964	Florida	32817	\$134,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$70,000	\$15,000	\$10,000
Female	7/11/2007	2/7/1980	Florida	32713	\$59,441.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Male	4/7/2014	12/18/1987	Florida	33603	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/30/2018	12/3/1970	Florida	32713	\$80,000.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	8/27/2018	4/22/1982	Florida	32578	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$5,000	\$10,000
Female	6/19/2017	9/29/1984	Florida	32804	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/2/2015	9/24/1980	Florida	34787	\$41,904.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	5/26/2015	11/2/1985	Florida	32778	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	5/22/2017	2/24/1984	Florida	33760	\$64,135.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/29/2009	7/18/1974	Florida	32003	\$56,812.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	\$25,000	\$10,000
Female	10/12/2012	5/22/1978	Florida	32312	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/3/2011	8/20/1978	Florida	32619	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000

Female	8/20/2018	10/13/1982	Florida	32796	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	9/19/2016	7/16/1981	Florida	32312	\$67,405.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	8/17/2015	8/6/1971	Florida	32828	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	7/17/2017	12/20/1974	Florida	32828	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/11/2010	6/28/1962	Florida	32812	\$77,775.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/12/2016	10/20/1979	Florida	34746	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	1/20/2009	9/29/1972	Florida	33566	\$79,656.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/28/2017	7/15/1970	Florida	34685	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/26/2012	10/27/1970	Florida	32092	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/25/2007	3/15/1975	Florida	32550	\$52,623.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	10/21/2013	11/21/1986	Florida	32225	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	7/6/2009	6/25/1970	Florida	32804	\$56,310.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/2/2007	6/3/1970	Florida	32136	\$58,877.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/10/2015	2/26/1970	Florida	32086	\$39,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A
Male	7/1/2008	3/27/1943	Florida	32724	\$100,304.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/16/2018	5/18/1983	Florida	34990	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2018	1/4/1974	Florida	33626	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2015	12/18/1976	Florida	33872	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/30/2012	3/19/1972	Florida	34292	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/13/2008	12/7/1971	Florida	32766	\$60,415.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/4/2009	8/17/1961	Florida	32713	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/13/2017	9/16/1989	Florida	34957	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/29/2009	1/12/1976	Florida	32771	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/17/1983	Florida	32082	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/7/2012	2/26/1958	Florida	34610	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/21/2014	12/10/1967	Florida	33703	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	8/9/1980	Florida	32724	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/20/2009	3/24/1961	Florida	33467	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/16/2009	5/11/1971	Florida	32824	\$76,380.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/15/2006	10/24/1975	Florida	32819	\$56,811.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	8/6/2018	9/16/1976	Florida	34471	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2018	4/19/1984	Florida	33484	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	7/22/2002	10/1/1970	Florida	34240	\$84,838.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/22/2018	7/13/1974	Florida	32796	\$33,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$110,000	\$55,000	N/A
Female	11/26/2012	4/16/1961	Florida	32765	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	12/10/2012	8/9/1956	Florida	32223	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/20/2008	7/1/1979	Florida	32926	\$67,405.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$220,000	\$100,000	N/A

Female	7/26/2004	8/27/1975	Florida	33625	\$70,994.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	1/6/2014	11/20/1975	Florida	32829	\$58,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$80,000	\$40,000	\$10,000
Male	8/13/2018	9/18/1967	Florida	32806	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	4/2/2012	2/27/1983	Florida	34747	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/22/2013	8/9/1980	Florida	34747	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	7/9/2012	9/15/1986	Florida	34601	\$43,441.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	6/8/2009	7/20/1961	Florida	32653	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	6/15/1989	Florida	34984	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/28/2017	10/21/1977	Florida	32955	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/17/2017	12/5/1980	Florida	32825	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/9/2009	12/30/1963	Florida	34734	\$46,787.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$80,000	\$35,000	\$10,000
Female	3/11/2013	9/25/1979	Florida	33607	\$86,290.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/4/2016	5/15/1972	Florida	32817	\$47,476.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/3/2011	2/24/1964	Florida	33813	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/4/2018	10/6/1993	Florida	32778	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2009	5/25/1978	Florida	32225	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	\$5,000
Female	4/19/2013	12/15/1964	Florida	32736	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	3/26/2018	9/15/1973	Florida	34786	\$38,738.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	\$10,000
Female	7/6/2010	1/2/1979	Florida	32080	\$50,423.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/30/2009	9/1/1979	Florida	34786	\$52,980.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/26/2010	8/23/1975	Florida	32746	\$44,581.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Female	8/26/2013	9/26/1954	Florida	34787	\$53,415.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	\$10,000	N/A
Female	4/13/2009	7/2/1965	Florida	33812	\$47,009.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/29/2009	10/18/1958	Florida	32817	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$10,000
Female	8/15/2012	8/20/1965	Florida	32054	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/18/2014	6/20/1972	Florida	32707	\$46,183.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	\$5,000
Male	7/24/2017	2/26/1985	Florida	33707	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/24/2002	10/17/1959	Florida	32812	\$82,227.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/28/2005	11/17/1979	Illinois	60601	\$82,960.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	N/A
Female	8/15/2007	12/5/1972	Florida	32693	\$44,655.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	11/17/2008	2/14/1977	Florida	34769	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	7/6/2009	8/25/1962	Florida	33813	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	N/A
Male	8/22/2011	8/11/1983	Florida	34109	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/2/2012	3/16/1973	Florida	32803	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$170,000	N/A	\$10,000
Female	3/27/2014	1/5/1981	Florida	32751	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/16/2014	7/14/1988	Florida	32174	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/4/2015	2/10/1979	Florida	33860	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2016	9/22/1976	Florida	33711	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$10,000

Female	11/14/2016	6/6/1984	Florida	33596	\$55,620.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	3/6/2017	9/20/1970	Florida	33556	\$85,850.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/16/2018	7/18/1971	Florida	34787	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2018	6/22/1974	Florida	32563	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/10/2018	9/29/1968	Florida	32246	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	12/4/2017	4/25/1990	Florida	34957	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	\$10,000
Male	6/15/2009	12/17/1979	Florida	32720	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/24/2015	3/16/1980	Florida	32137	\$43,082.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$210,000	\$100,000	\$10,000
Female	8/13/2012	11/18/1959	Florida	32736	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/5/2009	5/24/1971	Florida	33023	\$74,970.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/18/2016	3/12/1991	Florida	33908	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	7/24/2017	10/4/1970	Florida	34711	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/30/2014	3/7/1985	Florida	33617	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	7/18/2016	9/24/1958	Florida	33067	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2014	1/25/1982	Florida	32303	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	9/5/2017	10/22/1976	Florida	33414	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/29/2007	4/13/1972	Florida	33811	\$44,617.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Male	4/5/2010	5/18/1980	Florida	32312	\$80,202.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	1/26/2009	5/2/1983	Florida	32738	\$52,019.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	N/A	N/A
Female	4/23/2012	11/24/1959	Florida	32539	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/25/2012	12/18/1982	Florida	33629	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$270,000	N/A	N/A
Female	7/1/2005	9/14/1971	Florida	32641	\$62,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$140,000	N/A	\$10,000
Female	6/8/2009	9/16/1982	Florida	33525	\$44,617.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	12/1/2014	2/23/1983	Florida	33455	\$78,205.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/7/2011	2/6/1985	Florida	34786	\$75,258.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$110,000	N/A	N/A
Male	7/24/2017	3/3/1976	Florida	34480	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/22/2013	7/11/1969	Florida	32653	\$38,980.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/15/2015	4/26/1983	Florida	32038	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	5/7/2012	9/8/1973	Florida	33813	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/27/2015	8/21/1990	Florida	32714	\$33,524.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Female	6/13/2012	3/31/1977	Florida	32256	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/18/2014	1/14/1981	Florida	33026	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	12/4/2017	3/3/1976	Florida	32080	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/12/2012	3/22/1984	Florida	32118	\$43,081.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	4/23/2012	11/27/1978	Florida	32828	\$67,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	10/6/2006	2/28/1978	Florida	32566	\$150,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/23/2016	1/20/1976	Florida	32712	\$80,202.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2011	5/24/1976	Florida	33578	\$92,034.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	N/A



Female	4/22/2013	8/7/1980	Florida	34986	\$51,578.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	7/18/2016	2/14/1984	Florida	33473	\$76,220.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/29/2012	9/5/1970	Florida	32763	\$59,628.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$10,000
Male	7/1/2004	9/8/1975	Florida	32951	\$62,447.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/28/2016	3/30/1973	Florida	32951	\$65,331.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/6/2011	8/26/1980	Florida	33409	\$58,767.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$130,000	N/A	N/A
Female	6/25/2012	3/16/1984	Florida	32348	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/12/2015	5/5/1980	Florida	32164	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/21/2014	10/3/1980	Florida	32730	\$59,740.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/5/2017	1/5/1980	Florida	32720	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	12/4/2017	9/15/1984	Florida	34606	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/11/2015	5/28/1987	Florida	34771	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/31/2015	6/30/1964	Florida	33914	\$54,423.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	7/10/2018	12/8/1982	Florida	33635	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	3/24/1983	Florida	34654	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	5/15/1974	Florida	34655	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$230,000	\$100,000	N/A
Female	7/17/2017	3/19/1963	Florida	32819	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/12/2012	1/1/1976	Florida	32086	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/21/2012	2/5/1956	Florida	32792	\$104,655.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/24/2016	9/19/1986	Florida	33029	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	1/9/2017	11/18/1990	Florida	33172	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2012	10/12/1970	Florida	33913	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/13/2016	1/28/1991	Florida	32833	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/6/2016	4/7/1981	Florida	32907	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/7/2013	4/3/1980	Florida	32309	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2007	6/27/1963	Florida	34731	\$44,654.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Male	7/6/2009	6/30/1980	Florida	32065	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/5/2017	5/15/1988	Florida	32789	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$10,000	\$10,000
Female	6/15/2015	7/12/1989	Florida	32904	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	12/15/2008	10/29/1980	Florida	34638	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/20/2009	8/19/1986	Florida	33139	\$62,711.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/15/2016	7/22/1967	Florida	34235	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	8/27/2018	12/24/1983	Florida	32446	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/25/2016	10/17/1986	Florida	32708	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2012	6/3/1968	Florida	33602	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/5/2013	9/6/1991	Florida	32608	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	10/21/1981	Florida	32746	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/8/2012	3/11/1972	Florida	33811	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	11/2/2015	8/13/1978	Florida	34711	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/18/2007	4/4/1962	Florida	32726	\$92,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	\$10,000
Male	10/13/2008	10/10/1953	Florida	32726	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000		N/A

Female	8/9/2010	6/30/1955	Florida	32763	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/7/2012	6/18/1979	Florida	32405	\$55,958.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	N/A	\$10,000
Female	7/23/2012	8/19/1981	Florida	32635	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	6/19/2014	8/3/1983	Florida	32724	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	6/4/1971	Florida	32217	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/11/2016	9/21/1967	Florida	32804	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/11/2013	6/16/1971	Florida	32931	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	\$10,000
Female	2/6/2012	2/25/1972	Florida	34772	\$85,937.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	6/22/2009	11/6/1973	Florida	33175	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/27/2015	12/14/1976	Florida	32707	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Female	7/20/2015	5/8/1982	Florida	34772	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/15/2014	6/26/1964	Florida	34711	\$38,449.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/14/2015	8/19/1965	Florida	34761	\$38,980.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/12/2015	9/19/1991	Florida	33616	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/12/2012	9/29/1980	Florida	33578	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	\$5,000
Female	7/25/2016	12/25/1985	Florida	34608	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/27/2018	4/26/1985	Florida	33967	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$50,000	\$10,000
Female	7/29/2002	9/18/1969	Florida	33604	\$67,328.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/19/2010	6/15/1983	Florida	34683	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/31/2017	7/10/1987	Florida	32751	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	N/A
Female	4/25/2008	10/25/1960	Florida	33458	\$79,617.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Male	1/9/2018	7/29/1964	Florida	32003	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/11/2016	10/13/1979	Florida	34711	\$82,960.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/3/2014	10/15/1976	Florida	33702	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	3/3/1989	Florida	33458	\$41,036.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/29/2009	12/2/1983	Florida	32835	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	\$5,000
Female	7/24/2017	3/27/1958	Florida	33813	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/10/2018	6/19/1988	Florida	32771	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Male	12/12/2016	7/23/1979	Florida	33578	\$62,830.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$170,000	\$85,000	\$10,000
Female	9/6/2016	7/4/1993	Florida	34711	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/19/2014	4/19/1963	Florida	32798	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	3/27/1984	Florida	34232	\$70,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/3/2006	1/30/1973	Florida	32792	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	12/1/2014	10/3/1976	Florida	33193	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	1/28/1967	Florida	32904	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/24/2014	9/30/1988	Florida	33896	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	4/24/2014	2/19/1966	Florida	32159	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Female	7/21/2008	9/9/1972	Florida	32308	\$51,683.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2015	2/11/1976	Florida	33510	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000

Female	8/24/2015	5/7/1986	Florida	33486	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/11/2013	2/24/1980	Florida	32903	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	\$40,000	N/A
Female	3/5/2018	11/2/1964	Florida	32937	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/13/2007	12/25/1977	Florida	33409	\$70,343.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	11/8/2010	5/29/1981	Florida	33823	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$290,000	N/A	\$10,000
Female	11/4/2013	1/19/1970	Florida	32708	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2016	7/2/1989	Florida	34772	\$54,785.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/22/2018	10/4/1974	Florida	33193	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/10/2018	3/5/1986	Florida	32301	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/7/2011	12/27/1967	Florida	32570	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	8/8/2016	4/28/1984	Florida	34209	\$49,502.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$190,000	\$50,000	N/A
Female	6/7/2006	5/1/1968	Florida	33065	\$67,806.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2012	12/12/1973	Florida	33707	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$10,000	\$10,000
Female	3/25/2013	9/24/1955	Virginia	22844	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/29/2007	6/18/1956	Florida	32003	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/18/2013	12/14/1962	Florida	33543	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	12/8/2008	1/11/1982	Florida	33547	\$92,034.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$450,000	N/A	N/A
Female	1/5/2009	1/2/1970	Florida	34610	\$57,329.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$240,000	\$50,000	\$10,000
Female	2/12/2018	6/8/1970	Florida	34771	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A
Female	3/15/2013	12/19/1977	Florida	33812	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	12/17/1975	Florida	32068	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/29/2016	7/25/1987	Florida	34987	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Male	2/20/2018	12/25/1979	Florida	32277	\$56,500.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/6/2014	7/8/1984	New Jersey	8210	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/21/2015	2/19/1971	Florida	32955	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	3/28/2016	12/15/1977	Florida	32927	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	N/A
Male	5/4/2009	1/21/1983	Florida	34787	\$63,734.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	N/A
Female	12/10/2012	12/18/1986	Florida	34711	\$61,405.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$130,000	N/A	N/A
Male	12/8/2014	5/9/1967	Florida	32805	\$64,294.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/17/2017	12/31/1982	Florida	33015	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/10/2017	3/26/1969	California	91320	\$110,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/16/2005	3/11/1975	Florida	32967	\$47,972.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$5,000
Female	3/25/2013	9/10/1975	Florida	33993	\$43,474.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2011	5/22/1967	Florida	34761	\$72,369.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	1/12/2015	9/16/1988	Florida	32208	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/25/2013	2/26/1981	Florida	32746	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	9/8/2014	10/19/1963	Florida	34233	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	3/9/2015	9/8/1975	Florida	34786	\$55,695.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/13/2015	7/16/1976	Florida	34711	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	\$10,000
Female	4/3/2017	5/14/1981	Florida	32309	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/25/2017	9/9/1975	Florida	32819	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/10/2012	9/7/1973	Florida	32837	\$61,333.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/21/2006	9/16/1976	Florida	32824	\$62,017.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$5,000
Female	11/13/2017	2/14/1976	Florida	33547	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/22/2013	6/24/1982	Pennsylvania	15061	\$51,698.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/1/2009	4/29/1963	Florida	32327	\$62,336.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2010	12/15/1976	Florida	34786	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/13/2016	10/25/1968	Florida	34472	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$5,000	\$10,000
Female	3/25/2013	12/25/1967	Florida	32801	\$57,266.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/4/2012	7/11/1983	Florida	33837	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Male	5/23/2016	11/14/1977	Florida	33545	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/25/2013	10/25/1978	Florida	33414	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$230,000	\$100,000	\$10,000
Female	6/11/2018	4/6/1987	Florida	32703	\$35,799.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/16/2018	5/30/1990	Florida	33971	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	7/1/1974	Florida	34772	\$82,607.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$100,000	N/A
Female	8/16/2010	8/13/1974	Florida	32566	\$56,318.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	1/9/2018	9/3/1990	Florida	33569	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/29/2012	7/15/1972	Florida	34736	\$86,071.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/25/2013	6/30/1972	Florida	33565	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2009	12/14/1966	Florida	32164	\$61,550.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/15/2012	5/21/1969	Florida	32779	\$76,738.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/8/2016	6/20/1982	Florida	32080	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/26/2016	1/18/1993	Florida	32806	\$41,036.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2011	12/9/1969	Florida	34217	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/14/2015	8/17/1976	Florida	33431	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/5/2017	11/5/1958	Florida	33716	\$101,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$70,000	N/A	N/A
Female	7/10/2018	4/23/1985	Florida	33611	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	N/A
Female	6/16/2004	12/28/1971	Florida	33187	\$70,649.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/6/2018	2/27/1990	Florida	33579	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/17/2008	9/12/1973	Florida	32303	\$47,192.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$110,000	\$50,000	\$10,000
Male	5/1/2009	11/11/1975	Florida	32081	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	2/13/2017	9/21/1989	Florida	33414	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	11/17/2006	2/1/1957	Florida	33707	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/24/2017	7/23/1975	Florida	33030	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	5/3/2013	6/28/1976	Florida	33629	\$52,089.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/15/2016	6/20/1987	Florida	32205	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Male	8/21/2017	1/7/1994	Florida	32814	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	11/4/1977	Florida	32828	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/8/2015	9/8/1978	Florida	32024	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	4/14/1992	Florida	32926	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Male	11/28/2011	6/1/1967	Florida	34761	\$74,665.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$120,000	\$20,000	\$5,000
Female	8/13/2018	12/3/1968	Florida	32820	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	\$10,000
Female	7/17/2017	1/11/1990	Florida	32127	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/24/2008	7/10/1983	Florida	33414	\$61,412.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	9/5/2017	2/20/1985	Florida	32204	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/9/2014	6/13/1973	Florida	32065	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	8/21/2017	10/3/1986	Florida	33610	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/17/2017	5/4/1982	Florida	32054	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$70,000	\$35,000	N/A
Female	10/24/2016	11/28/1976	Florida	34654	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/4/2015	1/31/1972	Florida	34654	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/29/2003	7/19/1977	Florida	34232	\$62,397.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/27/2017	11/27/1986	Florida	34731	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	N/A
Female	7/10/2018	6/26/1992	Florida	32348	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/21/2012	8/4/1979	Florida	34684	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	8/22/2016	11/21/1985	Florida	32256	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/17/2014	7/19/1972	Florida	34953	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/22/2016	7/10/1984	Florida	34759	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/23/2011	8/13/1964	Florida	33559	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$270,000	\$100,000	\$10,000
Female	7/10/2018	11/18/1976	Florida	32832	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/16/2018	4/19/1971	Florida	34683	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/25/2017	9/20/1976	Florida	32311	\$77,340.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/19/2010	10/10/1968	Florida	34472	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Male	7/11/2011	9/21/1983	Florida	34683	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	6/19/1989	Florida	33414	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/8/2017	3/19/1971	Florida	33914	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	1/28/2013	11/25/1975	North Carolina	27571	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	N/A
Male	1/22/2018	7/8/1987	Florida	32533	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	1/9/2017	7/26/1974	Florida	32714	\$69,690.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	7/19/2010	10/7/1985	Florida	32976	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2005	9/29/1975	Florida	34219	\$58,362.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	4/11/2011	4/15/1982	Florida	32835	\$44,581.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/16/2014	10/18/1985	Florida	33624	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/7/2013	1/8/1986	Florida	32712	\$58,073.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	N/A
Female	6/6/2016	1/22/1977	Florida	33605	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/2/2012	10/3/1974	Florida	32779	\$80,202.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$350,000	\$50,000	N/A
Female	5/29/2012	12/27/1984	Florida	32311	\$43,441.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A

Female	7/10/2018	8/24/1971	Florida	32934	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$240,000	\$50,000	\$10,000
Female	8/20/2018	7/25/1975	Florida	33710	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	N/A
Female	12/5/2016	8/10/1971	Florida	32828	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	6/8/2012	8/2/1980	Florida	34773	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/23/2015	7/26/1983	Florida	32904	\$41,873.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	3/28/1984	Florida	34698	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$5,000
Female	4/17/2009	7/22/1977	Florida	33415	\$56,191.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	\$100,000	\$10,000
Female	7/26/2010	8/24/1980	Florida	34786	\$44,281.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/23/2010	9/13/1970	Florida	32081	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	N/A
Female	2/27/2012	4/25/1977	Florida	32905	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Female	11/6/2014	9/22/1954	Florida	33647	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	5/31/1990	Florida	32804	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/16/2018	11/2/1981	Florida	32301	\$166,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/6/2018	1/18/1970	Florida	32829	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	1/5/1988	Florida	32533	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/27/2018	6/19/1978	Florida	33759	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/28/2010	11/19/1965	Maine	4605	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/19/2017	10/11/1988	Florida	33325	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/9/2010	9/1/1977	Florida	33407	\$55,929.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2015	5/20/1974	Florida	33166	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	7/18/2011	11/26/1963	Florida	32401	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/30/2010	6/9/1983	Florida	32608	\$76,220.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$120,000	N/A	N/A
Female	8/7/2017	6/21/1983	Florida	32724	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/12/2018	10/31/1988	Florida	32822	\$36,873.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/5/2015	2/14/1961	Florida	32967	\$41,905.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	N/A
Female	8/6/2018	1/31/1978	Florida	32810	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2011	8/21/1975	Florida	32703	\$52,536.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	\$10,000
Female	1/16/2006	11/13/1974	Georgia	30535	\$71,333.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Male	6/8/2015	1/8/1983	Florida	32707	\$41,904.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/14/2015	4/13/1983	Florida	32707	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2015	1/14/1968	Florida	33914	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/7/2014	1/29/1986	Florida	34786	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/30/2018	4/18/1986	Florida	34786	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/5/1981	Florida	33884	\$39,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$10,000
Female	7/10/2018	5/21/1990	Florida	32514	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2014	12/23/1986	Florida	33606	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/3/2014	2/1/1990	Florida	32824	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/11/2014	6/4/1973	Florida	33032	\$81,100.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	N/A
Female	11/2/2015	4/24/1984	Florida	34736	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/13/2011	11/29/1983	Florida	34696	\$52,536.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/7/2011	6/16/1981	Florida	32712	\$50,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/23/1973	Florida	33510	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	1/26/2015	4/1/1981	Florida	33803	\$41,905.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/10/2012	5/28/1981	Florida	34471	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/21/2012	3/10/1983	Florida	33511	\$73,500.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$290,000	\$50,000	\$10,000
Female	5/19/2014	5/19/1970	Florida	32205	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/17/2017	9/15/1979	Florida	32828	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	7/1/2004	3/6/1974	Florida	32550	\$48,119.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A
Male	6/28/2010	2/19/1977	Florida	32712	\$85,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	N/A
Male	1/21/2014	2/26/1965	Florida	34711	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2005	5/12/1968	Florida	32068	\$65,103.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	N/A
Female	1/26/2009	4/13/1972	Florida	34654	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2011	4/6/1981	Florida	33803	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	4/30/2012	2/12/1963	Florida	32137	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	5/31/1962	Florida	32828	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2016	2/14/1972	Florida	33604	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/16/2010	2/14/1980	Florida	34772	\$55,801.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	\$60,000	\$10,000
Female	11/10/2008	7/25/1977	Florida	33166	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/21/2014	1/30/1979	Florida	33411	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	6/8/2015	3/22/1978	Florida	32303	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	6/8/2009	3/14/1954	Florida	34236	\$62,275.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/5/2017	9/11/1992	Florida	32765	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/28/2005	1/29/1970	Florida	33966	\$57,635.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	4/23/2010	10/16/1977	Florida	32097	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$70,000	\$10,000
Female	11/12/2012	7/17/1984	Florida	32712	\$50,163.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	\$10,000
Female	7/11/2017	6/3/1985	Florida	32259	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/11/2012	1/21/1978	Florida	33015	\$55,998.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/18/2016	12/8/1976	Florida	33408	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	\$10,000
Female	11/12/2012	11/11/1968	Florida	33578	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/22/2015	3/30/1976	Florida	32174	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2011	8/7/1981	Florida	32832	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	8/30/1979	Florida	32605	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/10/2018	11/19/1989	Florida	33458	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Male	10/24/2016	3/3/1970	Florida	34786	\$61,800.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/30/2014	8/13/1982	Florida	32746	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2018	1/23/1979	Florida	33904	\$76,000.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	8/17/2009	8/17/1979	Florida	34639	\$69,479.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	N/A
Male	7/10/2018	2/25/1984	Florida	34266	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/8/2014	9/20/1981	Florida	33414	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$210,000	N/A	\$5,000
Female	7/16/2018	12/12/1990	Florida	32765	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	10/9/1978	Florida	34685	\$85,034.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/14/2011	4/6/1981	Florida	34747	\$57,801.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	7/14/2010	12/6/1968	Florida	33764	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/11/2013	9/29/1950	Florida	32837	\$86,289.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	2/9/2015	10/29/1985	Florida	32601	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/26/2012	9/3/1985	Florida	34758	\$54,242.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/3/2017	12/14/1962	Florida	32578	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	7/20/2015	3/26/1976	Florida	34771	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2008	5/20/1960	Florida	32607	\$67,514.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	7/3/2006	1/1/1966	Florida	34786	\$61,386.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/28/2008	7/11/1971	Florida	33844	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/15/2015	8/8/1982	Iowa	52317	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2012	12/25/1981	Florida	32250	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/16/2018	8/18/1963	Florida	32640	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/8/2013	10/17/1983	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	4/18/1969	Florida	32765	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/13/2011	7/31/1972	Florida	32054	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/24/2015	1/31/1990	Pennsylvania	16506	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	2/20/1974	Florida	34677	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	3/26/2018	3/27/1989	Florida	32621	\$50,163.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/19/2017	11/4/1988	Florida	33813	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/1/2013	2/27/1983	New York	14502	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2009	6/27/1974	Florida	33558	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A
Female	8/14/2017	2/22/1980	Florida	33319	\$50,163.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	N/A
Female	8/6/2012	6/18/1982	Florida	33467	\$43,474.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$210,000	\$50,000	\$10,000
Female	2/2/2015	8/31/1976	Florida	32442	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/19/2017	7/24/1984	Florida	34677	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/28/2016	3/8/1978	Florida	34472	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	\$10,000
Female	10/3/2011	11/22/1983	Florida	34638	\$44,591.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/9/2012	5/17/1958	Florida	34711	\$42,422.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/14/2017	5/24/1991	Florida	33196	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/18/2002	7/26/1967	Florida	34453	\$80,696.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Male	7/6/2010	8/9/1980	Florida	32092	\$58,011.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$160,000	N/A	N/A
Female	6/6/2011	4/29/1963	Florida	32940	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	1/26/2015	8/9/1987	Florida	32812	\$41,905.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	N/A	N/A
Female	8/6/2018	7/25/1988	Florida	32827	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/16/2018	7/28/1995	Florida	32828	\$28,222.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	11/11/2015	8/21/1976	Florida	32819	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	9/13/2007	10/12/1970	Florida	32092	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A



Female	8/8/2016	12/26/1974	Florida	33414	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2018	9/16/1994	Florida	32821	\$35,799.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/8/2014	5/14/1976	Florida	32829	\$87,295.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Female	1/6/2014	9/21/1975	Florida	32803	\$81,294.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/25/2013	10/9/1984	Florida	33020	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/19/2013	12/21/1983	Florida	33624	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2009	9/12/1979	Florida	32514	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	7/10/2018	6/2/1988	Florida	32811	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/17/2015	1/11/1984	Florida	32578	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	1/26/2009	7/27/1974	Florida	32765	\$65,471.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$170,000	\$65,000	\$10,000
Female	3/8/2007	4/12/1983	Oregon	97203	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	7/19/1979	Florida	32832	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2017	11/27/1972	Florida	32720	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	8/6/2018	9/8/1959	Florida	33160	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/2/2012	8/13/1955	Florida	33873	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2012	6/29/1976	Florida	32127	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	11/11/2010	9/11/1984	Florida	32073	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/13/2016	12/8/1988	Florida	34984	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	\$10,000
Female	6/22/2009	3/14/1970	Florida	32713	\$59,393.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/4/2017	10/8/1975	Florida	33196	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/11/2012	11/30/1983	Florida	32804	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	11/28/2017	11/20/1985	Florida	33572	\$54,785.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	5/23/2016	1/20/1966	Florida	32940	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/19/2012	11/5/1980	Florida	33544	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	3/26/2018	7/18/1981	Florida	32828	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/16/2012	12/10/1971	Florida	33157	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	7/13/1976	Florida	32577	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	\$10,000
Female	5/11/2015	10/15/1976	Louisiana	71106	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/22/2006	2/10/1969	Florida	32043	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/23/2012	4/10/1979	North Carolina	27587	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/18/2013	7/5/1976	Florida	34772	\$47,702.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/5/2014	5/22/1984	Florida	32128	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$75,000	N/A
Female	12/11/2017	8/8/1978	Florida	32832	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/6/2014	6/29/1980	Florida	34119	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$20,000	N/A
Female	7/3/2006	2/12/1974	Florida	33901	\$48,165.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$50,000	N/A
Female	8/22/2011	12/5/1964	Florida	33991	\$44,543.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2012	2/18/1966	Florida	33467	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/2/2007	8/7/1980	Florida	32606	\$48,165.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	7/3/2006	10/20/1978	Florida	33813	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	\$10,000
Female	11/17/2008	12/23/1977	Florida	32726	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	12/28/1962	Florida	32937	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	8/29/2016	11/23/1973	Florida	34711	\$53,560.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/18/2012	1/22/1974	Florida	32081	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$130,000	N/A	\$10,000
Male	7/31/2017	6/3/1957	Massachusetts	1523	\$81,375.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	\$10,000	N/A
Female	5/3/2013	12/7/1971	Florida	33134	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/25/2013	11/22/1989	Florida	32818	\$43,500.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/13/2015	7/7/1988	Florida	32835	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2007	7/23/1967	Florida	32043	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2009	4/1/1976	Florida	32937	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$5,000
Female	9/14/2015	11/14/1982	Florida	33418	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/9/2015	2/22/1967	Florida	32751	\$73,625.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	1/12/2015	11/28/1985	Florida	32205	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/30/2018	3/7/1980	Florida	33579	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/23/2015	11/9/1981	Florida	34741	\$34,936.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	N/A
Male	7/1/2005	8/16/1963	Florida	33884	\$58,362.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	12/9/2013	5/16/1988	Florida	34761	\$53,924.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	N/A
Female	6/1/2006	2/27/1971	Florida	34219	\$64,294.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$60,000	\$30,000	\$10,000
Female	7/18/2016	7/29/1981	Florida	32828	\$92,034.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/6/2018	3/31/1991	Florida	33706	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2008	2/19/1961	Florida	33062	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	1/28/1960	Florida	34232	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/23/2012	2/12/1982	Florida	33024	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2018	9/12/1971	Florida	33777	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/12/2013	8/23/1980	Florida	32832	\$36,161.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/8/2009	11/28/1981	Florida	33761	\$44,695.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	N/A
Female	1/5/2007	10/8/1979	Florida	32825	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/4/2012	9/28/1984	Florida	32953	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/10/2004	5/28/1973	Florida	32736	\$54,757.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/22/2009	6/17/1981	Florida	32827	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$5,000
Female	6/11/2012	4/16/1985	Florida	32136	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/29/2016	11/12/1987	Florida	33414	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	4/2/2012	11/26/1982	Florida	32571	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Female	8/1/2016	11/15/1978	Florida	34479	\$49,168.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/24/2011	3/14/1982	Florida	33612	\$90,899.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/9/2015	9/16/1972	Florida	34761	\$49,131.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/12/2016	2/22/1989	Florida	33511	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	N/A
Female	9/8/2006	7/21/1977	Florida	32428	\$71,265.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	N/A

Female	11/6/2017	1/31/1984	Florida	32618	\$65,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/8/2010	1/7/1982	Florida	32712	\$65,550.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/2/2018	10/26/1982	Florida	32828	\$35,799.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	2/25/2013	2/21/1969	Florida	32835	\$96,441.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/14/2011	3/25/1979	Florida	34471	\$98,515.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$350,000	N/A	\$10,000
Male	3/30/2015	1/6/1986	Florida	34769	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/13/2016	8/6/1984	Florida	32065	\$41,284.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2001	11/30/1972	Florida	34786	\$64,187.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	4/3/2017	2/15/1988	Florida	34683	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/29/2018	10/30/1970	Florida	32712	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	8/18/1982	Florida	34746	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/6/2006	1/22/1976	Florida	32750	\$68,690.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/22/2008	10/5/1970	Florida	34787	\$48,133.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	N/A	N/A
Male	6/8/2009	1/31/1970	Florida	33410	\$57,197.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/10/2015	9/7/1983	Florida	32904	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	2/27/2012	4/17/1987	Florida	34773	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$30,000	\$10,000
Female	5/21/2012	6/27/1969	Florida	34470	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/19/2013	3/12/1969	Florida	34470	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/10/2014	9/24/1981	Florida	32714	\$61,555.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/11/2015	1/27/1963	Florida	34997	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/30/2018	9/16/1982	Florida	33805	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/22/2011	7/12/1969	Florida	34292	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2011	1/11/1983	Florida	33782	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/6/2018	7/17/1974	Florida	33020	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	12/7/2012	12/21/1955	Florida	34266	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/6/2017	5/10/1978	Florida	33460	\$50,665.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/22/2013	4/30/1984	Florida	34637	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/19/2010	11/6/1972	Florida	32226	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	N/A
Female	8/3/2009	10/28/1978	Florida	33761	\$56,630.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$10,000
Female	8/27/2012	2/18/1984	Florida	33841	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	5/16/2014	7/14/1979	Florida	32043	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	10/29/2012	12/17/1977	Florida	33618	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/28/2010	5/11/1970	Florida	33543	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	N/A
Female	8/15/2011	4/12/1979	Florida	32119	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Female	11/3/2008	5/22/1969	Florida	33026	\$61,935.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/7/2014	4/27/1938	Florida	34110	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/28/2013	9/30/1981	Florida	32940	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	9/22/2006	1/28/1975	Florida	33710	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	8/8/2007	6/19/1963	Florida	34202	\$85,449.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	8/11/2014	9/16/1967	Florida	32311	\$82,970.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$300,000	N/A	N/A
Female	5/14/2012	10/4/1964	Florida	34608	\$58,224.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/21/2014	2/26/1959	Florida	32615	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	10/26/2012	10/6/1963	Florida	32809-3462	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/6/2014	4/16/1985	Florida	32828	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/19/2012	12/1/1980	Florida	34715	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	6/6/2016	9/29/1981	Florida	33035	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Male	3/5/2018	11/22/1979	Florida	34473	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	3/5/1957	Florida	33175	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	12/18/1989	Florida	33605	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/4/2013	8/2/1970	Florida	33177	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/15/2015	5/28/1991	Florida	33897	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/16/2010	4/1/1947	Florida	34210	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/30/2010	8/3/1955	Florida	34210	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	11/3/2008	11/26/1956	Florida	32064	\$92,032.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/16/2012	8/16/1978	Florida	33547	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	4/19/2013	3/16/1973	Florida	33579	\$43,082.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/2/2015	1/30/1969	Florida	33810	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/6/2010	2/16/1978	Florida	32937	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$150,000	\$10,000	N/A
Male	1/26/2015	11/24/1976	Florida	32937	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/30/2009	9/9/1982	Florida	32086	\$58,301.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/17/2015	1/15/1985	Florida	34711	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$230,000	N/A	N/A
Female	10/28/2005	11/14/1977	Florida	32773	\$54,933.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	N/A
Male	7/11/2007	9/8/1978	Florida	32773	\$95,871.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$400,000	N/A	N/A
Female	6/28/2010	3/1/1980	Florida	32256	\$72,590.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/8/2016	9/20/1955	Florida	34711	\$77,775.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/15/2011	1/17/1984	Florida	32257	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	8/6/2018	6/9/1980	Florida	32907	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	5/2/2014	9/18/1970	Florida	32837	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/28/2004	10/22/1965	Florida	32765	\$77,775.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	8/4/2003	10/11/1963	Florida	32765	\$64,380.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/20/2015	2/25/1965	Florida	34655	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/2/2008	6/30/1984	Florida	32828	\$60,193.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$30,000	\$15,000	\$10,000
Male	12/5/2013	10/24/1970	Florida	32940	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/7/2015	8/19/1976	Florida	32750	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	10/29/2012	8/19/1966	Florida	34655	\$79,849.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$140,000	\$50,000	N/A
Female	7/3/2006	6/1/1970	Florida	32821	\$68,569.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$350,000	N/A	N/A
Female	8/21/2017	5/5/1965	Florida	33478	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2016	12/2/1958	Florida	32806	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	10/11/1973	Florida	33629	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2016	11/19/1976	Florida	33765	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/7/2014	3/26/1980	Florida	32707	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	\$70,000	\$10,000
Female	8/6/2018	5/24/1975	Florida	32308	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/27/2018	12/18/1971	Florida	34711	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/3/2011	1/28/1966	Florida	33813	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	4/17/2017	5/24/1977	Florida	34476	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2015	3/12/1985	Florida	32703	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/24/2017	1/9/1972	Florida	34203	\$76,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	4/5/2013	1/5/1970	Florida	33901	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/10/2004	7/26/1969	Florida	34488	\$54,757.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	4/4/1985	Florida	34135	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	2/11/2013	5/29/1973	Florida	32179	\$43,441.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Male	4/2/2012	1/29/1974	Colorado	80920	\$69,479.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/10/2018	5/5/1987	Florida	32804	\$53,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/9/2007	8/18/1984	Florida	34786	\$42,337.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/14/2017	10/18/1981	Florida	32804	\$77,340.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2012	5/6/1962	Florida	32583	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/19/2016	9/14/1969	Florida	32095	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$230,000	\$50,000	\$10,000
Female	1/9/2018	7/12/1988	Florida	34787	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	6/29/1978	Florida	33556	\$48,165.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	7/9/2013	11/1/1975	Florida	33467	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/16/2008	8/20/1974	Florida	33556	\$55,998.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/1/2008	10/28/1960	Florida	32578	\$54,553.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	6/17/1981	Florida	32168	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/2/2007	10/30/1963	Florida	33907	\$56,191.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$250,000	\$100,000	N/A
Male	5/29/2012	12/22/1974	Florida	32536	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	\$40,000	N/A
Female	8/15/2011	3/7/1981	Florida	32071	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2009	7/20/1977	Florida	33572	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	7/2/2007	12/3/1974	Florida	33021	\$59,869.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Male	7/24/2017	10/23/1969	Wisconsin	53150	\$110,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/5/2017	9/7/1980	Florida	32708	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/19/2008	9/26/1955	Florida	32757	\$83,664.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/19/2017	5/30/1991	Florida	33852	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/31/2017	2/17/1977	Florida	33173	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/20/2018	1/18/1987	Florida	32825	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A

Male	12/12/2016	2/17/1986	Florida	32773	\$58,633.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	10/24/2016	9/23/1983	Florida	32724	\$66,368.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	12/4/2008	3/17/1981	Florida	32812	\$60,999.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/21/2012	6/12/1982	Florida	32746	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/7/2014	3/17/1970	Florida	33841	\$82,970.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/29/2009	3/19/1973	Florida	34638	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	\$100,000	N/A
Female	7/9/2012	9/3/1981	Florida	33825	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	6/5/2017	4/7/1983	Florida	33825	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	1/5/2009	11/7/1957	Florida	33908	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2009	11/20/1981	Florida	34655	\$44,654.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/26/2015	6/5/1970	Florida	32792	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	8/8/2016	5/30/1984	Florida	33317	\$41,036.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/29/2016	6/29/1989	Florida	32724	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	N/A
Male	7/20/2009	3/26/1976	Florida	32708	\$57,782.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Male	9/15/2008	2/8/1978	Florida	32615	\$72,590.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/17/2017	12/27/1981	Florida	32084	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	N/A
Female	8/9/2010	3/2/1983	Florida	32225	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/2/2014	11/21/1988	Florida	33542	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	N/A	N/A
Female	2/27/2017	8/5/1985	Florida	33467	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/7/2017	8/23/1982	Florida	32208	\$76,000.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2017	10/1/1990	Florida	32833	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	5/9/1979	Florida	32837	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	N/A
Female	3/19/2012	11/9/1963	Florida	32424	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/25/2017	2/19/1971	Florida	32303	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$10,000
Female	1/16/2018	11/16/1981	Florida	32828	\$77,340.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	2/24/1979	Florida	32054	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/21/2017	9/4/1985	Florida	33037	\$48,213.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/21/2017	10/28/1976	Florida	34655	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/23/2015	1/13/1977	Florida	32828	\$81,370.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/25/2011	4/16/1979	Florida	34761	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/23/2012	12/21/1978	Florida	34638	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	\$10,000
Female	1/16/2018	6/15/1982	Florida	32904	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/9/2016	10/3/1978	Florida	32828	\$79,849.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	8/15/2011	6/24/1979	Florida	32934	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Male	1/16/2018	9/2/1972	Florida	32836	\$68,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Female	2/25/2013	7/28/1960	Florida	34746	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2016	12/26/1969	Florida	32806	\$94,367.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Female	9/6/2011	4/6/1979	Florida	33801	\$44,179.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$170,000	N/A	\$10,000

Female	12/1/2014	2/9/1971	Florida	32828	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2016	3/28/1985	Florida	34209	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2011	9/19/1955	Florida	32137	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	3/14/2016	2/26/1980	Florida	33897	\$38,369.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/19/2016	11/11/1978	Florida	33647	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/9/2012	8/26/1974	Florida	34472	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	6/13/2012	7/5/1978	Florida	33598	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/14/2012	4/1/1969	Florida	34604	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/20/2014	2/21/1973	Florida	32566	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	2/27/2012	11/8/1977	Florida	32084	\$52,265.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/11/2012	9/25/1975	Florida	32955	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	9/14/2015	10/17/1976	Florida	34652	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	5/21/2012	10/30/1973	Florida	33812	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	5/10/2013	3/6/1973	Florida	34431	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/15/2009	6/5/1970	Florida	32952	\$48,165.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/29/2010	11/20/1970	Florida	33625	\$86,674.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	12/1/2014	11/30/1985	Florida	32168	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	2/2/1965	Florida	34606	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2012	9/27/1980	Florida	33811	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	1/22/2018	11/18/1977	Florida	33755	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2012	1/3/1985	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/12/2017	11/2/1984	Florida	32092	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2015	6/15/1987	Florida	32311	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	4/10/2014	10/19/1953	Florida	32968	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2007	1/7/1965	Florida	33773	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Male	8/13/2008	9/3/1965	Florida	33773	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	11/10/2008	5/11/1980	Florida	33547	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	N/A
Female	12/15/2008	12/23/1974	Florida	32952	\$56,332.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/26/2009	9/24/1979	Florida	33755	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	\$70,000	\$10,000
Male	5/7/2012	3/4/1976	Florida	34480	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$160,000	N/A	N/A
Female	8/15/2016	6/30/1984	Florida	32940	\$51,668.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$90,000	N/A	N/A
Female	1/9/2018	9/19/1979	Florida	33525	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	10/15/2012	10/3/1960	Florida	33321	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/10/2014	1/8/1991	Florida	34473	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	3/25/1987	Florida	33713	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2017	8/24/1980	Florida	32810	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/8/2008	2/13/1979	Florida	34238	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	\$5,000
Female	8/24/2015	12/14/1981	Florida	34997	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/16/2016	8/1/1989	Florida	32708	\$42,642.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$80,000	N/A	N/A
Female	11/10/2014	12/27/1978	Florida	33993	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$50,000	\$10,000
Female	8/15/2016	12/17/1982	Florida	32784	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	\$5,000
Female	8/27/2018	4/17/1969	Florida	33033	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	4/30/2012	9/16/1983	Florida	33811	\$58,011.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$250,000	N/A	N/A
Female	8/6/2018	9/24/1980	Florida	32578	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/1/2009	1/23/1964	Florida	32246	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	6/18/1977	Florida	32789	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	8/29/2016	5/8/1981	Florida	32819	\$37,124.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/5/2015	5/5/1967	Florida	32805	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/2/2012	9/24/1964	Florida	33812	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/20/2014	8/24/1977	Florida	32836	\$59,781.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	11/15/2010	6/24/1958	Florida	32812	\$72,545.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/3/2006	7/22/1974	Florida	33764	\$70,516.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/25/2012	2/13/1967	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/13/2009	11/20/1960	Indiana	46038	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Male	5/17/2013	11/1/1989	Florida	33801	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	10/8/1971	Florida	32766	\$82,995.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Female	8/27/2012	1/1/1971	Florida	32958	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2014	8/4/1980	Florida	32766	\$76,929.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/9/2012	3/8/1986	Virginia	23604	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	\$100,000	\$10,000
Female	10/27/2008	2/5/1964	Florida	32043	\$52,623.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	4/30/2018	10/2/1971	Florida	33065	\$57,500.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$290,000	\$5,000	N/A
Female	8/3/2009	8/31/1981	Florida	32606	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/21/2013	2/6/1981	Florida	32606	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/22/2009	4/15/1982	Florida	32514	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/11/2014	3/27/1964	Florida	33884	\$93,330.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/12/2018	12/19/1971	Florida	34957	\$55,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$70,000	\$35,000	\$10,000
Male	6/22/2009	4/23/1971	Florida	33813	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/19/2010	1/31/1957	Florida	33027	\$52,536.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$70,000	\$25,000	\$5,000
Male	3/11/2013	1/14/1983	Florida	34743	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/7/2017	6/20/1986	Florida	32308	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	3/7/1977	Florida	34465	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/22/2011	8/9/1977	Florida	33165	\$61,812.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/22/2015	8/8/1972	Florida	33596	\$47,330.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	\$5,000	N/A
Female	7/25/2016	1/29/1974	Florida	32828	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	7/20/2015	1/6/1986	Florida	34638	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/2/2015	11/30/1979	Florida	34639	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/12/2012	5/3/1957	Florida	32162	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/21/2012	11/12/1973	Florida	33624	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A



Female	9/8/2006	3/23/1980	Florida	33710	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$270,000	\$100,000	\$10,000
Female	3/17/2014	5/9/1982	Florida	32068	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/23/2007	6/27/1975	Georgia	30269	\$69,028.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/22/2016	6/11/1974	Florida	33647	\$80,368.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/13/2016	4/7/1985	Florida	32825	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/21/2015	5/10/1988	Florida	33812	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/23/2015	5/1/1964	Florida	32462	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/9/2017	2/27/1969	Florida	33527	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	8/7/1978	Florida	32824	\$56,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Male	10/12/2012	3/2/1987	Florida	32653	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/7/2013	8/24/1970	Florida	32703	\$95,311.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	5/19/2014	9/13/1985	Florida	34761	\$89,701.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Male	11/2/2015	7/11/1971	Florida	32566	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	5/31/2016	12/9/1977	Florida	32940	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$170,000	N/A	N/A
Female	8/7/2017	3/19/1988	Florida	32828	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/22/2018	12/5/1980	Florida	33556	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	9/3/1969	Florida	33543	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/27/2018	7/8/1984	Florida	32608	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/23/2012	2/17/1978	Florida	33510	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	8/8/2016	3/2/1977	Florida	33510	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	6/4/2012	7/15/1974	Florida	32405	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	2/6/1983	Florida	33525	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/6/2014	9/5/1992	Florida	34744	\$50,163.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	\$5,000	\$10,000
Female	11/17/2008	3/22/1980	Florida	32065	\$54,990.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/29/2012	6/9/1979	Florida	32703	\$95,300.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/6/2009	11/2/1968	Florida	33579	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/2/2014	5/19/1982	Florida	34232	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/12/2015	12/16/1990	Florida	33803	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	5/31/1982	Florida	34744	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	5/7/1979	Florida	34786	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/20/2014	10/26/1956	Florida	32837	\$78,565.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	\$5,000	N/A
Female	4/6/2009	6/4/1971	Florida	34786	\$57,843.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/26/2015	10/13/1966	Florida	32218	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Male	7/30/2012	12/8/1974	Florida	32312	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	7/11/2007	7/2/1967	Wisconsin	53704	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	7/6/1982	Florida	34688	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	2/24/1982	Florida	32219	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$10,000
Female	10/15/2012	5/9/1971	Florida	32828	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	8/19/1969	Florida	33477	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/12/2016	5/20/1982	Florida	33486	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A

Female	3/30/2015	6/6/1980	Florida	33026	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$230,000	N/A	N/A
Female	7/1/2004	11/8/1960	Florida	34228	\$81,469.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$400,000	\$100,000	\$10,000
Female	6/8/2012	12/23/1972	Florida	34434	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Male	8/6/2018	4/15/1987	Florida	32708	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	3/26/1986	Florida	32807	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/25/2012	8/13/1980	Florida	34233	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	N/A	N/A
Male	8/15/2011	9/7/1983	Florida	32570	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	\$10,000
Female	6/29/2009	8/13/1967	Florida	34669	\$56,191.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2012	1/27/1978	Florida	32222	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/24/2016	3/11/1970	Florida	32606	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/11/2010	2/27/1969	Florida	32714	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	12/8/2014	6/30/1972	Florida	32926	\$53,366.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	N/A
Female	7/7/2008	10/13/1970	Florida	33884	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/17/2014	4/17/1974	Florida	33991	\$55,774.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Male	10/6/2014	9/25/1983	Florida	32065	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	\$10,000
Female	8/6/2018	10/10/1981	Florida	33556	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/25/2013	3/19/1976	Florida	33325	\$64,240.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/19/2017	7/4/1964	Florida	32256	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	N/A
Female	1/16/2018	6/5/1991	Florida	32431	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/22/2015	9/24/1983	Florida	32757	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/16/2014	2/7/1985	Florida	33328	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	4/2/2012	2/9/1980	Florida	32433	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	1/22/2018	3/14/1978	Florida	33898	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/16/2009	3/2/1980	Florida	33702	\$75,176.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	\$10,000	N/A
Male	2/25/2013	10/2/1987	Florida	34741	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2018	10/5/1973	Florida	34669	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	\$10,000
Female	2/9/2015	1/19/1967	Florida	33179	\$49,831.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/22/2013	1/31/1967	Florida	33549	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/14/2015	6/13/1986	Florida	32708	\$72,200.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	6/13/2012	8/25/1981	Florida	34461	\$57,266.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/11/2017	11/25/1965	Florida	34209	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/6/2009	10/3/1974	Florida	32570	\$65,744.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$100,000	\$10,000
Female	4/16/2010	5/7/1979	Florida	33919	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2012	12/19/1970	Florida	32746	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	\$70,000	\$10,000
Female	10/12/2012	6/8/1982	Florida	34669	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/3/2015	2/25/1975	Florida	34981	\$56,812.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	\$5,000
Female	8/27/2012	3/7/1975	Florida	32563	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A

Male	7/3/2006	7/28/1969	Georgia	30535	\$64,503.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Female	4/7/2014	11/8/1988	Florida	32220	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/8/2010	2/19/1983	Florida	34953	\$92,293.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	3/3/2014	1/27/1973	Florida	34677	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/10/2018	6/23/1988	Florida	32092	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2016	6/2/1983	Florida	32765	\$63,800.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/25/2012	11/5/1987	Florida	33068	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	3/20/2017	1/17/1991	Florida	33647	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/16/2018	11/16/1986	Florida	33647	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/15/2015	9/1/1987	Florida	34771	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2005	8/15/1966	Florida	32259	\$54,757.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2015	3/26/1970	Florida	32828	\$41,904.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	1/16/2018	4/1/1986	Florida	34654	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	8/8/2016	9/18/1979	Florida	33026	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/17/2014	8/11/1988	Florida	33617	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/2/2007	11/21/1972	Florida	34772	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/19/2017	12/26/1971	Florida	34787	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2016	3/16/1962	Florida	32625	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	9/5/2017	3/7/1984	Florida	32034	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/13/2006	12/10/1978	Florida	34761	\$48,270.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$10,000
Female	8/17/2009	2/7/1979	Indiana	46037	\$95,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	8/30/2010	8/22/1988	Florida	32771	\$52,893.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	9/6/2011	4/26/1984	Florida	32773	\$72,193.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/30/2012	10/1/1980	Florida	32828	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/17/2013	4/8/1982	Florida	32828	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	\$10,000
Female	9/26/2016	8/4/1977	Florida	33009	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/21/2014	10/23/1987	Florida	34655	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2014	4/3/1966	Florida	34488	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/12/2016	4/20/1976	Florida	33579	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/5/2016	9/15/1990	Florida	32091	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/24/2017	12/11/1981	Florida	32092	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/27/2018	5/24/1982	Florida	32746	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/9/2014	9/30/1965	Florida	32404	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2005	12/7/1956	Florida	33813	\$54,757.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/21/2008	6/8/1965	Florida	32829	\$59,393.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	10/17/2011	2/16/1964	Florida	34698	\$57,911.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$140,000	\$50,000	\$10,000
Female	7/8/2013	2/10/1972	Florida	32836	\$94,438.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$220,000	\$100,000	N/A
Female	4/4/2016	9/5/1968	Florida	32217	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$10,000
Male	6/26/2017	6/15/1976	Florida	32839	\$85,850.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A

Female	7/3/2006	8/26/1969	Florida	34472	\$56,811.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/3/2014	7/12/1986	Florida	32765	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	12/7/2015	9/3/1979	Florida	34761	\$38,369.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$60,000	\$20,000	N/A
Female	5/14/2018	11/26/1986	Florida	33567	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/10/2018	6/22/1966	Florida	33050	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/8/2013	3/16/1986	Florida	33594	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/26/2012	12/27/1962	Florida	33569	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/10/2013	2/11/1985	Florida	32801	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	2/25/2013	5/18/1974	Florida	32311	\$63,715.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/15/2008	8/4/1977	Florida	32656	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/2/2012	4/3/1977	Florida	33809	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/24/2009	5/11/1975	Florida	34744	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2010	12/13/1985	Florida	32174	\$44,581.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2015	7/9/1984	Florida	33647	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	5/16/2014	6/4/1981	Florida	33853	\$42,758.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/28/2016	7/13/1980	Florida	33853	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	9/21/2015	7/12/1989	Florida	34761	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	5/11/1966	Florida	32766	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	4/20/2015	10/8/1976	Florida	33414	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/7/2016	2/19/1981	Florida	34986	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/1/2009	5/8/1980	Florida	33811	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	N/A	\$10,000
Female	4/8/2013	5/20/1970	Florida	32765	\$85,553.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$10,000
Male	4/18/2016	5/10/1971	Florida	34685	\$136,144.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	8/1/2007	4/28/1977	Florida	34609	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	\$10,000
Female	8/10/2015	1/8/1975	Florida	33326	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	8/11/1977	Florida	34205	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	5/3/1992	Florida	32803	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	8/26/1992	Florida	32224	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/19/2017	7/12/1994	Florida	32607	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/17/2013	11/14/1972	Florida	32827	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	8/8/1983	Florida	32735	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$190,000	N/A	N/A
Male	5/31/2013	11/23/1974	Florida	34715	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/8/2016	5/3/1974	Florida	32780	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	8/14/2017	3/19/1968	Florida	32308	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/17/2008	8/5/1965	Florida	32174	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/11/2015	2/26/1970	Florida	33183	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2011	7/13/1985	Florida	32822	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2012	6/14/1978	Florida	34637	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	3/15/2013	9/23/1981	Florida	33021	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Male	1/16/2018	11/22/1970	Florida	33511	\$80,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A
Female	7/16/2018	4/14/1979	Florida	32714	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	8/6/1989	Florida	33032	\$41,036.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$190,000	N/A	N/A
Female	6/8/2009	10/26/1975	Florida	32779	\$48,165.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/30/2007	9/8/1980	Florida	32779	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A

Male	8/22/2011	10/8/1979	Florida	32779	\$92,750.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$170,000	N/A	N/A
Female	4/2/2012	7/25/1980	Florida	34949	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/11/2013	1/20/1976	Florida	34949	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	1/26/2015	3/29/1979	Florida	33071	\$49,831.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Male	4/30/2018	6/10/1977	Florida	32825	\$36,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$180,000	N/A	\$10,000
Female	2/11/2013	11/9/1977	Florida	33896	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	7/27/2009	4/6/1968	Florida	32934	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	9/5/2017	4/14/1984	Florida	32940	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/6/2014	2/12/1984	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	8/28/2017	12/6/1966	Florida	32726	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2015	4/21/1987	Florida	32806	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/10/2012	5/1/1985	Florida	32713	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	\$100,000	N/A
Female	7/30/2018	9/28/1992	Florida	32789	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2012	12/6/1974	Florida	32708	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	\$10,000
Female	3/11/2013	8/26/1980	Florida	32222	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	10/26/2012	6/24/1952	Florida	33954	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2016	9/5/1963	Florida	33706	\$62,220.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/9/2016	3/6/1965	Florida	32837	\$49,131.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/3/2011	2/20/1982	Florida	32780	\$66,497.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/15/2003	5/20/1958	Florida	32333	\$62,011.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Female	5/17/2013	1/11/1984	Florida	34639	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2012	4/4/1983	Florida	32826	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	11/17/2008	11/11/1975	Florida	34219	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/31/2017	9/19/1951	Florida	32779	\$65,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$70,000	N/A	N/A
Female	8/8/2016	11/24/1976	Florida	33544	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$190,000	N/A	N/A
Female	9/9/2013	8/1/1959	Florida	34105	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	7/30/1964	Florida	33547	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/17/2017	1/14/1961	Florida	32779	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	\$5,000
Female	7/6/2009	11/24/1951	Florida	34786	\$54,680.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/1/2016	4/19/1978	Florida	32792	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/22/2013	11/30/1969	Florida	32246	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	4/7/1987	Florida	32757	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/6/2008	3/23/1979	Florida	33315	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	9/21/2015	2/28/1974	Florida	33436	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/21/2008	1/1/1985	Florida	32714	\$64,684.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	4/20/2015	8/6/1984	Florida	32771	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	\$10,000
Female	4/19/2010	1/31/1983	Florida	33472	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	7/11/2011	9/2/1976	Florida	34601	\$55,894.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	11/4/2013	8/27/1984	Florida	33716	\$62,447.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A

Female	11/7/2011	9/4/1969	Florida	32312	\$58,745.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/28/2005	11/20/1975	Florida	33543	\$56,500.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	6/14/2005	6/10/1977	Colorado	80525	\$75,291.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/17/2017	4/29/1991	Florida	32962	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2007	9/10/1972	Florida	33418	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	N/A
Female	8/29/2016	4/22/1972	Florida	32940	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	6/22/2009	8/16/1975	Florida	34711	\$56,089.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/6/2012	3/29/1978	Florida	34711	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	\$50,000	\$10,000
Male	8/20/2018	11/16/1972	Florida	33032	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/24/2014	4/19/1986	Florida	34288	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	6/24/1965	Florida	33611	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	2/15/1990	Florida	32735	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	5/5/2014	2/5/1976	Florida	32937	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	1/9/2017	3/18/1981	Florida	34655	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2012	11/26/1974	Florida	32303	\$53,729.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/25/2016	5/25/1976	Florida	33455	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/11/2011	11/1/1985	Florida	33615	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2018	9/29/1976	Florida	32708	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/29/2012	6/2/1989	Florida	32701	\$60,415.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$80,000	\$40,000	N/A
Female	12/7/2015	7/14/1976	Florida	33881	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	11/3/2014	6/21/1987	Florida	32141	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/19/2007	11/15/1967	Florida	32940	\$52,019.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/28/2013	10/5/1967	Florida	33312	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	N/A
Female	7/17/2017	10/19/1973	Florida	32940	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	7/10/1980	Florida	32750	\$79,986.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Male	6/8/2012	8/15/1978	Florida	34613	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$25,000	N/A
Female	6/29/2009	4/3/1973	Florida	34788	\$56,332.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	\$10,000
Female	12/13/2010	3/31/1982	California	94404	\$56,318.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	\$50,000	\$10,000
Female	8/18/2014	8/11/1988	Florida	33351	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/18/2015	10/26/1986	Florida	34293	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	8/13/2018	4/23/1969	Florida	32303	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2008	2/12/1976	Florida	32309	\$72,590.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	6/25/2018	1/24/1983	Florida	33837	\$35,799.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	\$10,000
Female	6/29/2009	10/24/1969	Florida	32901	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/1/2011	1/9/1978	Florida	32824	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/1/2015	5/25/1986	Florida	32164	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/20/1977	Florida	32259	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/29/2016	1/9/1988	Florida	32311	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/19/2016	6/25/1963	Florida	32656	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	\$40,000	N/A
Female	8/9/2010	11/7/1962	Florida	32533	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	N/A
Female	1/28/2013	4/7/1982	Florida	32226	\$43,441.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	N/A

Female	8/29/2016	7/5/1988	Florida	32703	\$49,131.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	6/22/2015	11/13/1967	Florida	32828	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Male	8/14/2017	8/31/1986	Florida	33812	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	4/12/1977	Florida	32137	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2007	3/21/1967	Florida	32526	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/12/2015	1/9/1970	Florida	33024	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/20/2015	3/6/1990	Florida	32821	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/7/2017	11/10/1984	Florida	32703	\$50,163.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/9/2010	10/19/1959	Florida	32533	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	7/26/1979	Florida	34677	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/22/2016	8/9/1982	Florida	34233	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	7/16/2012	10/16/1987	Florida	33955	\$53,924.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/6/2008	5/20/1972	Florida	33569	\$56,811.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/17/2013	1/5/1980	Florida	32259	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/23/2004	5/19/1958	Florida	32127	\$66,961.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	9/12/2016	2/3/1993	Florida	33896	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/5/2014	3/3/1974	Florida	32327	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	8/7/1967	Florida	33624	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/25/2013	10/27/1979	Florida	34990	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/24/2008	6/26/1968	Florida	32446	\$54,619.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$80,000	\$40,000	\$10,000
Female	7/14/2006	5/22/1973	Florida	33321	\$72,590.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/14/2016	5/28/1963	Florida	32080	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	2/24/1982	Florida	32534	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	8/25/2003	7/4/1968	Florida	34772	\$61,417.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	4/30/2018	9/2/1981	Florida	34219	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/8/2015	4/15/1986	Florida	32828	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$230,000	N/A	N/A
Female	4/16/2012	12/18/1970	Florida	33625	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/21/2014	1/11/1968	Florida	34606	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$30,000	\$10,000
Male	6/5/2017	11/3/1982	Wisconsin	53222	\$90,900.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/26/2013	3/26/1972	Florida	34109	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	\$100,000	\$10,000
Female	1/9/2017	1/26/1979	Florida	32223	\$40,239.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/5/2018	9/24/1979	Florida	32754	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/28/2011	8/24/1968	Florida	32765	\$100,589.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Male	11/7/2011	11/25/1974	Florida	34787	\$115,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/29/2016	6/18/1983	Florida	32828	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	6/19/2017	7/26/1984	Florida	33484	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A
Female	12/5/2016	8/12/1973	Florida	32127	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2009	4/18/1978	Florida	32605	\$44,622.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000

Female	5/4/2009	5/28/1977	New York	13080	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	3/4/1975	Florida	32713	\$57,635.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/10/2008	12/2/1970	Florida	33545	\$52,893.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$270,000	\$100,000	\$10,000
Male	4/19/2010	10/17/1960	Florida	34293	\$135,017.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/16/2016	6/6/1977	Florida	33076	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	10/24/2016	4/28/1971	Florida	34448	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/20/2017	1/21/1977	Florida	33837	\$41,400.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/13/2009	7/21/1974	Florida	33194	\$61,882.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	\$10,000	N/A
Male	8/10/2015	10/23/1975	Florida	33556	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	6/20/2016	4/13/1993	Florida	32703	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/7/2017	1/27/1980	Florida	33463	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	\$10,000
Female	1/16/2018	2/16/1989	Florida	33556	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/25/2013	8/20/1975	Florida	32696	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/28/2017	4/12/1985	Florida	33972	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/6/2018	2/8/1993	Florida	32828	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/22/2008	6/23/1972	Florida	34474	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/23/2012	3/8/1976	Florida	32533	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	6/20/2016	12/15/1970	Florida	33558	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	11/30/1967	Florida	32792	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2011	12/11/1981	Florida	32656	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2012	10/24/1979	Florida	33486	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/21/2013	10/26/1981	Florida	32828	\$65,471.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/8/2014	8/7/1985	Florida	32807	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/14/2015	9/1/1981	Florida	32259	\$56,812.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	12/9/2013	5/30/1976	Florida	32780	\$64,747.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/1/2012	7/2/1975	Florida	34234	\$59,186.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$70,000	N/A	\$10,000
Male	2/27/2012	7/22/1983	Florida	33569	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	\$10,000
Female	1/19/2007	4/26/1972	Florida	34238	\$56,191.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/9/2012	10/28/1978	Florida	32712	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$20,000	\$5,000
Female	4/19/2010	4/22/1987	Florida	32789	\$56,103.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/1/2015	12/15/1988	Florida	32097	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	8/6/2018	6/15/1980	Florida	32955	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2017	12/13/1968	Florida	33510	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$10,000
Female	7/25/2007	12/25/1974	Florida	34743	\$60,849.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/11/2011	11/13/1978	Florida	32277	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	8/21/2017	2/6/1975	Florida	32940	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/13/2016	5/26/1991	Florida	32776	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000



Male	7/24/2017	3/16/1981	Florida	33774	\$77,340.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	12/26/1982	Florida	32708	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/26/2010	2/26/1987	Florida	32828	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/27/2018	12/17/1981	Florida	32822	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/29/2018	5/9/1980	Florida	34689	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/4/2003	3/27/1963	Florida	33545	\$62,397.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	3/15/2013	3/8/1976	Florida	32563	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	4/14/1983	Florida	32277	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/21/2018	10/6/1972	Florida	32081	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/19/2013	3/14/1985	Florida	33966	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$40,000	\$10,000
Female	2/2/2009	11/29/1981	Florida	34715	\$67,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/1/2010	2/23/1970	Florida	32771	\$46,290.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	1/7/2013	11/24/1967	Florida	32825	\$42,011.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	N/A
Female	8/15/2011	9/27/1976	Florida	33037	\$43,830.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/7/2017	10/28/1980	Florida	32714	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/30/2010	11/23/1970	Florida	33705	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	2/7/1974	Florida	33809	\$43,915.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$5,000
Female	7/25/2016	8/24/1988	Florida	32950	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$10,000
Female	11/10/2008	3/18/1961	Florida	32765	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/7/2016	7/9/1979	Florida	32309	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2011	11/10/1972	Florida	34986	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	1/11/2016	10/9/1975	Florida	32746	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	9/4/2012	9/10/1969	Florida	32708	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	\$5,000
Male	7/6/2009	3/26/1970	Florida	34787	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/2/2014	2/21/1985	Florida	32570	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	\$5,000
Female	8/4/2003	11/12/1969	Florida	33606	\$233,325.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$500,000	N/A	N/A
Female	4/9/2012	10/9/1978	Florida	34715	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/14/2012	1/9/1977	Florida	34715	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/7/2008	10/14/1975	Virginia	20164	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	9/29/1968	Florida	33812	\$65,199.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	\$5,000
Female	4/17/2009	7/4/1970	Florida	34432	\$55,998.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/11/2013	4/29/1983	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	7/8/1976	Florida	33705	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	7/12/2016	4/14/1987	Florida	32825	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	6/17/1977	Florida	33170	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/18/2012	5/28/1964	Florida	34614	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/21/2014	10/25/1979	Florida	33898	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	5/8/1970	Florida	33146	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2018	5/29/1980	Florida	33594	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2016	10/23/1977	Florida	32765	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/22/2009	7/29/1967	Florida	32806	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	4/19/2013	12/2/1970	Florida	32804	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	8/3/1984	Florida	34209	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	\$5,000
Male	3/1/2013	9/1/1990	Florida	33713	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/2/2012	6/7/1988	Florida	32789	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/4/2004	4/9/1960	Florida	34744	\$53,945.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	N/A
Female	2/27/2017	8/8/1980	Florida	33525	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/29/2018	7/22/1979	Florida	32259	\$50,163.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$260,000	\$100,000	N/A
Male	6/18/2012	8/29/1977	Florida	33073	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	\$10,000
Female	10/9/2017	7/15/1983	Florida	33156	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/12/2018	4/30/1976	Florida	34609	\$54,785.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/24/2014	11/5/1988	Florida	32217	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/12/2017	10/14/1959	Florida	32501	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	3/17/1972	Florida	32169	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2012	3/23/1985	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	12/30/1981	Florida	32828	\$52,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/17/2015	8/15/1980	Florida	33813	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	\$10,000
Female	7/7/2008	5/16/1980	Florida	34997	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	1/28/1982	Florida	34480	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	8/15/2011	3/30/1975	Florida	32311	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	\$10,000
Female	11/3/2014	11/23/1983	Florida	32277	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	N/A
Female	7/20/2009	4/17/1978	Florida	32669	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Male	11/16/2015	8/11/1975	Florida	33759	\$72,590.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Male	9/24/2012	4/29/1986	Florida	32792	\$75,037.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$330,000	\$100,000	N/A
Female	6/23/2008	1/28/1977	Florida	33458	\$76,220.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	\$10,000
Female	3/10/2008	10/28/1963	Florida	32792	\$57,197.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	8/6/2018	9/14/1982	Florida	33071	\$39,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	7/1/2002	6/27/1970	Florida	33901	\$62,225.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/31/2017	11/21/1990	Florida	34638	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/9/2014	9/4/1986	Florida	33625	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2011	12/28/1981	Florida	33415	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2016	1/18/1976	Florida	33527	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/24/2014	4/1/1987	Florida	32712	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	11/20/2017	1/22/1979	Florida	34638	\$62,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	\$10,000
Female	4/23/2012	3/29/1985	Florida	32097	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	11/17/2008	7/18/1984	Florida	34491	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/11/2013	7/10/1973	Florida	33027	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	12/10/2012	8/26/1981	Florida	34761	\$67,405.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	7/26/2010	10/2/1976	Florida	34655	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/23/2015	3/14/1980	Florida	32034	\$41,873.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A

Male	7/10/2018	10/5/1986	Florida	32771	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2011	8/22/1966	Florida	34431	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Male	4/12/2013	12/31/1968	Florida	34431	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	9/21/2015	5/23/1987	Florida	33611	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/2/2003	1/8/1976	Florida	32174	\$62,397.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	6/5/2017	5/25/1982	Florida	33037	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	\$10,000
Female	5/29/2018	12/19/1991	Florida	32205	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2008	7/20/1975	Florida	32725	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	8/27/2018	6/17/1983	Florida	34974	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	11/26/2012	8/2/1988	Florida	34786	\$54,737.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$150,000	\$60,000	N/A
Female	4/8/2013	12/1/1986	Florida	33772	\$43,081.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/6/2009	4/9/1979	Florida	32312	\$60,415.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	4/19/2013	8/21/1966	Florida	32421	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/8/2008	9/14/1979	Florida	34746	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	N/A	N/A
Female	7/11/2007	11/22/1977	Florida	32311	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/30/2014	9/10/1981	Florida	32207	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/19/2008	4/6/1964	Florida	32817	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2011	5/16/1973	Florida	32829	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2017	3/19/1971	Florida	32826	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/3/2014	9/23/1964	Florida	34761	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$170,000	\$10,000	\$10,000
Female	7/25/2016	9/25/1981	Florida	33547	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/10/2015	10/22/1988	Florida	32765	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	5/23/2016	10/1/1976	Florida	34695	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	6/11/2012	11/17/1977	Florida	32164	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$160,000	N/A	N/A
Female	10/9/2017	6/29/1978	Florida	32725	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2012	8/19/1980	Florida	34609	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	\$10,000	\$10,000
Female	8/6/2018	5/2/1979	Florida	32054	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/12/2015	12/10/1981	Florida	33928	\$52,019.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Female	9/30/2010	2/1/1982	Florida	33558	\$42,714.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/4/2012	8/2/1979	Florida	32804	\$42,902.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/30/2012	10/4/1988	Florida	34715	\$43,081.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$10,000	\$10,000
Male	8/5/2013	6/26/1981	Florida	32819	\$70,516.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	\$5,000	\$5,000
Female	7/18/2007	3/18/1969	Florida	32712	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	N/A	N/A
Male	3/19/2012	4/2/1969	Florida	32701	\$87,421.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/12/2018	1/2/1974	Florida	32765	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	\$10,000	\$10,000
Female	12/5/2016	4/24/1980	Florida	34208	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	7/21/2008	11/1/1980	Florida	34219	\$69,479.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$130,000	N/A	N/A
Female	10/17/2011	10/22/1972	Florida	34655	\$52,536.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	6/15/2009	12/30/1971	Florida	32819	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	9/14/2015	5/20/1980	Florida	33810	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$10,000	\$10,000
Male	11/17/2008	8/16/1963	Florida	32789	\$59,445.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	\$10,000
Female	7/14/2010	12/5/1970	Florida	32312	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2011	2/14/1986	Florida	34715	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/29/2012	7/25/1980	Florida	32526	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$10,000	N/A
Female	6/8/2012	5/22/1984	Florida	32092	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/14/2016	11/28/1958	Florida	32828	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/11/2013	12/6/1959	Florida	32003	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/10/2013	5/11/1989	Florida	32804	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/2/2014	1/25/1966	Florida	32256	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/12/2016	12/27/1974	Florida	34761	\$45,628.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$10,000	\$10,000
Male	11/3/2008	3/4/1978	Ohio	45039	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/23/2011	1/8/1986	Florida	34996	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/19/2008	3/18/1980	Florida	32224	\$44,655.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	N/A
Female	2/27/2017	12/13/1984	Florida	32533	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2018	7/27/1978	Florida	32068	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	3/19/2012	4/1/1981	Florida	33073	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	10/19/2015	2/4/1989	Florida	32792	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/2/2001	4/4/1966	Florida	34715	\$75,585.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A
Female	9/30/2005	5/26/1967	Florida	32608	\$84,838.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/22/2011	9/7/1978	Florida	33556	\$73,109.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$10,000	\$10,000
Female	1/28/2013	2/14/1974	Florida	34638	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2005	8/16/1974	Florida	34480	\$83,997.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/1/2009	7/8/1973	Florida	33811	\$43,576.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	3/1/2013	8/31/1976	Florida	34746	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	4/16/2018	11/29/1981	Florida	33881	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/6/2009	10/13/1966	Florida	34715	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	8/27/1982	Florida	34953	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/22/2013	6/1/1972	Florida	34638	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/25/2016	6/23/1984	Florida	33462	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/14/2018	7/9/1977	Florida	34638	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	12/7/2012	4/30/1981	Florida	32308	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	4/26/2013	5/22/1972	Florida	34614	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	\$10,000	\$10,000
Female	7/14/2015	10/3/1979	Florida	32277	\$51,800.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$40,000	\$10,000	\$10,000
Female	10/17/2016	3/7/1976	Florida	32907	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/15/2016	11/14/1973	Florida	33909	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/22/2017	3/11/1972	Florida	33764	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/22/2011	8/5/1958	Florida	33175	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	1/28/2013	6/2/1978	Florida	32086	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2012	10/8/1985	Florida	32696	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$10,000	\$10,000
Female	2/20/2018	5/19/1974	Florida	32305	\$59,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$10,000	\$10,000
Female	8/13/2008	10/27/1981	Florida	33884	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$230,000	\$5,000	\$5,000

Male	3/25/2013	5/11/1981	Florida	33884	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	N/A
Female	8/6/2018	7/13/1990	Florida	32068	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/12/2012	7/27/1954	Florida	32054	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/13/2009	7/19/1967	Florida	33950	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$140,000	\$5,000	\$5,000
Female	3/17/2014	8/3/1971	Florida	32312	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$10,000	\$10,000
Male	1/5/2009	3/13/1972	Florida	32464	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/17/2014	10/25/1990	Florida	33165	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2016	10/26/1984	Florida	33980	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/12/2016	2/18/1989	Florida	32746	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	10/12/2012	2/7/1969	Florida	33884	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2016	10/19/1975	Florida	33810	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	\$5,000	\$5,000
Male	8/5/2013	10/25/1970	Florida	32828	\$77,911.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$150,000	N/A	N/A
Female	3/17/2014	11/18/1969	Florida	32822	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	12/4/2017	11/18/1976	Florida	33032	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	\$10,000	\$10,000
Male	6/20/2016	9/22/1980	Florida	33021	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/7/2008	5/16/1970	Florida	32176	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$10,000	\$10,000
Male	1/7/2013	6/24/1969	Florida	33556	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	10/20/2008	7/4/1980	Florida	33834	\$54,660.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$10,000	\$10,000
Male	6/8/2009	9/13/1971	New Mexico	87110	\$64,975.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/25/2016	8/25/1986	Florida	33543	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	5/23/2011	4/8/1956	Florida	32301	\$55,424.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	7/10/2018	3/9/1988	Florida	32839	\$37,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/6/2018	5/4/1990	Florida	32792	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/21/1980	Florida	32828	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/7/2013	11/11/1983	Florida	33181	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/12/2016	4/4/1994	Florida	33187	\$33,953.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/3/2006	10/18/1981	Florida	32724	\$51,811.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$10,000	\$10,000
Female	7/3/2006	8/5/1974	Florida	32907	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	\$10,000	\$10,000
Female	2/6/2012	10/14/1963	Florida	34652	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/3/2008	1/25/1974	Florida	32817	\$69,479.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/17/2015	7/29/1973	Florida	32789	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	1/27/1985	Florida	32751	\$66,161.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/9/2018	5/12/1981	Florida	32128	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2016	11/16/1988	Florida	34689	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/22/2015	9/7/1990	Florida	33071	\$41,873.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	12/6/1975	Florida	32829	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/5/2018	3/8/1996	Florida	32708	\$32,964.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/30/2012	6/24/1980	Florida	32226	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Female	8/3/2015	3/21/1979	Florida	33445	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/22/2013	6/15/1968	Florida	32736	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A

Female	10/6/2006	1/4/1975	Florida	33626	\$70,494.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$10,000	\$10,000
Female	6/22/2009	1/20/1982	Florida	32219	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/16/2010	4/14/1990	Florida	34761	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	7/11/1986	Florida	34117	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	\$10,000	\$10,000
Male	8/10/2015	4/2/1985	Florida	34117	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	N/A	N/A
Male	1/16/2018	9/24/1982	Florida	32712	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	N/A
Female	8/28/2017	5/19/1990	Florida	34604	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/7/2017	9/4/1974	Florida	34787	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/8/2010	7/2/1948	Florida	32922	\$55,929.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/31/2017	9/29/1980	Florida	33710	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	8/29/1989	Florida	33909	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/19/2005	7/8/1983	Florida	32703	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/29/2016	10/2/1975	Florida	32805	\$80,340.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Male	8/5/2005	3/6/1983	Florida	34761	\$75,701.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/25/2013	10/19/1973	Florida	34698	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	4/12/2013	1/30/1968	Florida	33811	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/13/2007	11/5/1970	Florida	32003	\$80,202.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$320,000	\$10,000	\$10,000
Female	2/27/2012	2/17/1973	Florida	32968	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Female	8/29/2016	7/30/1990	Florida	32707	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	\$10,000	\$10,000
Female	6/13/2012	8/20/1969	Florida	34711	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/7/2013	11/8/1990	Florida	32909	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2016	1/8/1990	Florida	32225	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/22/2018	11/13/1972	Florida	33543	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Male	8/16/2004	6/15/1961	Florida	32712	\$57,703.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	N/A	N/A
Female	5/2/2016	7/15/1980	Florida	33437	\$56,812.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/20/2012	3/5/1972	Florida	33813	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2012	8/26/1975	Florida	34677	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/19/2014	3/20/1978	Florida	32514	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/8/2013	11/12/1975	Florida	33782	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Male	10/20/2014	5/12/1965	Florida	32765	\$71,083.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/30/2012	11/28/1961	Florida	33065	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/17/2009	11/17/1980	Florida	32606	\$92,034.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/5/2009	10/7/1962	Florida	32570	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$140,000	N/A	N/A
Female	7/2/2001	3/15/1974	Florida	34761	\$63,089.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/2/2016	1/21/1962	Florida	32828	\$37,124.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/13/2012	10/13/1963	Florida	32164	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Male	8/27/2018	9/9/1976	Florida	33161	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/25/2013	12/31/1966	Florida	33774	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/7/2016	3/15/1990	Florida	32746	\$49,233.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A

Female	10/15/2012	2/13/1974	Florida	33813	\$52,019.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/6/2016	8/24/1981	Florida	34761	\$48,900.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/18/2016	5/25/1973	Florida	32246	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	8/14/2017	7/17/1995	Florida	32714	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/6/2017	11/12/1985	Florida	32765	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	12/27/1987	Florida	33928	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/8/2013	10/31/1975	Florida	34715	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Female	5/21/2012	8/13/1982	Florida	32225	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/12/2015	4/21/1990	Florida	34453	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	N/A
Female	8/15/2016	8/6/1972	Florida	32746	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/17/2009	10/24/1974	Florida	34761	\$46,867.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$10,000	\$10,000
Female	5/21/2012	5/31/1961	Florida	33523	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/31/2013	9/17/1955	Florida	34984	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/7/2016	10/25/1972	Florida	33777	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/28/2017	2/18/1988	Florida	33543	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/30/2014	11/29/1973	Florida	33770	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A
Female	6/23/2004	5/7/1955	Florida	32068	\$54,757.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/10/2014	3/8/1981	Florida	34715	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/9/2015	5/26/1986	Florida	34736	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Male	2/25/2013	8/9/1971	Florida	34747	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$190,000	N/A	N/A
Female	8/8/2007	1/19/1980	Florida	33463	\$44,617.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/5/2009	1/2/1968	Florida	33544	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/11/2010	4/18/1980	Washington	99403	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$5,000	\$5,000
Male	7/30/2012	3/10/1962	Florida	33542	\$78,394.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/26/2010	9/19/1957	Florida	33185	\$55,801.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	N/A
Female	7/13/2015	11/1/1969	Florida	34608	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$10,000	\$10,000
Male	5/31/2016	11/20/1979	Florida	33460	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/23/2012	4/15/1981	Florida	33761	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	4/24/2014	11/4/1972	Florida	33830	\$43,513.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$10,000	\$10,000
Female	11/2/2015	7/20/1977	Florida	32168	\$93,330.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/20/2015	3/26/1973	Florida	32054	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	N/A	N/A
Female	7/6/2009	8/12/1960	Florida	33460	\$47,032.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	6/28/2010	7/7/1978	Florida	34990	\$50,514.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	9/2/2016	1/10/1993	Florida	33615	\$64,581.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	N/A
Female	1/5/2015	9/13/1993	Florida	34203	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	9/19/2016	7/31/1972	Florida	34685	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/2/2012	12/18/1954	Florida	32773	\$165,920.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	9/6/2016	3/30/1992	Florida	32817	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/29/2012	1/3/1967	Florida	32137	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	4/14/1982	Florida	32095	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	10/1/1983	Florida	33183	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	5/18/2015	11/9/1961	Florida	32789	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/22/2008	9/2/1976	Florida	32712	\$52,623.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	6/19/2014	11/6/1967	Florida	32703	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$80,000	\$10,000	\$10,000
Female	6/19/2017	1/30/1982	Florida	34683	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	7/3/2006	11/28/1958	Florida	32224	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/10/2014	12/29/1969	Florida	32955	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	\$10,000	\$10,000
Female	6/22/2009	8/28/1979	Florida	32712	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	9/24/2012	9/5/1971	Florida	33810	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/28/2017	3/23/1972	Florida	33157	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/12/2015	7/22/1986	Florida	33884	\$49,831.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2017	4/7/1984	Florida	32052	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/3/2017	10/19/1984	Florida	33185	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Female	8/20/2018	10/5/1977	Florida	32825	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/16/2014	6/25/1988	Florida	33559	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	5/4/1974	Florida	32669	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/27/2012	9/27/1958	Florida	34787	\$99,638.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/16/2012	7/1/1957	Florida	32909	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	9/24/2012	6/11/1980	Florida	34744	\$93,055.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$10,000	\$10,000
Female	1/5/2009	9/20/1973	Florida	33410	\$76,220.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	1/11/1991	Florida	32507	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/13/2009	1/15/1963	Virginia	23851	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/20/2016	7/27/1976	Florida	32725	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/11/2016	10/24/1985	Florida	32703	\$37,124.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	7/6/2010	9/3/1982	Florida	32092	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	\$10,000	\$10,000
Male	2/11/2013	11/25/1964	Florida	33305	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/22/2009	4/16/1981	Florida	33776	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	N/A
Female	8/6/2018	10/7/1992	Florida	33771	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/16/2016	7/26/1985	Florida	33155	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	N/A
Female	8/6/2018	7/15/1975	Florida	32725	\$39,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	\$10,000	\$10,000
Male	7/29/2010	11/27/1969	Florida	32825	\$52,187.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/25/2016	1/24/1985	Florida	32082	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/5/2017	8/10/1983	Florida	32570	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/12/2013	3/15/1983	Florida	33919	\$53,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/7/2017	3/29/1983	Florida	34786	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/15/2009	4/29/1983	Florida	33823	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Male	8/22/2016	1/8/1973	Florida	32829	\$57,415.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/16/2009	3/14/1964	Florida	33809	\$133,461.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$150,000	N/A	N/A
Female	8/17/2015	3/9/1976	Florida	32091	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	8/15/2011	8/31/1980	Florida	33326	\$52,893.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$10,000	\$10,000
Female	8/17/2015	6/30/1961	Florida	34208	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A



Female	5/21/2012	4/27/1972	Florida	34606	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	1/11/2016	9/26/1986	Florida	34747	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	11/6/2017	10/7/1960	Florida	33487	\$85,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/1/2006	4/30/1973	Florida	34787	\$60,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/9/2012	8/16/1975	Florida	32086	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/28/2015	5/4/1990	Florida	33803	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	4/27/1981	Florida	32829	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	N/A
Female	8/13/2018	1/22/1979	Florida	32003	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/9/2018	6/10/1981	Florida	32308	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	12/9/2004	3/13/1966	Florida	32765	\$60,937.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2012	9/13/1968	Florida	32955	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	6/21/2013	4/7/1982	Florida	34714	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/6/2017	10/14/1981	Florida	34953	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	N/A	N/A
Female	5/29/2012	2/12/1979	Florida	34737	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$10,000	\$10,000
Female	2/20/2018	1/31/1986	Florida	32828	\$35,799.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/2/2008	10/29/1978	Florida	32225	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/10/2018	7/18/1984	Florida	32605	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2007	12/17/1973	Ohio	44134	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$110,000	\$10,000	\$10,000
Female	9/21/2009	6/15/1978	Florida	32714	\$66,161.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	10/29/2012	7/13/1954	Florida	34747	\$46,921.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/30/2014	11/21/1980	Florida	33013	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/12/2018	3/24/1974	Florida	34769	\$90,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$100,000	N/A
Male	10/6/2014	4/10/1962	Florida	32504	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Male	8/8/2016	5/2/1966	Florida	33777	\$41,036.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	6/11/2012	12/31/1976	Florida	33948	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	6/19/2017	12/26/1967	Florida	34471	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	5/29/1990	Florida	32778	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	\$10,000
Male	8/15/2011	3/23/1978	Florida	33510	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/8/2015	11/18/1986	Florida	33897	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Male	3/27/2017	8/22/1988	Florida	34746	\$42,410.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/20/2011	1/10/1971	Florida	32259	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2016	5/21/1966	Florida	32821	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	10/22/1994	Florida	32818	\$32,964.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/16/2008	1/18/1969	Florida	33467	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/7/2009	7/29/1967	Florida	32811	\$49,003.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	N/A
Female	2/11/2013	9/26/1978	Florida	34654	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/17/2015	1/30/1979	Florida	34654	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2016	10/5/1954	Florida	32765	\$119,255.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A

Female	8/15/2011	8/19/1978	Pennsylvania	17327	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	12/4/2017	9/11/1982	Florida	33635	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/29/2012	10/22/1979	Florida	33896	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/17/2009	1/26/1976	Florida	33033	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$60,000	\$10,000
Male	5/22/2017	1/23/1960	Florida	33708	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	5/16/1988	Florida	33594	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	11/28/1973	Florida	34639	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	8/13/2018	2/5/1985	Florida	33578	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/1/2013	3/7/1985	Florida	34714	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Male	2/16/2009	1/4/1984	Florida	34761	\$76,531.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/25/2016	8/3/1982	Florida	32211	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	6/28/2010	7/22/1983	Florida	33467	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/1/2001	7/27/1965	Florida	32601	\$100,648.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/9/2004	6/26/1971	Florida	32601	\$64,276.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	7/12/1966	Florida	33066	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2012	9/3/1960	Florida	32903	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/9/2009	3/20/1979	Florida	32405	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/14/2013	5/25/1985	Florida	33462	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/27/2009	1/16/1968	Florida	32257	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	8/24/2009	7/7/1968	Florida	32257	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	12/8/2008	6/28/1975	Florida	32963	\$71,553.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	9/14/2015	5/10/1984	Florida	33556	\$56,812.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Female	1/6/2014	3/15/1985	Florida	32960	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	4/7/2006	3/20/1973	Florida	32805	\$85,293.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/9/2011	9/27/1960	Florida	32091	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/19/2013	11/11/1975	Florida	32127	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/13/2009	5/30/1980	Florida	34953	\$44,582.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	\$100,000	N/A
Female	8/6/2018	9/4/1970	Florida	34788	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/18/2013	7/21/1988	Florida	32828	\$39,063.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/14/2010	9/14/1986	Florida	34986	\$41,261.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/14/2011	3/23/1968	Florida	34639	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	10/26/1973	Florida	34145	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	\$15,000	\$10,000
Male	1/20/2015	5/24/1969	Florida	34420	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	\$5,000
Male	3/20/2017	11/22/1976	Florida	32225	\$69,690.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	\$15,000	N/A
Female	3/12/2018	7/2/1958	Florida	32825	\$38,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Male	4/23/2012	7/23/1974	Florida	33544	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/23/2012	12/7/1977	Florida	33196	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$170,000	\$50,000	N/A
Female	7/12/2016	4/21/1987	Florida	33810	\$49,131.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	\$100,000	N/A

Female	8/6/2018	5/22/1988	Florida	32707	\$39,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/2/2007	11/18/1974	Florida	33715	\$58,767.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/10/2010	2/15/1973	Florida	32765	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/20/2011	10/8/1963	Florida	32603	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/15/2013	4/25/1982	Florida	32776	\$43,474.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	8/27/2018	5/29/1984	Florida	32771	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	9/26/1989	Florida	32825	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/29/2012	3/13/1968	Florida	33559	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/9/2004	12/1/1970	Florida	32828	\$64,912.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	7/13/2015	7/6/1969	Florida	32828	\$92,293.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/22/2016	7/18/1989	Florida	33067	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	6/22/2009	6/12/1982	Florida	33547	\$80,202.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/8/2014	12/4/1979	Florida	32817	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	9/2/2003	4/20/1969	Florida	32835	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2012	1/27/1970	Florida	32141	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/3/2015	9/2/1988	Florida	32736	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	6/22/2015	10/26/1974	Florida	33853	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/19/2017	5/29/1965	Florida	34788	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	5/7/2018	5/27/1987	Florida	32059	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2016	3/12/1976	Florida	33414	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2008	9/16/1977	Virginia	23181	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	N/A
Male	7/25/2011	7/11/1971	Florida	32059	\$52,536.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$130,000	\$50,000	\$10,000
Female	6/13/2012	3/18/1982	Florida	33703	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	8/21/2017	5/23/1982	Florida	32117	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	3/6/1976	Florida	32833	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/24/2017	12/11/1965	Florida	33458	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	\$10,000
Female	4/30/2010	10/1/1972	Florida	34736	\$46,860.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$120,000	\$50,000	N/A
Female	10/6/2014	9/24/1982	Florida	32835	\$48,476.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/26/2015	6/29/1957	Florida	32043	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	N/A
Male	10/24/2016	2/12/1976	Florida	33884	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/20/2015	6/19/1992	Florida	33908	\$53,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$140,000	N/A	N/A
Female	6/29/2009	12/17/1979	Florida	34698	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	8/13/2012	6/16/1962	Florida	32073	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	6/3/1968	Florida	32826	\$54,785.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	5/7/2012	12/24/1980	Florida	34737	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2018	11/28/1964	Florida	32828	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/26/2009	4/6/1976	Florida	34741	\$62,197.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	\$10,000
Male	8/28/2017	9/29/1978	Florida	32808	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2007	6/11/1975	Florida	32503	\$62,083.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	5/8/1974	Florida	32164	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$5,000
Female	7/6/2009	4/22/1971	Florida	32164	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000

Female	8/6/2018	11/2/1983	Florida	34442	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2003	8/11/1973	Florida	34744	\$57,509.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$10,000
Male	8/27/2012	5/2/1983	Florida	32824	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/2/2016	10/15/1982	Florida	32703	\$36,873.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/17/2017	11/14/1986	Florida	32312	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/5/2017	9/4/1970	Florida	34715	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/31/2015	7/5/1977	Florida	32137	\$54,423.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/15/2011	11/6/1983	Florida	33301	\$53,015.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2018	1/11/1995	Florida	34474	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	\$75,000	N/A
Male	5/21/2012	2/25/1977	Florida	33432	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/12/2012	4/18/1973	Florida	34786	\$54,368.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/2/2001	12/21/1969	Florida	32751	\$92,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	8/9/2010	5/19/1983	Florida	34990	\$39,738.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$190,000	N/A	N/A
Female	11/14/2007	9/30/1979	Florida	32258	\$65,400.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$300,000	N/A	\$5,000
Male	7/12/2016	9/28/1963	Florida	32825	\$93,330.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/30/2009	2/2/1957	Florida	33813	\$48,165.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/7/2008	8/30/1963	Florida	33837	\$44,655.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	\$10,000
Female	5/19/2009	9/5/1965	Florida	34787	\$75,183.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	\$5,000
Male	7/13/2015	8/3/1984	Florida	34667	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	6/4/2010	10/3/1968	Florida	32601	\$57,535.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	4/7/2014	6/22/1984	Florida	32803	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	2/27/2017	1/14/1975	Florida	33462	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	1/16/2018	10/7/1973	Florida	32738	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	N/A
Female	4/12/2013	4/4/1970	Florida	34232	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$180,000	N/A	N/A
Female	8/17/2015	5/17/1971	Florida	32159	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	N/A
Female	5/9/2014	5/12/1964	Florida	32940	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/6/2009	8/16/1977	Florida	33972	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	7/2/2001	12/7/1961	Florida	32345	\$140,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Male	5/20/2013	12/7/1984	Florida	32822	\$75,414.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/11/2013	10/10/1979	Florida	34432	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	12/8/2014	5/10/1981	Florida	33948	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	6/13/2011	7/16/1983	Florida	32825	\$60,414.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	3/7/2016	8/1/1980	Florida	32712	\$36,315.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/6/2009	12/21/1956	Florida	34243	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/7/2014	2/16/1972	Florida	33647	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	8/6/2018	11/9/1980	Florida	34787	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	7/19/2004	2/8/1977	Florida	32311	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	5/20/1970	South Carolina	29123	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	6/8/2009	1/3/1963	Florida	33596	\$68,581.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/19/2014	3/27/1978	Florida	32571	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	\$10,000
Female	8/31/2015	4/20/1976	Florida	33323	\$52,019.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	2/8/2016	1/26/1982	Florida	32817	\$65,920.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/9/2018	11/8/1964	Florida	32828	\$36,873.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/24/2010	5/11/1987	Florida	33407	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Female	9/15/2014	1/6/1985	Florida	33837	\$38,799.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$170,000	\$50,000	\$10,000
Female	12/15/2006	6/18/1980	Florida	34953	\$102,271.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$90,000	\$10,000
Female	7/30/2007	10/15/1972	Florida	34787	\$102,726.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$90,000	\$45,000	N/A
Female	11/30/2012	1/27/1980	Florida	32765	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/5/2013	11/7/1968	Florida	33325	\$51,579.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/24/2008	12/1/1975	Florida	33606	\$61,935.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/22/2007	3/16/1961	Florida	34746	\$61,386.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/6/2009	3/12/1968	Florida	32246	\$55,801.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/1/2011	7/29/1973	Florida	32828	\$97,500.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Male	8/7/2017	5/11/1987	Florida	32819	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2016	12/19/1976	Florida	33032	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/20/2009	6/7/1964	Florida	33410	\$55,801.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	10/1/2012	10/18/1977	Florida	34787	\$73,625.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/18/2014	8/21/1955	Florida	33322	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	2/8/1974	Florida	34639	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$30,000	N/A	N/A
Female	7/2/2007	12/19/1981	Florida	33611	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/6/2014	10/4/1985	Florida	34667	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$270,000	N/A	N/A
Female	8/22/2011	12/22/1983	Florida	34711	\$59,281.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	\$10,000
Female	11/26/2012	11/2/1967	Florida	32548	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/17/2014	11/11/1967	Florida	32257	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	6/4/2012	7/23/1964	Florida	32754	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/16/2009	3/26/1987	Florida	32825	\$58,767.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/20/2010	9/29/1968	Florida	34241	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	4/21/2014	3/26/1969	Florida	33063	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/19/2010	8/2/1966	Florida	34203	\$43,881.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	9/19/2016	11/13/1978	Florida	34787	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	5/29/2012	10/8/1981	Florida	34652	\$54,961.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/11/2018	10/20/1958	Florida	34772	\$37,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$40,000	N/A	N/A
Female	7/11/2007	8/14/1980	Florida	32909	\$55,183.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$210,000	N/A	\$10,000
Female	8/3/2010	9/22/1980	Florida	32073	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$130,000	\$50,000	\$10,000
Female	6/25/2012	6/3/1974	Florida	34698	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	7/10/2018	1/29/1989	Florida	32757	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2018	10/6/1986	Florida	33803	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/17/2015	3/26/1968	Florida	32829	\$53,924.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Female	8/6/2018	10/21/1981	Florida	34997	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	5/9/2011	11/12/1979	Florida	34465	\$46,932.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A
Female	5/2/2014	6/12/1964	Florida	32533	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/13/2015	9/21/1983	Florida	33761	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	6/11/2012	11/23/1969	Florida	34219	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2018	10/4/1960	Florida	34476	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/7/2013	7/2/1980	Florida	32806	\$147,366.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	N/A	N/A
Female	8/13/2008	1/5/1968	Florida	32259	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	5/15/2017	9/11/1984	Florida	34773	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/19/2007	8/29/1979	Florida	34786	\$63,174.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/14/2010	7/2/1972	Florida	32533	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	11/2/2015	2/19/1982	Florida	34990	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/7/2014	4/5/1978	Florida	32256	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	8/1/2011	3/18/1978	Florida	33467	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/3/2014	12/24/1990	Florida	32828	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	4/2/2012	4/20/1976	Florida	32953	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	12/4/2017	3/11/1969	Florida	32446	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/28/2008	11/25/1963	Florida	33544	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/15/2009	1/3/1978	Florida	33558	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	\$10,000
Male	12/1/2014	9/19/1949	Florida	32940	\$94,515.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	11/14/2007	6/27/1972	Florida	32246	\$54,553.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A
Female	1/16/2018	9/30/1983	Florida	32246	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	N/A
Female	3/22/2010	4/27/1957	Florida	33584	\$72,637.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/14/2015	1/25/1976	Florida	32827	\$63,444.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	10/29/2012	11/16/1968	Florida	32808	\$48,508.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$25,000	\$10,000
Female	2/23/2015	3/11/1979	Florida	32784	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/25/2013	7/20/1961	Florida	34695	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/25/2013	7/9/1973	Florida	34769	\$56,367.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/10/2015	11/16/1986	Florida	32765	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$240,000	\$100,000	\$10,000
Female	4/22/2013	11/14/1960	Florida	33473	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	10/20/2008	8/16/1949	Florida	32459	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	N/A
Female	4/2/2018	4/28/1981	Florida	32080	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/18/2007	5/10/1965	Florida	34986	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	N/A
Female	10/20/2004	9/11/1970	Florida	34474	\$62,978.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2016	2/1/1970	Florida	32962	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/5/2017	5/26/1993	Florida	32713	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/25/2012	8/5/1983	Florida	32827	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/6/2018	12/17/1978	Florida	32837	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/15/2008	9/19/1965	Florida	33461	\$47,730.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2018	8/7/1979	Florida	33060	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/15/2006	2/17/1981	Florida	32751	\$48,165.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/18/2013	1/6/1970	Florida	32807	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2015	5/3/1968	Florida	32726	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/11/2012	9/11/1988	Florida	32776	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/5/2017	3/31/1982	Florida	34711	\$71,710.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/20/2015	10/12/1980	Florida	33884	\$84,448.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	\$10,000
Female	8/28/2017	7/29/1988	Florida	34208	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/24/2010	9/8/1984	Florida	34761	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	6/12/2017	9/20/1991	Florida	32312	\$48,177.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/29/2009	3/7/1972	Florida	33810	\$47,839.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/14/2017	9/10/1992	Florida	32446	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Male	12/9/2013	9/6/1984	Florida	32707	\$71,074.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/25/2011	12/3/1977	Florida	33009	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/13/2017	9/21/1966	Florida	33076	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/5/2018	12/9/1977	Florida	32828	\$77,340.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$20,000	N/A	N/A
Female	11/12/2012	8/17/1980	Florida	32735	\$58,470.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/23/2018	12/2/1977	Florida	34787	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	6/18/1983	Florida	33076	\$39,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/14/2017	7/28/1992	Florida	32561	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2015	3/22/1984	Florida	34761	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/12/2017	3/14/1988	Florida	32757	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$20,000	\$10,000
Male	8/15/2016	8/12/1983	Florida	32073	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/23/2012	8/9/1978	Florida	33805	\$80,202.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/2/2007	4/16/1979	Florida	32164	\$44,655.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/19/2013	1/15/1968	Florida	32827	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/5/2016	8/28/1986	Florida	32571	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/4/2018	12/14/1980	Florida	33607	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$50,000	\$10,000
Female	8/22/2011	3/8/1979	Florida	33919	\$75,701.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	6/22/2015	5/13/1966	Florida	33844	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	10/24/2016	7/13/1964	Florida	34685	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	8/31/1988	Florida	32583	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	10/3/2011	6/14/1978	Florida	33547	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	10/15/2012	4/6/1979	Florida	33909	\$43,474.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	\$10,000
Male	5/19/2014	7/13/1978	Florida	33909	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	N/A
Female	1/16/2018	10/1/1977	Florida	33896	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/10/2008	3/25/1980	Florida	32224	\$55,952.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$120,000	\$60,000	\$10,000
Female	7/3/2006	4/6/1962	Florida	32347	\$71,046.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	12/5/2016	5/12/1993	Florida	32324	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/10/2018	4/13/1986	Florida	34787	\$75,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Female	10/3/2011	1/3/1948	Florida	34787	\$34,803.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$120,000	N/A	N/A
Female	3/17/2014	5/10/1969	Florida	32828	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/30/2014	12/12/1963	Florida	34471	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Male	4/7/2014	4/11/1981	Florida	33304	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Male	7/1/2002	9/20/1971	Florida	33029	\$78,300.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/3/2006	8/21/1972	Texas	76548	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/26/2009	10/29/1966	Florida	32784	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$160,000	N/A	\$10,000
Female	5/4/2009	12/24/1971	Florida	32081	\$59,676.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/18/2009	6/30/1975	Florida	32828	\$67,792.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/22/2011	9/6/1978	Florida	34638	\$54,881.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$20,000	\$10,000	N/A
Female	8/22/2011	10/3/1984	Florida	34787	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	\$5,000
Female	12/7/2012	1/12/1988	Florida	32309	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/11/2013	2/14/1971	Florida	32821	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Male	2/15/2013	7/9/1965	Florida	33436	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	8/14/1982	Florida	32778	\$91,256.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	3/1/2013	9/1/1979	Florida	32309	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/1/2013	10/16/1979	Florida	32309	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/15/2013	8/16/1959	Florida	32571	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	1/11/2016	7/8/1980	Florida	32327	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/31/2016	11/8/1962	Florida	32707	\$95,871.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/20/2018	9/19/1986	Florida	32043	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/14/2017	11/9/1979	Florida	33176	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	2/14/2011	6/23/1978	Florida	33570	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/22/2011	3/17/1956	Florida	34983	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	\$10,000
Female	1/12/2015	11/20/1961	Florida	32068	\$45,128.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	\$50,000	N/A
Female	3/5/2018	6/6/1985	Florida	32068	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Female	5/30/2014	5/12/1986	Florida	33484	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/14/1960	Florida	32903	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/7/2011	2/26/1973	Florida	32821	\$46,055.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	11/7/2011	12/14/1972	Florida	32824	\$50,648.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/20/2009	2/28/1982	Florida	32935	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Female	8/8/2016	11/1/1966	Florida	32080	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A



Male	8/8/2016	8/11/1964	Florida	32080-7353	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/11/2018	5/3/1977	Florida	34743	\$24,960.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	7/31/2017	7/30/1974	Florida	32765-2706	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/15/2004	3/10/1970	Florida	32779	\$54,262.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/6/2010	1/8/1982	Florida	32317	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$5,000
Male	5/4/2015	4/1/1990	Florida	32825	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	4/2/2012	12/15/1977	Florida	33982	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/27/2012	1/9/1986	Florida	33914	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	6/15/2015	11/29/1990	Florida	32792	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/15/2015	10/20/1980	Florida	32904	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2017	4/18/1967	Florida	33024	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/18/2012	8/19/1973	Florida	32615	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2016	8/9/1974	Florida	32726	\$30,314.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/24/2014	7/10/1983	Florida	33703	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	4/21/2008	12/16/1948	Florida	32789	\$120,589.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/10/2018	8/9/1970	Florida	34655	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/1/2017	5/4/1977	Florida	33837	\$66,500.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	8/20/2018	7/12/1984	Florida	32221	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/13/2018	1/15/1978	Florida	32065	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/3/2009	4/30/1974	Florida	32713	\$55,424.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	6/15/2009	12/15/1980	Florida	33705	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2016	9/15/1974	Florida	33460	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/20/2015	5/13/1983	Florida	32507	\$49,831.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/29/2012	10/10/1979	Florida	33625	\$43,441.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	11/29/1981	Florida	33922	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/11/2013	3/25/1967	Florida	32789	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	12/10/2012	6/23/1973	Florida	32712	\$110,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	N/A
Male	5/30/2014	5/3/1963	Florida	33411	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/18/2014	8/21/1984	Florida	32703	\$74,746.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/8/2016	6/15/1985	Florida	32159	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	N/A
Female	7/25/2016	5/19/1985	Florida	32127	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/1/2006	9/5/1973	Pennsylvania	19147	\$67,806.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/28/2005	2/8/1975	Florida	32137	\$58,460.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$90,000	N/A	N/A
Male	11/15/2004	12/10/1968	Florida	32137	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	N/A	\$10,000
Female	6/19/2017	5/3/1986	Florida	34653	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	4/20/1975	Florida	33412	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/1/2009	6/20/1986	Florida	32824	\$66,491.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	\$10,000
Male	11/6/2017	1/20/1990	Florida	32792	\$73,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A

Female	3/11/2013	9/7/1979	Florida	34221	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/16/2017	8/24/1990	Florida	32428	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/10/2011	6/10/1980	Florida	32712	\$46,444.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	\$10,000
Male	6/11/2012	6/23/1973	Florida	33617	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/30/2012	8/2/1973	Florida	32034	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	1/22/2018	7/26/1983	Florida	33602	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/26/2015	10/28/1970	Florida	32940	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/8/2016	1/2/1969	Florida	33418	\$41,315.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/14/2016	1/24/1966	Florida	32829	\$89,847.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	8/6/2012	9/13/1978	Florida	33549	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/25/2007	6/25/1974	Florida	32796	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	1/5/2016	3/31/1987	Florida	32903	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	N/A
Female	2/9/2015	9/4/1965	Florida	34734	\$60,592.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$60,000	\$20,000	\$10,000
Female	10/13/2008	5/5/1977	New York	13601	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2011	2/7/1965	Florida	32428	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/1/2014	12/12/1989	Florida	32428	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	8/17/2015	11/6/1985	Florida	32606	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$70,000	\$35,000	\$10,000
Female	6/7/2013	8/18/1986	Florida	33541	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Male	9/6/2011	10/6/1978	Florida	33063	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$150,000	\$70,000	\$10,000
Female	8/7/2017	5/25/1981	Florida	32503	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/10/2008	10/18/1961	Florida	32003	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/8/2016	7/18/1987	Florida	32934	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	2/11/2013	5/21/1981	Florida	33073	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$270,000	\$50,000	N/A
Female	1/5/2009	8/8/1978	Florida	32712	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	9/6/2011	4/22/1982	Florida	33543	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	10/1/2012	1/21/1964	Florida	33607	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/25/2013	5/23/1985	New York	11946	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$270,000	\$100,000	\$10,000
Female	4/17/2017	2/17/1991	Florida	33024	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/23/2012	3/29/1976	Florida	34787	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/7/2009	6/4/1985	Florida	32904	\$65,195.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	9/14/2015	12/9/1979	Florida	34607	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Female	5/30/2014	5/6/1989	Florida	33710	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$80,000	N/A	N/A
Male	10/29/2012	4/27/1981	Florida	32955	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$270,000	N/A	\$10,000
Male	12/4/2017	9/25/1989	Florida	33701	\$70,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Female	8/3/2010	11/5/1966	Florida	32606	\$58,540.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	3/5/2018	12/17/1961	Florida	32606	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	5/2/2014	6/6/1962	Florida	34983	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/2/2012	4/8/1969	Florida	34609	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Male	12/9/2013	7/28/1981	Florida	32824	\$76,686.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$350,000	\$50,000	\$10,000
Male	6/2/2014	11/7/1984	Florida	32829	\$91,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A

Female	1/5/2016	6/13/1958	Florida	32836	\$119,773.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/19/2012	1/29/1984	Florida	33544	\$54,650.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/2/2008	7/16/1965	Florida	32940	\$52,980.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$160,000	N/A	\$10,000
Female	4/9/2012	12/11/1977	Florida	33810	\$55,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	3/11/2013	3/27/1975	Florida	33813	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/7/2008	1/5/1980	Florida	33884	\$57,035.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Male	9/23/2010	3/29/1980	Florida	33624	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$110,000	N/A	N/A
Male	6/11/2012	8/16/1990	Florida	33414	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/11/2017	1/31/1983	Florida	33321	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/15/2005	6/8/1962	Florida	33813	\$58,362.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/6/2007	6/6/1971	Florida	33875	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$130,000	\$50,000	N/A
Female	8/25/2008	10/24/1975	Florida	34653	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$230,000	N/A	\$10,000
Female	9/15/2008	10/28/1970	Florida	34761	\$45,871.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	12/1/2014	7/20/1970	Florida	33647	\$51,698.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	2/3/2014	3/9/1974	Florida	32757	\$48,036.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$90,000	N/A	\$5,000
Female	6/15/2015	4/8/1984	Florida	34655	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$250,000	\$100,000	\$10,000
Female	3/3/2014	11/1/1984	Florida	33629	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/24/2012	12/15/1975	Florida	33850	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/28/2011	9/14/1979	Florida	34638	\$70,973.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/17/2017	6/7/1989	Florida	33774	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/2/2016	1/28/1983	Florida	33810	\$54,961.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/6/2016	9/20/1963	Florida	32176	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	6/5/1966	Florida	34714	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/17/2008	12/18/1979	Florida	32808	\$57,197.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$25,000	\$10,000
Female	12/5/2016	10/11/1977	Florida	32217	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$250,000	N/A	\$10,000
Female	12/4/2017	12/10/1989	Florida	32128	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	12/12/2011	12/1/1975	Florida	32218	\$65,195.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	8/5/2013	9/2/1969	Florida	34734	\$78,941.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$90,000	\$45,000	N/A
Female	8/27/2012	7/22/1980	Florida	33837	\$57,266.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	2/6/2017	6/2/1970	Florida	32607	\$53,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	12/8/2014	8/10/1979	Florida	32792	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/21/2017	7/13/1984	Florida	34241	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2016	7/8/1950	Florida	33952	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	6/29/1986	Florida	32092	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	8/11/1975	Florida	33873	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	\$10,000
Male	8/20/2018	2/16/1985	Florida	33772	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Male	7/16/2010	12/8/1982	Florida	32829	\$78,756.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$150,000	\$75,000	N/A
Female	9/6/2011	7/13/1976	Florida	32312	\$61,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Male	2/25/2013	6/15/1982	Florida	32839	\$46,237.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	4/30/2012	2/8/1984	Florida	32839	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/26/2016	5/12/1981	Florida	32608	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	8/8/2016	12/30/1988	Florida	33919	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2012	3/16/1981	Florida	32908	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/3/2006	8/6/1977	Florida	34743	\$48,165.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$150,000	N/A	N/A
Female	4/8/2013	12/22/1981	Florida	33175	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/22/2015	5/15/1992	Florida	33897	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/11/2016	3/17/1980	Florida	33880	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/14/2010	3/26/1961	Florida	32696	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2015	10/12/1963	Florida	34711	\$134,810.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	9/5/2017	9/27/1984	Florida	33868	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	N/A
Female	4/30/2012	12/13/1979	Florida	34683	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	1/9/2018	8/5/1970	Florida	34681	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/15/2011	12/6/1977	Florida	32837	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/9/2015	7/9/1989	Florida	32765	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$10,000	N/A	N/A
Female	2/1/2016	6/2/1977	Florida	33025	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/11/2015	2/21/1985	Florida	32824	\$50,170.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	N/A	N/A
Female	9/8/2008	12/26/1983	Florida	32714	\$40,059.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$50,000	N/A	N/A
Male	8/6/2012	11/2/1977	Florida	32065	\$79,849.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$80,000	\$30,000	\$10,000
Male	11/9/2015	11/4/1975	Florida	33609	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/25/2017	3/25/1959	Florida	32169	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2011	12/9/1955	Colorado	80104	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/23/2010	12/19/1978	Florida	34655	\$56,103.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	8/8/2016	4/9/1984	Florida	33411	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	3/17/2014	3/17/1966	Florida	32934	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	9/6/2011	1/20/1953	Florida	32569	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	11/10/2014	3/28/1985	Florida	32304	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	N/A	N/A
Female	9/8/2006	4/24/1967	Florida	33809	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	\$5,000
Female	5/5/2008	11/26/1951	Florida	33912	\$80,207.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/10/2008	12/2/1982	Florida	34747	\$82,960.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	4/2/2012	4/2/1983	Florida	34233	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	N/A	N/A
Male	11/12/2012	9/17/1991	Florida	32907	\$54,865.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$70,000	N/A	N/A
Female	5/29/2012	6/10/1979	Florida	33510	\$42,791.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	\$10,000
Female	1/21/2014	10/1/1987	Florida	32081	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/15/2006	8/29/1972	Florida	33478	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A

Female	6/9/2008	8/26/1961	Florida	32835	\$57,173.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/8/2016	12/28/1983	Florida	33919	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/9/2016	11/9/1973	Florida	32312	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/11/2012	5/26/1982	Colorado	80005	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/26/2013	12/7/1965	Florida	33196	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	5/21/1992	Florida	33634	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2016	11/28/1989	Florida	33803	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/7/2008	1/18/1965	Florida	32442	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	N/A	N/A
Female	7/18/2016	4/22/1970	Florida	32164	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2016	5/29/1984	Florida	33853	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	8/10/2015	4/22/1978	Florida	33462	\$62,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$130,000	N/A	N/A
Female	10/24/2016	7/26/1983	Florida	32713	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/3/2006	5/1/1978	Florida	34639	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	7/18/2016	5/15/1989	Florida	33467	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$230,000	N/A	N/A
Male	6/8/2012	3/19/1979	Florida	34112	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/22/2011	3/4/1979	Florida	33596	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$220,000	\$70,000	N/A
Male	7/1/2002	5/16/1965	Florida	33065	\$74,160.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	4/30/2010	4/9/1981	Florida	33843	\$43,441.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/4/2012	6/30/1977	Florida	34787	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	9/6/2016	4/23/1993	Florida	32803	\$49,131.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/3/2014	2/3/1983	Florida	34473	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/28/2016	2/23/1986	Florida	32812	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/3/2011	5/29/1975	Florida	32907	\$44,247.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	\$50,000	\$10,000
Female	1/9/2017	4/1/1986	Florida	33141	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	12/7/2015	8/5/1975	Florida	32746	\$89,240.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/22/2016	8/7/1980	Florida	34761	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	4/9/2018	10/9/1988	Florida	33711	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	7/26/1967	Florida	32828	\$66,419.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$50,000	\$25,000	N/A
Male	12/12/2011	10/20/1988	Florida	32713	\$76,100.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$40,000	N/A	N/A
Female	6/11/2012	10/10/1982	Florida	32746	\$53,716.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/10/2013	11/22/1981	Florida	34222	\$43,441.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	5/7/2018	12/8/1986	Florida	32765	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/27/2008	4/23/1975	Ohio	45069	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	5/29/2012	9/4/1972	Florida	32608	\$43,474.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/12/2012	11/27/1983	Florida	32950	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$130,000	N/A	N/A
Female	5/9/2011	6/12/1980	Florida	32724	\$53,375.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/12/2015	8/10/1976	Florida	34208	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/1/2001	8/25/1961	Florida	33907	\$73,872.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	5/6/2013	2/18/1979	Florida	33543	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/8/2015	3/25/1979	Florida	33331	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Female	9/5/2017	11/28/1984	Florida	33543	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$70,000	\$25,000	N/A
Female	3/14/2016	7/13/1979	Florida	34211	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/23/2012	3/24/1977	Florida	34983	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	3/4/1985	Florida	33410	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	7/13/2015	10/12/1967	Florida	34683	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	5/21/1987	Florida	32835	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	11/6/2017	12/19/1974	Florida	32922	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/20/2018	1/30/1977	Florida	32065	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	9/7/1979	Florida	34736	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	\$30,000	N/A
Female	5/2/2016	8/26/1975	Florida	33709	\$64,294.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	N/A	N/A
Male	3/11/2013	10/16/1979	Florida	34787	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/11/2007	8/22/1971	Florida	33572	\$61,755.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/14/2007	10/29/1976	California	92314	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	1/12/2011	6/20/1976	Florida	33401	\$56,309.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	8/27/2018	7/6/1979	Florida	33759	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/12/2016	1/7/1970	Florida	33543	\$52,019.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/26/2007	8/20/1962	Florida	32803	\$95,663.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Male	5/9/2016	12/2/1960	Florida	34208	\$112,450.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$180,000	\$10,000	\$10,000
Female	8/29/2016	10/24/1980	Florida	32259	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	7/25/2011	10/1/1987	Florida	33713	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/3/2014	8/25/1981	Florida	32309	\$51,231.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/9/2015	7/18/1989	Florida	32205	\$49,831.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/6/2014	3/20/1973	Florida	32960	\$58,841.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	\$10,000
Female	7/13/2009	4/20/1975	Florida	34653	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/28/2010	6/2/1969	Florida	32669	\$68,138.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	8/8/2016	9/27/1982	Florida	33898	\$41,315.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/19/2016	11/18/1963	Florida	32259	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	\$10,000
Female	6/19/2017	1/9/1963	Florida	33760	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/16/2018	11/15/1982	Florida	32751	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/23/2011	9/8/1978	Florida	34638	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	N/A	N/A
Female	6/13/2016	11/26/1973	Florida	32828	\$49,131.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	6/23/2008	3/26/1961	Florida	32583	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$60,000	\$25,000	\$10,000
Female	9/29/2008	5/20/1971	Georgia	30134	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$70,000	\$35,000	N/A
Female	5/2/2016	2/24/1962	Florida	34205	\$46,665.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$30,000	N/A	\$10,000
Male	11/12/2012	8/6/1961	Florida	34711	\$87,385.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$10,000	\$10,000	N/A
Male	8/22/2011	8/27/1963	Florida	34786	\$52,536.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2016	4/12/1984	Florida	34232	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/27/2006	3/27/1973	Florida	34736	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A

Male	10/30/2017	6/12/1979	Florida	33308	\$55,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	6/18/2018	9/25/1990	Florida	32448	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/6/2016	3/14/1977	Florida	32712	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/6/2016	9/28/1988	Florida	32618	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/16/2008	1/20/1976	Florida	32934	\$57,197.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	9/6/2011	7/25/1980	Florida	32605	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/6/2017	11/16/1971	Florida	34684	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	\$25,000	\$10,000
Female	9/28/2015	5/15/1954	Florida	33611	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/24/2016	4/15/1970	Florida	33884	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$200,000	\$50,000	N/A
Female	10/28/2005	11/24/1965	Florida	33884	\$54,757.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/15/2012	8/3/1981	Florida	32811	\$42,356.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	11/11/2010	11/1/1974	Florida	33618	\$55,938.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/25/2017	3/27/1977	Florida	34471	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/9/2018	2/21/1972	Florida	32746	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/9/2012	5/11/1972	Florida	34233	\$55,633.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	8/6/2018	10/4/1990	Florida	34653	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/30/2012	5/25/1987	Florida	32801	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	5/7/2012	10/3/1952	Florida	33071	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/15/2011	4/9/1982	Florida	32526	\$53,375.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	2/14/2011	7/18/1976	Florida	33408	\$44,581.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/31/2016	12/9/1990	Florida	32801	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/22/2018	7/16/1975	Florida	32222	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	3/11/2013	9/28/1971	Florida	32092	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/14/2017	9/20/1969	Florida	32174	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	\$10,000
Male	2/11/2013	10/7/1972	Florida	33781	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Female	11/8/2010	5/30/1961	Florida	33415	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2002	6/26/1968	Florida	32779	\$71,842.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Male	8/4/2003	3/30/1956	Florida	32779	\$67,691.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$190,000	N/A	N/A
Female	9/16/2005	10/21/1979	Florida	32176	\$64,813.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$220,000	\$50,000	\$5,000
Female	6/2/2008	2/19/1985	Florida	33813	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	4/16/2012	9/18/1973	Florida	32011	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$20,000	\$10,000	\$5,000
Female	6/25/2012	3/23/1985	Florida	33511	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/16/2014	2/18/1981	Florida	34787	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	10/9/2014	6/10/1976	Florida	32908	\$49,465.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$140,000	N/A	\$10,000
Female	1/16/2018	2/10/1987	Florida	32926	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Male	6/18/2018	4/14/1974	Florida	32713	\$100,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$5,000
Female	7/16/2018	10/8/1974	Florida	32909	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$40,000	\$20,000	\$10,000
Female	7/30/2018	10/4/1980	Florida	32725	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	12/9/2004	11/5/1974	Florida	32333	\$48,702.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Female	7/17/2017	1/24/1972	Florida	32828	\$77,340.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/14/2006	7/18/1967	Florida	32835	\$58,767.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	7/6/2009	9/27/1974	Florida	32095	\$56,309.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A

Male	8/5/2013	9/5/1978	Florida	32771	\$65,714.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	1/22/2018	4/1/1993	Florida	33594	\$78,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	8/8/2016	11/2/1988	Florida	34736	\$41,036.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2007	1/30/1969	Florida	32601	\$52,980.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/13/2007	3/27/1977	Florida	34201	\$57,718.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/16/2008	10/5/1971	Michigan	49091	\$57,718.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$90,000	N/A	\$10,000
Female	4/9/2012	3/23/1986	Florida	34761	\$53,768.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Male	6/13/2012	1/31/1978	Florida	32081	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	6/8/2012	2/6/1990	Florida	32950	\$43,474.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$210,000	N/A	\$10,000
Female	7/12/2016	5/18/1983	Florida	32967	\$49,131.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	\$10,000
Male	4/19/2013	3/6/1989	Florida	32653	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/2/2016	3/18/1978	Florida	32828	\$56,812.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$60,000	\$30,000	N/A
Male	3/5/2018	11/27/1980	Florida	32967	\$47,700.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	N/A	N/A
Female	3/19/2018	11/22/1972	Florida	34219	\$64,000.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	5/7/2012	7/24/1952	Florida	32701	\$51,231.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$10,000	\$5,000	N/A
Female	12/29/2003	5/11/1969	Florida	32118	\$147,366.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$200,000	\$50,000	\$10,000
Female	6/19/2017	6/27/1980	Florida	33919	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/6/2018	10/4/1989	Florida	34695	\$39,841.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/13/2015	9/16/1980	Florida	32828	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	3/6/2017	10/19/1981	Florida	33418	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2009	10/22/1966	Florida	32250	\$53,463.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	8/28/2017	7/31/1980	Florida	33544	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$240,000	N/A	\$10,000
Female	3/19/2012	10/26/1976	Florida	32605	\$52,049.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/25/2007	10/2/1976	Florida	32712	\$53,463.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	N/A
Female	1/16/2018	7/30/1978	Florida	33811	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	\$10,000
Female	11/15/2004	12/21/1962	Florida	33956	\$79,677.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	\$100,000	\$50,000	N/A
Female	7/6/2006	7/15/1969	Florida	32780	\$56,811.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$220,000	\$70,000	\$10,000
Female	7/20/2009	11/22/1977	Florida	32054	\$46,715.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$5,000
Female	9/26/2007	6/8/1967	Florida	32608	\$59,393.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$120,000	N/A	N/A
Female	8/13/2018	7/23/1966	Florida	33458	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/1/2004	2/10/1972	Florida	33803	\$79,849.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/2/2004	8/19/1977	Florida	34293	\$48,702.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$210,000	\$50,000	N/A
Female	9/25/2017	10/18/1970	Florida	32309	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	\$50,000	\$10,000
Male	1/5/2016	4/10/1981	Florida	33837	\$49,465.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$10,000	N/A	N/A
Female	4/21/2014	2/2/1984	Florida	32751	\$51,579.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$100,000	N/A	N/A
Male	7/3/2006	11/30/1976	Florida	32643	\$86,951.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	9/13/2007	1/8/1979	Florida	32643	\$54,242.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A



Female	10/17/2011	2/26/1980	Florida	32821	\$49,258.00	Enrolled	N/A	Enrolled	\$40,000	Non-Instructional	1	\$240,000	N/A	N/A
Male	7/9/2012	7/18/1960	Arizona	85048	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	7/7/2008	10/14/1948	Florida	32068	\$54,534.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/18/2013	4/2/1955	Florida	34747	\$51,698.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Male	3/5/2018	3/14/1970	Florida	33772	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/23/2016	5/24/1983	Florida	32765	\$60,000.00	Enrolled	Enrolled	Enrolled	\$40,000	Non-Instructional	1	N/A	N/A	N/A
Female	1/5/2015	4/9/1986	Florida	34607	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$50,000	N/A	N/A
Female	3/5/2018	5/4/1977	Florida	33470	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	5/30/2017	1/27/1982	Florida	32086	\$48,177.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/5/2009	5/20/1982	Florida	32807	\$76,220.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$390,000	\$100,000	\$10,000
Female	6/8/2012	3/19/1982	Florida	33165	\$52,049.00	Enrolled	Enrolled	Enrolled	\$40,000	Instructional	1	\$200,000	\$100,000	N/A
Female	6/14/2010	6/8/1964	Florida	33511	\$52,893.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	\$60,000	N/A	\$10,000
Female	2/23/2015	9/6/1984	Florida	33319	\$50,170.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	1/22/2018	4/1/1972	Florida	34761	\$47,700.00	Enrolled	N/A	Enrolled	\$40,000	Instructional	1	N/A	N/A	N/A
Female	10/1/2018	8/29/1969	Florida	34685	39,841.00		N/A			Instructional	7	N/A	N/A	N/A
Male	10/29/2018	1/13/1981	Florida	32824	75,619.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	9/10/2018	10/25/1988	Florida	33573	39,841.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	9/30/1985	Florida	34219	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	4/26/1985	Florida	32259	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	9/18/1988	Florida	32826	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Male	9/4/2018	1/3/1992	Florida	32819	35,799.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	9/10/2018	4/3/1987	Florida	33626	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Male	9/4/2018	5/16/1986	Florida	32821	37,000.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	9/4/2018	11/20/1979	Florida	32317	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	9/10/1968	Florida	34202	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	4/26/1983	Florida	34758	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	2/26/1985	Florida	33143	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	11/17/1981	Florida	33611	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	7/27/1983	Florida	33478	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	2/1/1991	Florida	33511	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	5/25/1991	Florida	33433	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	4/15/1988	Florida	32784	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	11/24/1981	Florida	32080	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	4/16/1967	Florida	33129	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	10/18/1989	Florida	32571	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/4/2018	7/16/1986	Florida	33579	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	4/5/1986	Florida	33426	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	11/19/1982	Florida	32092	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	12/19/1981	Florida	32092	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	10/5/1981	Florida	33761	39,841.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	10/3/1982	Florida	32712	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	9/10/1973	Florida	33458	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	7/16/1972	Florida	33760	47,700.00		N/A			Instructional	7	N/A	N/A	N/A

Female	9/10/2018	7/12/1981	Florida	33773	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/24/2018	1/5/1981	Florida	34677	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	10/18/1977	Florida	34203	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	1/10/1983	Florida	33143	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	2/20/1965	Florida	34744	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/24/2018	6/26/1976	Florida	33063	59,500.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	9/17/2018	5/30/1973	Florida	32828	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/10/2018	12/28/1974	Florida	32421	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/24/2018	10/14/1985	Florida	34428	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	9/21/1991	Florida	32955	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	12/5/1980	Florida	32054	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	3/26/1991	Florida	32828	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/1/2018	7/3/1974	Florida	34209	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	1/19/1977	Florida	33596	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/17/2018	10/28/1972	Florida	32073	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/24/2018	5/14/1964	Florida	32825	35,799.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	9/17/2018	1/15/1983	Florida	32459	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	9/24/2018	12/28/1989	Florida	32926	30,000.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	9/17/2018	3/3/1972	Florida	33913	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/1/2018	3/2/1984	Florida	34428	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/1/2018	10/2/1985	Florida	33703	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/1/2018	12/16/1982	Florida	32216	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/15/2018	3/15/1994	Florida	32707	28,222.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Female	10/8/2018	12/14/1965	Florida	33461	47,700.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/15/2018	11/6/1991	Florida	32818	35,799.00		N/A			Non-Instructional	7	N/A	N/A	N/A
Male	10/22/2018	10/11/1988	Florida	32446	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Male	10/22/2018	3/17/1978	Florida	33556	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/22/2018	7/15/1987	Florida	33813	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/22/2018	6/21/1982	Florida	33860	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/29/2018	8/30/1971	Florida	32720	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/29/2018	5/16/1981	Florida	32128	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/29/2018	1/31/1987	Florida	33313	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
Female	10/29/2018	4/18/1984	Florida	34655	48,331.00		N/A			Instructional	7	N/A	N/A	N/A
							N/A					N/A	N/A	N/A



				LIFE INSURANCE		VOLUNTARY LIFE		
Gender (M/F)	Date of Birth	Home Zip Code	Retiree	Basic Life	Class(es)	Employee Covg	Spouse Covg	Child Covg
F	9/5/1972	32801	Yes	N/A		N/A	N/A	N/A
Female	3/21/1949	32141	Yes	N/A		\$10,000	N/A	N/A
Female	1/29/1948	32835	Yes	N/A		\$10,000	N/A	N/A
Female	2/28/1951	34734	Yes	N/A		\$10,000	N/A	N/A
Female	6/23/1952	32832	Yes	N/A		\$10,000	N/A	N/A
Female	3/27/1949	32578	Yes	N/A		\$10,000	N/A	N/A
Female	1/18/1954	32080	Yes	N/A		\$10,000	N/A	N/A
Male	1/28/1950	32656	Yes	N/A		\$10,000	N/A	N/A
Female	6/26/1949	32669	Yes	N/A		\$10,000	N/A	N/A
Female	7/28/1945	34786	Yes	N/A		\$10,000	N/A	N/A
Female	9/17/1961	37760	Yes	N/A		\$10,000	N/A	N/A
Female	6/25/1949	32967	Yes	N/A		\$10,000	N/A	N/A
Female	6/15/1956	75219	Yes	N/A		\$10,000	N/A	N/A
Female	10/16/1947	34638	Yes	N/A		\$10,000	N/A	N/A
Female	9/6/1946	32547	Yes	N/A		\$10,000	N/A	N/A
Female	11/24/1947	32806	Yes	N/A		\$10,000	N/A	N/A
Female	6/15/1947	34231	Yes	N/A		\$10,000	N/A	N/A
Female	8/28/1957	32712-2590	Yes	N/A		\$10,000	N/A	N/A
Female	11/7/1949	33990	Yes	N/A		\$10,000	N/A	N/A
Male	4/27/1951	32317	Yes	N/A		\$10,000	N/A	N/A
Female	7/1/1961	32836	Yes	N/A		\$10,000	N/A	N/A
Female	5/23/1955	32086	Yes	N/A		\$10,000	N/A	N/A
Female	3/12/1951	32720	Yes	N/A		\$10,000	N/A	N/A
Female	4/23/1954	32608	Yes	N/A		\$10,000	N/A	N/A
Male	9/5/1951	32744	Yes	N/A		\$10,000	N/A	N/A
Female	5/4/1955	34759	Yes	N/A		\$10,000	N/A	N/A
Female	6/15/1951	28740	Yes	N/A		\$10,000	N/A	N/A
Female	12/11/1951	85614	Yes	N/A		\$10,000	N/A	N/A
Male	10/26/1949	32724	Yes	N/A		\$10,000	N/A	N/A
Female	10/22/1955	34601	Yes	N/A		\$10,000	N/A	N/A
Male	1/17/1947	32097-3409	Yes	N/A		\$10,000	N/A	N/A
Female	1/9/1941	33810	Yes	N/A		\$10,000	N/A	N/A
Female	2/15/1942	32244	Yes	N/A		\$10,000	N/A	N/A
Female	11/17/1953	32565	Yes	N/A		\$10,000	N/A	N/A
Male	12/7/1948	33617	Yes	N/A		\$10,000	N/A	N/A
Female	6/23/1942	32344	Yes	N/A		\$10,000	N/A	N/A
Female	12/25/1954	34744	Yes	N/A		\$10,000	N/A	N/A

## ATTACHMENT 02

Cigna Life Insurance Company of North America  
 Policy # FLX 966008, OK 967565m FLK 960792 and LK  
 964130  
 PO Box  
 13701  
 Philadelphia, PA 19101-3701

Coverage	Lives	Volume	Monthly Rates	Total Premium
Life	2157	85962000	0.047	4040.21
Retiree Life	36	360000	0.47	169.2
AD+D	2157	85962000	0.015	1289.43
O Life	921	110553000	age banded	20701.16
OS Life	419	18870400	age banded	3542.35
OC Life	362	3400000	0.32	1088
WI	2157	539250	0.08	4314
O WI	545	374229.27	0.156	5837.98
LTD	2157	9759383.25	0.076	7417.13
			Total to pay	48399.46

**EXPERIENCE PRESENTATION FOR:**

Florida Virtual School

**Together, all the way**



"Cigna" is a registered service mark and the "Tree of Life" logo and "Together, all the way" are service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

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**Florida Virtual School**  
**Basic Life**  
**FLX0966008**  
**As Of 10/27/2018**

**Claims Reported on a Paid Basis**

Period Description	7/1/2015 6/30/2016	7/1/2016 6/30/2017	7/1/2017 6/30/2018	7/1/2018 10/27/2018	Fully Revealed Total
# of Months	12	12	12	4	40
Period Weight	30.1 %	30.0 %	30.0 %	9.8 %	100.0 %
<b>Paid Premium</b>	<b>48,244</b>	<b>52,477</b>	<b>46,811</b>	<b>16,173</b>	<b>163,705</b>
<b>Paid Claims</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>40,000</b>	<b>40,000</b>
Outstanding Reserves	-	-	-	-	-
Waiver Reserves	-	3,906	8,380	-	12,286
IBNR	637	760	( 635 )	147	909
<b>Net Incurred Claims</b>	<b>637</b>	<b>4,666</b>	<b>7,745</b>	<b>40,147</b>	<b>53,195</b>
<b>Paid Loss Ratio</b>	<b>1.3 %</b>	<b>8.9 %</b>	<b>16.5 %</b>	<b>248.2 %</b>	<b>32.5 %</b>
Total Claims	-	-	-	1	1
Average Cost Per Claim	-	-	-	40,000	40,000

Florida Virtual School

Basic Life

FLX0966008

As Of 10/27/2018

Claims Reported on a Paid Basis

Birth Date	Gender	Date of Incurral	Coverage Status	Total Paid	Benefit Paid Date	Outstanding Reserve	Waiver Reserve	Coverage Code
8/7/1965	F	8/20/2018	CC	40,000	9/14/2018			010
9/4/1967	F	3/31/2018	AC		10/27/2018		8,380	093
9/1/1985	M	10/24/2016	AC		10/27/2018		3,906	093
4/9/1956	M	4/27/2015	AC		10/27/2018		13,929	093

**Florida Virtual School**  
**Voluntary Life - Employee**  
**FLX0966008**  
**As Of 10/27/2018**

**Claims Reported on a Paid Basis**

Period Description	7/1/2015 6/30/2016	7/1/2016 6/30/2017	7/1/2017 6/30/2018	7/1/2018 10/27/2018	Fully Revealed Total
# of Months	12	12	12	4	40
Period Weight	30.1 %	30.0 %	30.0 %	9.8 %	100.0 %
<b>Paid Premium</b>	<b>228,668</b>	<b>248,141</b>	<b>226,090</b>	<b>82,762</b>	<b>785,661</b>
<b>Paid Claims</b>	-	-	-	-	-
Outstanding Reserves	-	-	-	-	-
Waiver Reserves	-	-	-	-	-
IBNR	2,984	3,486	( 2,406 )	2,076	6,140
<b>Net Incurred Claims</b>	<b>2,984</b>	<b>3,486</b>	<b>( 2,406 )</b>	<b>2,076</b>	<b>6,140</b>
<b>Paid Loss Ratio</b>	<b>1.3 %</b>	<b>1.4 %</b>	<b>( 1.1 % )</b>	<b>2.5 %</b>	<b>0.8 %</b>
Total Claims	-	-	-	-	-
Average Cost Per Claim	-	-	-	-	-



Florida Virtual School  
Voluntary Life - Employee  
FLX0966008  
As Of 10/27/2018

Claims Reported on a Paid Basis

Birth Date	Gender	Date of Incurral	Coverage Status	Total Paid	Benefit Paid Date	Outstanding Reserve	Waiver Reserve	Coverage Code
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**Florida Virtual School**  
**Voluntary Life - Dependent**  
**FLX0966008**  
**As Of 10/27/2018**

**Claims Reported on a Paid Basis**

Period Description	7/1/2015 6/30/2016	7/1/2016 6/30/2017	7/1/2017 6/30/2018	7/1/2018 10/27/2018	Fully Revealed Total
Start Date					
End Date					
# of Months	12	12	12	4	40
Period Weight	30.1 %	30.0 %	30.0 %	9.8 %	100.0 %
<b>Paid Premium</b>	<b>49,942</b>	<b>57,381</b>	<b>52,894</b>	<b>18,277</b>	<b>178,494</b>
<b>Paid Claims</b>	<b>130,000</b>	<b>-</b>	<b>-</b>	<b>22,000</b>	<b>152,000</b>
Outstanding Reserves	-	-	-	-	-
Waiver Reserves	-	-	-	-	-
IBNR	998	1,750	( 691 )	276	2,332
<b>Net Incurred Claims</b>	<b>130,998</b>	<b>1,750</b>	<b>( 691 )</b>	<b>22,276</b>	<b>154,332</b>
<b>Paid Loss Ratio</b>	<b>262.3 %</b>	<b>3.0 %</b>	<b>( 1.3 % )</b>	<b>121.9 %</b>	<b>86.5 %</b>
Total Claims	3	-	-	1	4
Average Cost Per Claim	43,333	-	-	22,000	38,000

**Florida Virtual School**  
**Voluntary Life - Dependent**  
**FLX0966008**  
**As Of 10/27/2018**

**Claims Reported on a Paid Basis**

Birth Date	Gender	Date of Incurral	Coverage Status	Total Paid	Benefit Paid Date	Outstanding Reserve	Waiver Reserve	Coverage Code
12/12/1945	M	6/11/2018	CC	22,000	7/23/2018			030
3/7/1973	M	5/18/2016	CC	30,000	6/23/2016			030
6/12/1973	M	7/11/2015	CC	50,000	10/5/2015			030
6/12/1973	M	7/11/2015	CC	50,000	8/19/2015			030

**Florida Virtual School**  
**Long Term Disability**  
**LK 0964130**  
**As Of 10/27/2018**

**Claims Reported on an Incurred Basis**

Period Description				IBNR	Fully Revealed Total
Start Date	7/1/2015	7/1/2016	7/1/2017	4/1/2018	
End Date	6/30/2016	6/30/2017	3/31/2018	10/27/2018	
# of Months	12	12	9	7	33
Period Weight	36.4 %	36.3 %	27.3 %	-	100.0 %
<b>Paid Premium</b>	<b>79,102</b>	<b>87,867</b>	<b>61,232</b>	<b>50,783</b>	<b>228,200</b>
<b>Paid Claims</b>	<b>-</b>	<b>87,353</b>	<b>2,458</b>	<b>-</b>	<b>89,811</b>
Reserves	-	205,549	100,129	-	305,678
IBNR	67	883	11,824	73,637	12,774
<b>Total Reserves</b>	<b>67</b>	<b>206,432</b>	<b>111,953</b>	<b>73,637</b>	<b>318,452</b>
Incurred Claims	67	293,785	114,411	73,637	408,263
Time Value Credits	( 8 )	( 12,218 )	( 288 )	-	( 12,514 )
<b>Net Incurred Claims</b>	<b>59</b>	<b>281,567</b>	<b>114,123</b>	<b>73,637</b>	<b>395,749</b>
<b>Paid Loss Ratio</b>	<b>0.1 %</b>	<b>320.4 %</b>	<b>186.4 %</b>	<b>145.0 %</b>	<b>173.4 %</b>
Open/Pending Claims	-	2	1	-	3
Closed Claims	-	1	-	-	1
Total Claims	-	3	1	-	4
Average Cost Per Claim	-	97,634	102,587	-	98,872
Average Reserve Per Open Claim	-	102,775	100,129	-	101,893

Florida Virtual School  
Long Term Disability  
LK 0964130  
As Of 10/27/2018

**All Claims**

Birth Date	Gender	Monthly Salary	Date of Disability	Suffix Code	Coverage Status	Benefit
9/4/1967	M	4,337	3/31/2018	000	AC	2,602
3/3/1974	F	4,273	6/9/2017	000	CC	2,564
10/9/1975	F	4,167	12/10/2016	000	AC	2,500
9/1/1985	M	4,167	10/18/2016	000	AC	2,500

**Florida Virtual School**  
**Short Term Disability**  
**FLK0960792**  
**As Of 10/26/2018**

**Claims Reported on a Paid Basis**

Period Description Start Date End Date	7/1/2015 6/30/2016	7/1/2016 6/30/2017	7/1/2017 6/30/2018	7/1/2018 10/26/2018	Fully Revealed Total
# of Months	12	12	12	4	40
Period Weight	30.0 %	30.0 %	30.0 %	10.0 %	100.0 %
<b>Paid Premium</b>	<b>124,212</b>	<b>131,174</b>	<b>118,253</b>	<b>39,417</b>	<b>413,057</b>
<b>Paid Claims</b>	<b>33,080</b>	<b>22,429</b>	<b>38,206</b>	<b>28,172</b>	<b>121,887</b>
IBNR	414	375	( 697 )	( 0 )	93
<b>Net Incurred Claims</b>	<b>33,495</b>	<b>22,804</b>	<b>37,509</b>	<b>28,172</b>	<b>121,980</b>
<b>Paid Loss Ratio</b>	<b>27.0 %</b>	<b>17.4 %</b>	<b>31.7 %</b>	<b>71.5 %</b>	<b>29.5 %</b>
Open/Pending Claims	-	-	-	2	2
Closed Claims	12	17	19	9	57
Total Claims	12	17	19	11	59

**Florida Virtual School**  
**Short Term Disability**  
**FLK0960792**  
**As Of 10/26/2018**

**Claims Reported on a Paid Basis**

Birth Date	Gender	Date of Disability	Coverage Status	Benefit
7/20/1970	M	9/22/2018	AC	66
5/20/1988	F	9/20/2018	AC	25
9/29/1984	F	9/12/2018	CC	25
4/4/1994	F	9/10/2018	CC	250
1/18/1993	F	8/25/2018	CC	250
9/21/1989	F	8/13/2018	CC	250
9/7/1983	F	8/1/2018	CC	25
8/24/1988	F	8/1/2018	CC	634
2/20/1981	F	7/11/2018	CC	250
9/18/1988	F	7/11/2018	CC	496
4/15/1983	F	7/9/2018	CC	250
12/9/1979	F	6/29/2018	CC	537
1/12/1988	F	6/11/2018	CC	250
1/27/1963	F	5/21/2018	CC	25
6/23/1984	F	5/8/2018	CC	25
1/7/1975	F	4/23/2018	CC	667
9/4/1967	M	4/2/2018	CC	250
10/26/1984	F	2/13/2018	CC	250
11/13/1978	F	1/25/2018	CC	25
6/15/1990	F	12/22/2017	CC	25
4/19/1986	F	12/10/2017	CC	25
5/3/1979	F	11/16/2017	CC	511
9/29/1950	F	10/29/2017	CC	419
8/6/1989	F	10/23/2017	CC	511
3/26/1980	F	10/22/2017	CC	644
11/29/1983	F	10/4/2017	CC	250
12/7/1956	F	9/25/2017	CC	25
10/7/1985	F	8/28/2017	CC	250
8/13/1982	F	8/22/2017	CC	638
3/27/1984	F	8/4/2017	CC	25
3/3/1974	F	6/9/2017	CC	660
2/6/1990	F	6/3/2017	CC	25
11/17/1977	F	5/26/2017	CC	696
6/5/1988	F	5/3/2017	CC	250
5/16/1991	F	5/3/2017	CC	250
3/28/1984	F	4/29/2017	CC	612

Birth Date	Gender	Date of Disability	Coverage Status	Benefit
3/28/1988	F	3/25/2017	CC	250
7/13/1976	F	3/21/2017	CC	25
7/20/1970	M	1/21/2017	CC	643
11/17/1977	F	1/7/2017	CC	250
10/9/1975	F	12/10/2016	CC	643
8/17/1956	M	12/7/2016	CC	25
4/18/1979	F	11/4/2016	CC	25
9/1/1985	M	10/18/2016	CC	25
2/21/1985	F	8/27/2016	CC	25
2/20/1981	F	8/11/2016	CC	708
7/19/1957	F	7/9/2016	CC	690
11/20/1981	F	5/26/2016	CC	661
11/9/1986	F	5/21/2016	CC	25
1/12/1988	F	4/30/2016	CC	250
11/23/1959	F	4/2/2016	CC	612
7/4/1983	F	4/1/2016	CC	25
9/18/1988	F	3/5/2016	CC	420
1/6/1985	F	3/1/2016	CC	25
5/24/1983	F	1/29/2016	CC	612
10/8/1976	F	1/9/2016	CC	612
9/20/1981	F	1/6/2016	CC	612
6/16/1981	F	10/13/2015	CC	25
1/17/1953	F	8/25/2015	CC	250



**Mary Molloy**  
Senior Client Manager



February 27, 2017

Ms. Sherry Bugnet  
The Bailey Group  
1200 Plantation Island Dr., Suite 210  
St. Augustine, FL 32080

RE: Florida Virtual School  
7/1/2017 CGI Renewal

**Mary Molloy**  
Cigna Group Insurance: Life,  
Disability, AD&D, FMLA, ADA  
2701 North Rocky Point Drive  
Suite 800  
Tampa, FL 33607  
Office: 813-637-1392  
Mobile: 813-415-8671  
Fax: 866-477-838  
Mary.molloy@Cigna.com

Dear Sherry:

We consider it a privilege Florida Virtual School has chosen Cigna Group Insurance to provide group benefits to their employees. We value the relationship we have with you and FLVS and look forward to continuing that relationship for many more years.

Based on our analysis of the group's demographics, current plans and rates, we have determined that the coverages for Florida Virtual School require the following changes to the inforce rates when reducing producer commissions to a Flat 10% on all lines effective 7/1/2017:

- Decrease: Basic Life, Voluntary Life, Basic AD&D, LTD, STD

The rate adjustment is guaranteed per the grid below effective 7/1/2017. The review for this account is based on the relationship of the blended experience and manual rate to the group's current rates.

Product, Policy Number	Inforce Rate	Renewal Rate	Coverage Basis	Volume/CP	Inforce Premium	Renewal Premium	Annual Premium Change	% Change	Rate Guarantee
Basic Life FLX0966008	\$0.055	\$0.047	Per \$1,000 Face	78,544,000	\$51,839	\$44,299	-\$7,540	-15%	24 Months
Vol Life FLX0966008	Step Rates	Step Rates	Per \$1,000 Face	105,820,000	\$275,926	\$236,610	-\$39,316	-14%	24 Months
Basic AD&D OK0967565	\$0.018	\$0.015	Per \$1,000 Face	78,544,000	\$16,966	\$14,138	-\$2,828	-15%	24 Months
LTD LK 0964130	\$0.085	\$0.076	Per \$100 Monthly Covered Payroll	8,795,185	\$89,710	\$80,212	-\$9,498	-11%	24 Months
STD FLK0960792	\$0.09 \$0.17	\$0.08 \$0.156	Per \$10 WI	743,321	\$134,102	\$120,775	-\$13,327	-10%	24 Months

\* Rates shown in the table above represent the composite rates. For full rate details on products with age-banded or class level rates, please see appendix I of this memo or reference the policy.

\* Vol Life rates, volume, and premium shown in the table above represent just employee values.

Cigna reserves the right to change premium rates if any of the following occurs:

- The policy terms change
- A division, subsidiary, eligible company, or class is added/deleted
- If there is a change of more than 10% in the number of insured employees since the date of the last census provided as pricing is based on the most recent census file
- If all products do not renew with Cigna; Rates were developed on a packaged basis

**Additional Services**

In addition to the above noted coverage, Cigna also provides the following services to Florida Virtual School:

On-Line Disability Claims Reporting Services  
On-Line and Telephonic Disability Claim Reporting Intake Services  
Free Cigna Will Preparation Services  
Free Cigna Identity Theft Services  
Cigna Healthy Rewards Program  
Cigna Secure Travel Services Program  
Cigna Assurance Program For Beneficiaries

**Appendix I: Age-Banded and Class Level Rates****LONG TERM DISABILITY RATE SUMMARY**

Coverage	Monthly Covered Payroll	Monthly Rate per \$100 of Monthly Covered Payroll	Monthly Premium
LTD	8,795,186	\$0.076	\$6,684

**Rates are guaranteed for 2 years**

**Rates are only valid if the product is sold as part of this package**

**SHORT TERM DISABILITY RATE SUMMARY**

Coverage	Weekly Gross Benefit	Monthly Rate per \$10 of Weekly Gross Benefit	Monthly Premium
Core:	\$490,776	\$0.080	\$3,926
Buy Up:	\$397,545	\$0.156	\$6,201

**Rates are guaranteed for 2 years**

**Rates are only valid if the product is sold as part of this package**

**BASIC TERM LIFE RATE SUMMARY**

Coverage	Estimated Volume	Rate	Estimated Monthly Cost
<b>Basic Employee Life</b>			
Classes 1 - 2	\$78,544,000	\$0.047 per \$1,000	\$3,691

## VOLUNTARY TERM LIFE RATE SUMMARY

Coverage	Premium Rate
<b>Voluntary Term Life</b>	
<i>Employee</i>	See Step Rates Table below
<b>Voluntary Dependent Life</b>	
<i>Spouse</i>	See Step Rates Table below
<i>Child</i>	\$0.270 per \$1,000

## VOLUNTARY LIFE INSURANCE STEP RATES FOR EMPLOYEE AND SPOUSE

Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
<20	\$0.068	\$0.068
20-24	\$0.068	\$0.068
25-29	\$0.068	\$0.068
30-34	\$0.080	\$0.080
35-39	\$0.102	\$0.102
40-44	\$0.161	\$0.161
45-49	\$0.263	\$0.263
50-54	\$0.399	\$0.399
55-59	\$0.595	\$0.595
60-64	\$0.986	\$0.986
65-69	\$1.776	\$1.776
70-74	\$2.090	\$2.090
75-79	\$2.090	\$2.090
80-84	\$2.090	\$2.090
85-89	\$2.090	\$2.090
90-94	\$2.090	\$2.090
95-99	\$2.090	\$2.090

Sherry, we appreciate our partnership with The Bailey Group and FLVS, and we look forward to continuing our relationships for many years to come. Caroline Boyle and I will follow up with you soon to review any questions and comments regarding this renewal.

In the meantime, if you have any questions please do not hesitate to call me.

Sincerely,

Mary Molloy  
813-637-1392



## Attachment 05

### Short Term Disability Plan Summary & Deviations

*Please use this summary as a reference only. Refer to the actual contract when developing your proposal to match benefits. This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*

Disability Benefits		
Benefit	In Force with Cigna	Deviations
Maximum Benefit Duration	Core Benefit: For Accident: The date the 26th Disability Benefit is payable. For Sickness: The date the 25th Disability Benefit is payable. Optional Benefit: For Accident: The date the 26th Disability Benefit is payable. For Sickness: The date the 25th Disability Benefit is payable	
Elimination Period(s)	Core Benefit For Accident: 0 days For Sickness: 7 days Optional Benefit For Accident: 0 days For Sickness: 7 days	
Monthly Benefit	Core Benefit: 66.67% Optional Benefit: 66.67% The lesser of the percent of an Employee's weekly Covered Earnings, rounded to the nearest dollar, or the Maximum Disability Benefit. <b>Maximum Disability Benefit</b> Core Benefit: \$250 per week Optional Benefit: \$1,000 per week <b>Minimum Disability Benefit</b> \$25 per week	
Rehabilitation and Return to Work Benefit	Rehabilitation During a Period of Disability If the Insurance Company determines that a Disabled Employee is a suitable candidate for rehabilitation, the Insurance Company may require the Employee to participate in a Rehabilitation Plan. The Insurance	



Company has the sole discretion to approve the Employee's participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. The Insurance Company will work with the Employee, the Employer and the Employee's Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at the Insurance Company's discretion, allow for payment of the Employee's medical expense, education expense, moving expense, accommodation expense or family care expense while he or she participates in the program.

If an Employee fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

*Return to Work Incentive*

An Employee may work for wage or profit while Disabled. In any week in which the Employee works and a Disability Benefit is payable, the Return to Work Incentive Benefit Calculation applies.

During any week the Employee has Disability Earnings, his or her benefits will be calculated as follows:

1. Add the Employee's Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to the Employee's Covered Earnings.
3. If the sum from 1. exceeds 100% of the Employee's Covered Earnings, then subtract the Covered Earnings from the sum in 1.
4. The Employee's Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.



	<p>5. If the sum from 1. does not exceed 100% of the Employee's Covered Earnings, the Employee's Gross Disability Benefit will be reduced by Other Income Benefits.</p> <p>No Disability Benefits will be paid, and insurance will end if the Insurance Company determines the Employee is able to work under a modified work arrangement and he or she refuses to do so without Good Cause.</p>	
Partial Disability Benefit	Monthly benefits continue if employee returns to work on a part-time basis. Return to work benefit calculations apply.	Not found
Pregnancy	Covered the same as any sickness.	
Alcohol/Drug Benefit	Covered the same as any sickness.	
Mental Illness	Covered the same as any sickness	
Benefit Integration (Offsets)	<p>The Weekly Benefit payable to the Employee for any week the Employee is Disabled is the Gross Disability Benefit minus Other Income Benefits. "Other Income Benefits" means any benefits listed in the Other Income Benefits provision that an Employee receives on his or her own behalf or for dependents, or which the Employee's dependents receive because of the Employee's entitlement to Other Income Benefits.</p>	
Benefit Integration (Offsets) continued	<p>Other Income Benefits include:</p> <p>1. any amounts received (or assumed to be received*) by the Employee or his or her dependents under:</p> <ul style="list-style-type: none"><li>- the Canada and Quebec Pension Plans;</li><li>- the Railroad Retirement Act;</li><li>- any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;</li><li>- any sick leave or salary continuation plan of the Employer;</li></ul>	



	<p>- any work loss provision in mandatory "No-Fault" auto insurance.</p> <p>2. any Social Security disability or retirement benefits the Employee or any third party receives (or is assumed to receive*) on his or her own behalf or for his or her dependents; or which his or her dependents receive (or are assumed to receive*) because of his or her entitlement to such benefits.</p> <p>3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.</p> <p>4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Insurance Company will pay for its pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.</p> <p>5. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.</p>	
Minimum Benefit	\$25 per week	



Definition of Earnings	<p>Covered Earnings means an Employee's wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of, if the Employer gives us written notice of the change and the required premium is paid.</p> <p>It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.</p> <p>Any increase in an Employee's Covered Earnings will not be effective during a period of continuous Disability.</p>	
Definition of Disability	<p>The Employee is considered Disabled if, solely because of Injury or Sickness, he or she is either:</p> <ol style="list-style-type: none"><li>1. unable to perform any or all of the material and substantial duties of his or her Regular Occupation; or</li><li>2. unable to earn 80% or more of his or her Covered Earnings from working in his or her Regular Occupation.</li></ol> <p>Disability benefits may be payable to health care practitioners who have tested positive for human immunodeficiency virus and whose ability to perform his or her occupation has been restricted because of action taken by the applicable state licensing board as a result of such positive test, provided that actual loss of income has occurred.</p> <p>The Insurance Company will require proof of earnings and continued Disability.</p>	
Successive Periods of Disability	<p>A separate period of Disability will be considered continuous:</p> <ol style="list-style-type: none"><li>1. if it results from the same or related causes as a prior Disability for which benefits were payable;</li></ol> <p>and</p>	





	<p>2. if, after receiving Disability Benefits, the Employee returns to work in his or her Regular Job for less than 14 days; and</p> <p>3. if the Employee earns less than the percentage of Covered Earnings that would still qualify him or her to meet the definition of Disability/Disabled during at least one week.</p> <p>Any later period of Disability, regardless of cause, that begins when the Employee is eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.</p> <p>For any separate period of disability which is not considered continuous, the Employee must satisfy a new Elimination Period.</p>	
Pre-Existing Condition Limitation	3/6	
Continuation of Insurance	<p>This Continuation of Insurance provision modifies the Termination of Insurance provision to allow insurance to continue under certain circumstances if the Insured Employee is no longer in Active Service.</p> <p>Insurance that is continued under this provision is subject to all other terms of the Termination of Insurance provisions.</p> <p>Disability Insurance continues if an Employee's Active Service ends due to a Disability for which benefits under the Policy are or may become payable. If the Employee does not return to Active Service, this insurance ends when the Disability ends or when benefits are no longer payable, whichever comes first.</p> <p>If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of his or her approved FMLA leave or the leave period required by law in the state</p>	



	<p>in which he or she is employed. Premiums are required for this coverage.</p> <p>If an Employee's Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date the Employee ceases work, insurance will continue for an Employee until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.</p> <p>If an Employee's Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, insurance for an Employee will continue until the earlier of:</p> <ol style="list-style-type: none"><li>a. the date the Employee's employment relationship with the Employer terminates;</li><li>b. the date premiums are not paid when due;</li><li>c. the end of the 30 day period that begins with the first day of such excused absence;</li><li>d. the end of the period for which such short term absence is excused by the Employer.</li></ol> <p>Notwithstanding any other provision of this policy, if an Employee's Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this provision will not apply.</p> <p>If an Employee's insurance is continued pursuant to this Continuation of Insurance provision, and he or she becomes Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the</p>	
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	date he or she is scheduled to return to Active Service.	
W-2 Preparation	Provided and sent directly to claimant.	
Claim Intake	Written/electronic/telephonic	

### Additional Underwriting Information

Benefit	In Force with Cigna	Deviations
Employer Contribution	Core Benefit: Employer Paid Optional Benefit: Voluntary	
Eligible group:	All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.	
Waiting period	After 60 days of Active Service	
Rehire	<p>Except as noted in the Reinstatement Provision, if an Employee terminates coverage and later wishes to reapply, or if a former Employee is rehired, a new Eligibility Waiting Period must be satisfied. An Employee is not required to satisfy a new Eligibility Waiting Period if insurance ends because he or she is no longer in a Class of Eligible Employees, but continues to be employed and within one year becomes a member of an eligible class.</p> <p><b>Reinstatement of Insurance</b> An Employee's insurance may be reinstated if it ends because he or she is on an unpaid leave of absence. If an Employee's Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, an Employee's insurance may be reinstated at the conclusion of the FMLA leave. If an Employee's Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:</p> <p>1. If the reinstatement occurs within 12 weeks from the date insurance ends, or</p>	



	<p>2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA). For insurance to be reinstated the following conditions must be met:</p> <ol style="list-style-type: none"><li>1. An Employee must be in a Class of Eligible Employees.</li><li>2. The required premium must be paid.</li><li>3. The Insurance Company must receive a written request for reinstatement within 31 days from the date an Employee returns to Active Service. Reinstated insurance will be effective on the date the Employee returns to Active Service. If an Employee did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.</li></ol>	
New Hires	<p>Insurance for an Employee who applies for insurance within 31 days after he or she becomes eligible is effective on the latest of the following dates.</p> <ol style="list-style-type: none"><li>1. The Policy Effective Date.</li><li>2. The date payroll deduction is authorized.</li><li>3. The date the Insurance Company receives the Employee's completed enrollment form.</li></ol> <p>If an Employee's enrollment form is received more than 31 days after he or she is eligible for this insurance, the Insurability Requirement must be satisfied before this insurance is effective. If approved, this insurance is effective on the date the Insurance Company agrees in writing to insure the Employee.</p> <p>If an Employee is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to any occupation for the Employer on a Full-time basis.</p>	
Temporary Layoff with Premium Paid	Notwithstanding any other provision of this policy, if an Employee's Active Service ends due to layoff,	



	termination of employment or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this provision will not apply.	
Leave of Absence with Premium Paid	<p>If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of his or her approved FMLA leave or the leave period required by law in the state in which he or she is employed. Premiums are required for this coverage.</p> <p>If an Employee's Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date the Employee ceases work, insurance will continue for an Employee until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.</p> <p>If an Employee's Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, insurance for an Employee will continue until the earlier of:</p> <ul style="list-style-type: none"><li>a. the date the Employee's employment relationship with the Employer terminates;</li><li>b. the date premiums are not paid when due;</li><li>c. the end of the 30 day period that begins with the first day of such excused absence;</li><li>d. the end of the period for which such short term absence is excused by the Employer.</li></ul>	
Termination	<p>Benefits will end on the earliest of the following dates:</p> <ul style="list-style-type: none"><li>1. the date the Employee earns more than the percentage of earnings that</li></ul>	



	<p>would still qualify him or her to meet the definition of Disability/Disabled;</p> <p>2. the date the Insurance Company determines he or she is not Disabled;</p> <p>3. the end of the Maximum Benefit Period;</p> <p>4. the date the Employee dies;</p> <p>5. the date the Employee refuses, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;</p> <p>6. the date the Employee is no longer receiving Appropriate Care;</p> <p>7. the date the Employee fails to cooperate with the Insurance Company in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.</p> <p>Benefits may be resumed if the Employee begins to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.</p>	
Rate Guarantee	N/A	
ERISA	N/A	

*This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*



## Attachment 06

### Long Term Disability Plan Summary & Deviations

*Please use this summary as a reference only. Refer to the actual contract when developing your proposal to match benefits. This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*

Disability Benefits		
Benefit	In Force with Cigna	Deviations
Maximum Benefit Duration	The later of the Employee's SSNRA or the Maximum Benefit Period listed below. Age When Disability Begins Maximum Benefit Period Age 62 or under The Employee's 65th birthday or the date the 42nd Monthly Benefit is payable, if later. Age 63 The date the 36th Monthly Benefit is payable. Age 64 The date the 30th Monthly Benefit is payable. Age 65 The date the 24th Monthly Benefit is payable. Age 66 The date the 21st Monthly Benefit is payable. Age 67 The date the 18th Monthly Benefit is payable. Age 68 The date the 15th Monthly Benefit is payable. Age 69 or older The date the 12th Monthly Benefit is payable.	
Elimination Period(s)	180 days	
Monthly Benefit	<b>Gross Disability Benefit</b> The lesser of 60% of an Employee's monthly Covered Earnings rounded to the nearest dollar or the Maximum Disability Benefit. <b>Maximum Disability Benefit</b> \$6,000 per month <b>Minimum Disability Benefit</b> \$50 per month	
Waiver of Premium	Premiums for the Employee will be waived while Disability Benefits are payable. If the Employee does not	



	return to Active Service, this insurance ends when the Disability ends or when benefits are no longer payable, whichever occurs first.	
Survivor Benefit	<p>Amount of Benefit: 100% of the sum of the last full Disability Benefit plus the amount of any Disability Earnings by which the benefit had been reduced for that month.</p> <p>Maximum Benefit Period A single lump sum payment equal to 3 monthly Survivor Benefits.</p>	
Rehabilitation and Return to Work Benefit	<p><b>Rehabilitation During a Period of Disability</b></p> <p>If the Insurance Company determines that a Disabled Employee is a suitable candidate for rehabilitation, the Insurance Company may require the Employee to participate in a Rehabilitation Plan and assessment at our expense. The Insurance Company has the sole discretion to approve the Employee's participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. The Insurance Company will work with the Employee, the Employer and the Employee's Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.</p> <p>The Rehabilitation Plan may, at the Insurance Company's discretion, allow for payment of the Employee's medical expense, education expense, moving expense, accommodation expense or family care expense while he or she participates in the program.</p> <p>If an Employee fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.</p>	





	<p><i>Return to Work Incentive</i></p> <p>During any month the Employee has Disability Earnings, his or her benefits will be calculated as follows.</p> <p>The Employee's monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and the Employee has Disability Earnings:</p> <ol style="list-style-type: none"><li>1. Add the Employee's Gross Disability Benefit and Disability Earnings.</li><li>2. Compare the sum from 1. to the Employee's Indexed Earnings.</li><li>3. If the sum from 1. exceeds 100% of the Employee's Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.</li><li>4. The Employee's Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.</li><li>5. If the sum from 1. does not exceed 100% of the Employee's Indexed Earnings, the Employee's Gross Disability Benefit will be reduced by Other Income Benefits.</li></ol> <p>After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings.</p>	
Alcohol/Drug Benefit	<p>24 months</p> <p>The Insurance Company will pay Disability Benefits on a limited basis during an Employee's lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.</p> <ol style="list-style-type: none"><li>1) Alcoholism</li><li>2) Drug addiction or abuse</li></ol> <p>If, before reaching his or her lifetime maximum benefit, an Employee is confined in a hospital for more</p>	



	than 14 consecutive days, that period of confinement will not count against his or her lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.	
Mental Illness/Self Reported Symptoms	<p>24 months</p> <p>Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.</p> <ol style="list-style-type: none"><li>1) Anxiety disorders</li><li>2) Delusional (paranoid) disorders</li><li>3) Depressive disorders</li><li>4) Eating disorders</li><li>5) Mental illness</li><li>6) Somatoform disorders (psychosomatic illness)</li></ol> <p>If, before reaching his or her lifetime maximum benefit, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.</p>	
Benefit Integration (Offsets)	<p>An Employee for whom Disability Benefits are payable under this Policy may be eligible for benefits from Other Income Benefits. If so, the Insurance Company may reduce the Disability Benefits by the amount of such Other Income Benefits.</p> <p>Other Income Benefits include:</p> <ol style="list-style-type: none"><li>1. any amounts received (or assumed to be received*) by the Employee or his or her dependents under:<ul style="list-style-type: none"><li>- the Canada and Quebec Pension Plans;</li><li>- the Railroad Retirement Act;</li><li>- any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;</li><li>- any sick leave or salary continuation plan of the Employer;</li></ul></li></ol>	



	<p>- any work loss provision in mandatory "No-Fault" auto insurance.</p> <p>2. any Social Security disability or retirement benefits the Employee or any third party receives (or is assumed to receive*) on his or her own behalf or for his or her dependents; or which his or her dependents receive (or are assumed to receive*) because of his or her entitlement to such benefits.</p> <p>3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.</p> <p>4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Insurance Company will pay for its pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.</p> <p>5. any amounts received (or assumed to be received*) by the Employee or his or her dependents under any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury or Sickness arising out of work with the Employer,</p>	
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	<p>including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.</p> <p>6. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.</p>	
Guaranteed Minimum Monthly Benefit	\$50 per month	
Definition of Earnings	<p>Covered Earnings means an Employee's wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of, if the Employer gives us written notice of the change and the required premium is paid. It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.</p> <p>Any increase in an Employee's Covered Earnings will not be effective during a period of continuous Disability.</p>	
Definition of Disability	<p>The Employee is considered Disabled if, solely because of Injury or Sickness, he or she is either:</p> <ol style="list-style-type: none"><li>1. unable to perform any or all of the material and substantial duties of his or her Regular Occupation; or</li><li>2. unable to earn 80% or more of his or her Indexed Earnings from working in his or her Regular Occupation.</li></ol>	
Definition of Total Disability	<p>After Disability Benefits have been payable for 24 months, the Employee is considered Disabled if, solely due to Injury or Sickness, he or she is either:</p>	



	<ol style="list-style-type: none"><li>1. unable to perform any or all of the material and substantial duties of any occupation for which he or she is, or may reasonably become, qualified based on education, training or experience; or</li><li>2. unable to earn 80% or more of his or her Indexed Earnings.</li></ol>	
Successive Periods of Disability	<p>A separate period of Disability will be considered continuous:</p> <ol style="list-style-type: none"><li>1. if it results from the same or related causes as a prior Disability for which benefits were payable;</li></ol> <p>and</p> <ol style="list-style-type: none"><li>2. if, after receiving Disability Benefits, the Employee returns to work in his or her Regular Occupation for less than 6 consecutive months; and</li><li>3. if the Employee earns less than the percentage of Indexed Earnings that would still qualify him or her to meet the definition of Disability/Disabled during at least one month.</li></ol> <p>Any later period of Disability, regardless of cause, that begins when the Employee is eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.</p> <p>For any separate period of disability which is not considered continuous, the Employee must satisfy a new Elimination Period.</p>	
Pre-Existing Condition Limitation	3/12	
W-2 Preparation	Provided and sent directly to claimant.	
Claim Intake	Written/electronic/telephonic	



Additional Underwriting Information		
Benefit	In Force with Cigna	Deviations
Employer Contribution	100% Employer Paid	
Eligible group:	All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.	
Waiting period	For Employees hired on or before the Policy Effective Date: After 60 days of Active Service For Employees hired after the Policy Effective Date: After 60 days of Active Service	
Rehire	If a former Employee is rehired, a new Eligibility Waiting Period must be satisfied	
Temporary Layoff with Premium Paid	Notwithstanding any other provision of this policy, if an Employee's Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this provision will not apply.	
Leave of Absence with Premium Paid	If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of his or her approved FMLA leave or the leave period required by law in the state in which he or she is employed. Premiums are required for this coverage. If an Employee's Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date the Employee ceases work, insurance will continue for an Employee until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.	



	<p>If an Employee's Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, insurance for an Employee will continue until the earlier of:</p> <ol style="list-style-type: none"><li>a. the date the Employee's employment relationship with the Employer terminates;</li><li>b. the date premiums are not paid when due;</li><li>c. the end of the 30 day period that begins with the first day of such excused absence;</li><li>d. the end of the period for which such short term absence is excused by the Employer.</li></ol>	
Termination	<p>An Employee's coverage will end on the earliest of the following dates:</p> <ol style="list-style-type: none"><li>1. the date the Employee is eligible for coverage under a plan intended to replace this coverage;</li><li>2. the date the Policy is terminated;</li><li>3. the date the Employee is no longer in an eligible class;</li><li>4. the day after the end of the period for which premiums are paid;</li><li>5. the date the Employee is no longer in Active Service;</li><li>6. the date benefits end for failure to comply with the terms and conditions of the Policy</li></ol>	
Rate Guarantee	N/A	
ERISA	N/A	

***This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.***



## Attachment 07

### Basic & Voluntary Life, Summary & Deviations

*Please use this summary as a reference only. Refer to the actual contract when developing your proposal to match benefits. This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*

Life Benefits		
	In Force with Cigna	Deviations
Eligible Groups	<p>If an Employee is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in the Employee's insurance due to the class change will be effective on the first date the Employee is in Active Service on or after the date of the change in class.</p> <p><b>Class 1:</b> All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.</p> <p><b>Class 2</b> All Retirees of the Employer.</p> <p><b>Class 3</b> All Employees of the Employer who were insured under the Prior Plan as of June 30, 2013, as on file with the Employer and the Insurance Company.</p>	
Minimum Hours Requirement	<p><b>Class 1:</b> All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.</p> <p><b>Class 2</b> All Retirees of the Employer.</p>	
Waiting Period	After 60 days of Active Service	
Basic Benefit	<p><b>Class 1:</b> Basic Benefit \$40,000 Minimum Benefit: \$40,000 Guaranteed Issue Amount: \$40,000 Maximum Benefit: \$40,000</p> <p><b>Class 2:</b> Basic Benefit \$10,000 Minimum Benefit: \$10,000 Guaranteed Issue Amount: \$10,000 Maximum Benefit: \$10,000</p> <p><b>Class 3:</b> All Employees of the Employer who were insured under the Prior Plan as</p>	





	of June 30, 2013, as on file with the Employer and the Insurance Company.	
<b>Additional Benefit</b>	<b>Class 1 &amp; Class 3</b> Voluntary Employee Life Voluntary Spouse Life Voluntary Child Life <b>Class 2:</b> Voluntary Life  Details Below	
<b>Other Features</b>	Terminal Illness Conversion, Portability	
<b>Terminal Illness</b>	<b>Class 1&amp;3:</b> The insured can elect up to 75% of Basic Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$30,000 <b>Class 2:</b> The insured can elect up to 75% of Basic Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$7,500.	
<b>Conversion Privilege</b>	Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to: 1. termination of employment; 2. termination of membership in an eligible class under the Policy; 3. termination of the Policy. The Insured may apply for any type of life insurance the Insurance Company offers to persons of the same age in the amount applied for, except the Insured may not: 1. choose term insurance; 2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or	



	<p>3. apply for more than \$10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy.</p> <p>Conversion in these cases is only permitted if the Insured has been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.</p> <p>If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.</p> <p>To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:</p> <ol style="list-style-type: none"><li>1. submit an application to the Insurance Company; and</li><li>2. pay the required premium.</li></ol> <p>Evidence of insurability is not required.</p>	
<b>Portability</b>	<p>See the Former Employee and Spouse of Former Employee sections in this Schedule of Benefits for the amounts of insurance an Insured is eligible to continue under this option.</p> <p><b>Former Employee Benefits</b></p> <p>Amount of Insurance An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits allowable to an Employee, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.</p> <p>Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date he or she no longer qualifies as an Employee will be effective on the date the Insurance Company agrees in writing to insure him or her.</p> <p>Maximum Benefit Period To Age 70</p> <p><b>Spouse of Former Employee Benefits</b></p>	



	<p>Amount of Insurance An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.</p> <p>Any amount elected in excess of the Life Insurance Benefits in effect on the date the Employee's employment with the Employer ends will be effective on the date the Insurance Company agrees in writing to insure him or her.</p> <p>Maximum Benefit Period To Age 70</p> <p><b>Former Dependent Child Benefits</b></p> <p>Amount of Insurance Units of \$25,000</p> <p>Guaranteed Issue Amount: \$25,000</p> <p>Maximum Benefit: \$50,000</p> <p>Maximum Benefit Period To Age 70</p>	
<b>Age Reduction</b>	<p>Basic Life Insurance Benefit for an Employee age 65 and over will reduce to the percentage shown below:</p> <p>65% at age 65 40% at age 70 25% at age 75 25% at age 80 25% at age 85 25% at age 90 25% at age 95</p> <p>Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Employee's attainment of age as specified in schedule above.</p>	
<b>Who Pays for the Coverage?</b>	<p><b>Basic Benefit:</b> Employer pays the cost of the employee's coverage.</p> <p><b>Additional Benefit:</b> Employee pays the cost of their coverage.</p>	
<b>Exclusions</b>	<p>If an Insured commits suicide, while sane or insane, within 2 years from the date his or her insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.</p> <p>Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to any person</p>	



covered under the Prior Plan for more than two years. If a person was not insured for two years under the Prior Plan, credit will be given for the time he or she was insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under the same certificate, no refund of premiums will be paid.

### Voluntary Benefits

	In Force with Cigna	Deviations
<b>Eligible Groups</b>	Class 1 & Class 3 as defined in Basic Life	
<b>Minimum Hours Requirement</b>	Same as Basic Life Benefit	
<b>Waiting Period</b>	Same as Basic Life Benefit	
<b>Voluntary Benefit - Employee</b>	<b>Class 1:</b> An amount elected in units of \$10,000 Guaranteed Issue Amount: the greater of a) or b) below: a) \$200,000, or b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan Maximum Benefit: the lesser of 5 times Annual Compensation or \$500,000 The Maximum Benefit will be rounded to the next higher \$10,000, if not already a multiple thereof. <b>Class 3:</b> An amount as on file with the Employer and the Insurance Company	
<b>Voluntary Benefit - Spouse</b>	Voluntary Benefit Units of \$5,000 Guaranteed Issue Amount: the greater of a) or b) below: a) \$50,000, or b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan Maximum Benefit: \$100,000 A Spouse's Life Insurance Benefits cannot exceed 50% of the Employee's Life Insurance Benefits.	
<b>Voluntary Benefit - Child</b>	Units of \$5,000 Maximum Benefit: \$10,000	



	<p>The Maximum Benefit for a Dependent Child who is less than 6 months old is \$500.</p> <p>All Dependent Child benefits are Guaranteed Issue.</p>	
<b>Other Features</b>	Employee Continuation Options, Terminal Illness , Annual Enrollment Option	
<b>Leave of Absence</b>	Maximum Benefit Period: end of the month in which the leave begins	
<b>For Disability for Employees Over Age 60</b>	Maximum Benefit Period: 9 months Applicable Coverages: Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any	
<b>Extended Death Benefit with Waiver of Premium</b>	<p><b>Extended Death Benefit</b> Applicable Coverages: Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any</p> <p><b>Waiver of Premium:</b> Waiver Waiting Period 6 months from the date the Employee's Active Service ends Maximum Benefit Period To Age 70 Applicable Coverages Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any</p>	
<b>Terminal Illness Benefit</b>	<p><b>Employee:</b> The insured can elect up to 75% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$250,000</p> <p><b>Spouse:</b> The insured can elect up to 75% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill</p>	
<b>Conversion Privilege</b>	Included – Refer to Policy Provisions	
<b>Portability</b>	Included – Refer to Policy Provisions	
<b>Domestic Partner / Civil Union Partner Coverage</b>	Included – Refer to Policy Provisions	
<b>Annual Enrollment Period</b>	<b>Employee:</b> An Employee currently insured under the Voluntary Life Insurance may increase his or her Voluntary Life	



	<p>Insurance Benefit of up to 2 units of \$10,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above.</p> <p><b>Spouse:</b> If a Spouse is currently insured under the Voluntary Life Insurance, his or her Voluntary Life Insurance Benefit may be increased up to 2 units of \$5,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above.</p>	
<b>Age Reduction</b>	<p><b>Employee:</b> Same as Basic Life</p> <p><b>Spouse:</b> Life Insurance Benefit for a Spouse age 65 and over will reduce to the percentage shown below: 65% at age 65 40% at age 70 25% at age 75 25% at age 80 25% at age 85 25% at age 95 Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Employee's attainment of age as specified in schedule above.</p>	

*This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*



## Attachment 08

### BASIC ACCIDENTAL DEATH AND DISMEMBERMENT Summary & Deviations

*Please use this summary as a reference only. Refer to the actual contract when developing your proposal to match benefits. This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*

Life Benefits		
	In Force with Cigna	Deviations
Eligible Groups	All active, full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.	
Minimum Hours Requirement	<b>Class 1:</b> All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.	
Waiting Period	After 60 days of Active Service	
Basic Benefit	Employee Principal Sum: \$40,000 <b>SCHEDULE OF COVERED LOSSES</b> <b>Covered Loss Benefit</b> Loss of Life 100% of the Principal Sum Loss of Two or More Hands or Feet 100% of the Principal Sum Loss of Sight of Both Eyes 100% of the Principal Sum Loss of One Hand or One Foot and Sight in One Eye 100% of the Principal Sum Loss of Speech and Hearing (in both ears) 100% of the Principal Sum Quadriplegia 100% of the Principal Sum Paraplegia 75% of the Principal Sum Hemiplegia 50% of the Principal Sum Uniplegia 25% of the Principal Sum Coma Monthly Benefit 1% of the Principal Sum Number of Monthly Benefits 11 When Payable At the end of each month during which the Covered Person remains comatose Lump Sum Benefit 100% of the Principal Sum When Payable Beginning of the 12 <sup>th</sup> month Loss of One Hand or Foot 50% of the Principal Sum	



	<p>Loss of Sight in One Eye 50% of the Principal Sum Severance and Reattachment of One Hand or Foot 50% of the Principal Sum Loss of Speech 50% of the Principal Sum Loss of Hearing (in both ears) 50% of the Principal Sum Loss of all Four Fingers of the Same Hand 25% of the Principal Sum Loss of Thumb and Index Finger of the Same Hand 25% of the Principal Sum Loss of all the Toes of the Same Foot 20% of the Principal Sum <b>Time Period for Loss:</b> Any Covered Loss must occur within: 365 days of the Covered Accident</p>	
<b>Additional Benefit</b>	<p><b>ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES</b> Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the <i>Schedule of Covered Losses</i> and are not paid in addition to any other Accidental Death and Dismemberment benefits.</p> <p><b>EXPOSURE AND DISAPPEARANCE COVERAGE</b> Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the <i>Schedule of Covered Losses</i>.</p> <p><b>ADDITIONAL ACCIDENT BENEFITS</b> Any benefits payable under these <i>Additional Accident Benefits</i> shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.</p> <p><b>COMMON CARRIER BENEFIT</b> 100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the <i>Schedule of Covered Losses</i>, subject to a maximum of \$40,000</p> <p><b>SEATBELT AND AIRBAG BENEFIT</b> Seatbelt Benefit 10% of the Principal Sum subject to a Maximum Benefit of \$4,000 Airbag Benefit 40% of the Principal Sum subject to a Maximum Benefit of \$4,000 Default Benefit \$1,000</p>	





Other Features	Conversion	
<b>Conversion Privilege</b>	<p>If the Covered Person's insurance or any portion of it ends for any of the following reasons:</p> <ul style="list-style-type: none"><li>a. employment or membership ends;</li><li>b. eligibility ends (except for age for the Employee);</li></ul> <p>the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:</p> <ul style="list-style-type: none"><li>a. in \$1,000 increments;</li><li>b. not less than \$25,000, regardless of the amount of insurance under the group policy; and</li><li>c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of \$250,000.</li></ul> <p>The Covered Person must be under age 70 to get a converted policy.</p> <p>If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.</p> <p>The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.</p> <p>If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.</p> <p>To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:</p> <ul style="list-style-type: none"><li>1. submit an application to the Insurance Company; and</li><li>2. pay the required premium.</li></ul>	



	Evidence of insurability is not required.	
Age Reduction	<p>A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.</p> <p><b>Age Percentage of Benefit Amount</b></p> <p>65 but less than 70 65%</p> <p>70 but less than 75 40%</p> <p>75 or over 25%</p> <p>Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Covered Person's attainment of age as specified in schedule above.</p>	
Who Pays for the Coverage?	Employer pays the cost of the employee's coverage.	
Exclusions	<p>In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the <i>Description of Benefits</i> Section:</p> <p>1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;</p> <p>2. commission or attempt to commit a felony or an assault;</p> <p>3. commission of or active participation in a riot or insurrection;</p> <p>4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;</p> <p>5. declared or undeclared war or act of war;</p> <p>6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:</p> <p>a. except as a passenger on a regularly scheduled commercial airline;</p> <p>b. being flown by the Covered Person or in which the Covered Person is a member of the crew;</p> <p>c. being used for:</p> <p>i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or</p>	



ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);  
d. designed for flight above or beyond the earth's atmosphere;  
e. an ultra-light or glider;  
f. being used for the purpose of parachuting or skydiving;  
g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;  
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;  
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;  
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;  
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;  
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.



*This is not a complete list; please review the actual contract and policy to ensure accuracy of the stated terms.*

**NOTICE**

**Benefits paid under the Accelerated Benefits provision will reduce the Death Benefit payable for life insurance.**

**Benefits payable under the Accelerated Benefits provision may be taxable. If so, the Employee or the Employee's beneficiary may incur a tax obligation. As with all tax matters, an Employee should consult with a personal tax advisor to assess the impact of this benefit. Accelerated Benefits are not payable if life insurance coverage under the Policy is not in force.**

TL-004788

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LIFE INSURANCE COMPANY OF NORTH AMERICA  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19192-2235  
(800) 732-1603 TDD (800) 552-5744  
**A STOCK INSURANCE COMPANY**

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GROUP POLICY

**POLICYHOLDER:** TRUSTEE OF THE GROUP INSURANCE  
TRUST FOR EMPLOYERS IN THE  
SERVICES INDUSTRY

**SUBSCRIBER:** Florida Virtual School

**POLICY NUMBER:** FLX-966008

**POLICY EFFECTIVE DATE:** July 1, 2014

**POLICY ANNIVERSARY DATE:** July 1

This Policy describes the terms and conditions of coverage. It is issued in Delaware and shall be governed by its laws. The Policy goes into effect on the Policy Effective Date, 12:01 a.m. at the Policyholder's address.

In return for the required premium, the Insurance Company and the Policyholder have agreed to all the terms of this Policy.



Scott Kern, Corporate Secretary



Matthew G. Manders, President

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## **SCHEDULE OF BENEFITS**

**Premium Due Date:** The last day of each month

### **Classes of Eligible Employees**

On the pages following the definition of eligible employees there is a Schedule of Benefits for each Class of Eligible Employees listed below. For an explanation of these benefits, please see the Description of Benefits provision.

If an Employee is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in the Employee's insurance due to the class change will be effective on the first date the Employee is in Active Service on or after the date of the change in class.

- |         |  |
|---------|--|
| Class 1 | All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.                                      |
| Class 2 | All Retirees of the Employer.  |
| Class 3 | All Employees of the Employer who were insured under the Prior Plan as of June 30, 2013, as on file with the Employer and the Insurance Company. |



## **SCHEDULE OF BENEFITS FOR CLASS 1**

### **Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired on or  
before the Policy Effective Date: After 60 days of Active Service

For Employees hired after  
the Policy Effective Date: After 60 days of Active Service

## **LIFE INSURANCE BENEFITS**

### **Employee Benefits**

Basic Benefit	\$40,000
Minimum Benefit:	\$40,000
Guaranteed Issue Amount:	\$40,000
Maximum Benefit:	\$40,000

Age Based Reductions	Basic Life Insurance Benefit for an Employee age 65 and over will reduce to the percentage shown below: 65% of the Life Insurance Benefit at age 65 40% of the Life Insurance Benefit at age 70 25% of the Life Insurance Benefit at age 75 25% of the Life Insurance Benefit at age 80 25% of the Life Insurance Benefit at age 85 25% of the Life Insurance Benefit at age 90 25% of the Life Insurance Benefit at age 95
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Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Employee's attainment of age as specified in schedule above.

Terminal Illness Benefit	The insured can elect up to 75% of Basic Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$30,000.
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Voluntary Benefit	An amount elected in units of \$10,000
Guaranteed Issue Amount:	the greater of a) or b) below: a) \$200,000, or b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan
Maximum Benefit:	the lesser of 5 times Annual Compensation or \$500,000

The Maximum Benefit will be rounded to the next higher \$10,000, if not already a multiple thereof.

Age Based Reductions	<p>Voluntary Life Insurance Benefit for an Employee age 65 and over will reduce to the percentage shown below:</p> <p>65% of the Life Insurance Benefit at age 65</p> <p>40% of the Life Insurance Benefit at age 70</p> <p>25% of the Life Insurance Benefit at age 75</p> <p>25% of the Life Insurance Benefit at age 80</p> <p>25% of the Life Insurance Benefit at age 85</p> <p>25% of the Life Insurance Benefit at age 90</p> <p>25% of the Life Insurance Benefit at age 95</p> <p>Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Employee's attainment of age as specified in schedule above.</p>
Continuation Options	
For Leave of Absence	
Maximum Benefit Period:	end of the month in which the leave begins
For Family Medical Leave	
Maximum Benefit Period:	the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed
For Disability for Employees over Age 60	
Maximum Benefit Period:	9 months
Applicable Coverages:	Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any
Extended Death Benefit with Waiver of Premium	
Extended Death Benefit	
Applicable Coverages	Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any
Waiver of Premium	
Waiver Waiting Period	6 months from the date the Employee's Active Service ends
Maximum Benefit Period	To Age 70
Applicable Coverages	Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any
Portability Options	
For Employees	See the Former Employee and Spouse of Former Employee sections in this Schedule of Benefits for the amounts of insurance an Insured is eligible to continue under this option.
Terminal Illness Benefit	The insured can elect up to 75% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$250,000.

## **Spouse Benefits**

Voluntary Benefit	Units of \$5,000
Guaranteed Issue Amount:	the greater of a) or b) below: a) \$50,000, or b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan
Maximum Benefit:	\$100,000

Age Based Reductions	Life Insurance Benefit for a Spouse age 65 and over will reduce to the percentage shown below: 65% of the Life Insurance Benefit at age 65 40% of the Life Insurance Benefit at age 70 25% of the Life Insurance Benefit at age 75 25% of the Life Insurance Benefit at age 80 25% of the Life Insurance Benefit at age 85 25% of the Life Insurance Benefit at age 95
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Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Employee's attainment of age as specified in schedule above.

A Spouse's Life Insurance Benefits cannot exceed 50% of the Employee's Life Insurance Benefits.

Portability Options For Spouse	See the Former Spouse section in this Schedule of Benefits for the amounts of insurance an Insured is eligible to continue under this option.
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Terminal Illness Benefit	The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.
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## **Dependent Child Benefits**

Voluntary Benefit	Units of \$5,000
Maximum Benefit:	\$10,000 The Maximum Benefit for a Dependent Child who is less than 6 months old is \$500.

All Dependent Child benefits are Guaranteed Issue.

Portability Options For Dependent Children	See the Former Dependent Child section in this Schedule of Benefits for the amounts of insurance an Insured is eligible to continue under this option.
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## Annual Enrollment Period

### *For Employees*

During an Annual Enrollment Period, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit of up to 2 units of \$10,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

An Employee may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure the Employee.

### *For Spouses*

During an Annual Enrollment Period, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may elect coverage for his or her eligible Spouse. If a Spouse is currently insured under the Voluntary Life Insurance portion of this Policy, his or her Voluntary Life Insurance Benefit may be increased up to 2 units of \$5,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

A Spouse may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure the Spouse.

Insurance Benefits for an Employee, his or her Spouse and Dependent Children may be reduced at any time. A request for a Benefit reduction received during an Annual Enrollment Period will become effective on the first of the month following the Annual Enrollment Period. Any other Benefit reduction will be effective on the date the Insurance Company receives the completed change form.

## Life Status Change

### *For Employees*

Within 31 days after a Life Status Change, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. An Employee who is eligible for the Voluntary Life Insurance portion of this Policy but who has not previously enrolled may become insured under the Policy as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

An Employee may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure the Employee.

Insurance Benefits for an Employee may be reduced at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.

### **Former Employee Benefits**

Amount of Insurance                      An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits allowable to an Employee, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.

Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date he or she no longer qualifies as an Employee will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period                      To Age 70

Terminal Illness Benefit                      The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$250,000.

### **Spouse of Former Employee Benefits**

Amount of Insurance                      An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.

Any amount elected in excess of the Life Insurance Benefits in effect on the date the Employee's employment with the Employer ends will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period                      To Age 70

Terminal Illness Benefit                      The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

### **Former Spouse Benefits**

Amount of Insurance                      An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.

Any amount elected in excess of the Life Insurance Benefits in effect on the date he or she no longer qualifies as a Spouse will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period                      To Age 70

Terminal Illness Benefit                      The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

### **Former Dependent Child Benefits**

Amount of Insurance	Units of \$25,000
Guaranteed Issue Amount:	\$25,000
Maximum Benefit:	\$50,000
Maximum Benefit Period	To Age 70

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## **SCHEDULE OF BENEFITS FOR CLASS 2**

### **Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired on or  
before the Policy Effective Date: No Waiting Period

For Employees hired after  
the Policy Effective Date: No Waiting Period

## **LIFE INSURANCE BENEFITS**

### **Employee Benefits**

Basic Benefit	\$10,000
Minimum Benefit:	\$10,000
Guaranteed Issue Amount:	\$10,000
Maximum Benefit:	\$10,000

### **Continuation Options**

For Leave of Absence	This option does not apply to this class of Employee.
For Family Medical Leave	This option does not apply to this class of Employee.
For Disability	This option does not apply to this class of Employee.
Waiver of Premium	This option does not apply to this class of Employee.

Terminal Illness Benefit	The insured can elect up to 75% of Basic Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$7,500.
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### **Spouse Benefits**

This benefit does not apply to this class of Employee.

### **Dependent Child Benefits**

This benefit does not apply to this class of Employee.

### **Former Employee Benefits**

This option does not apply to this class of Employee.

### **Spouse of Former Employee Benefits**

This option does not apply to this class of Employee.

**Former Spouse Benefits**

This option does not apply to this class of Employee.

**Former Dependent Child Benefits**

This option does not apply to this class of Employee.

TL-004774



## **SCHEDULE OF BENEFITS FOR CLASS 3**

### **Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired on or  
before the Policy Effective Date: After 60 days of Active Service

For Employees hired after  
the Policy Effective Date: After 60 days of Active Service

## **LIFE INSURANCE BENEFITS**

### **Employee Benefits**

Voluntary Benefit An amount as on file with the Employer and the Insurance Company.

Age Based Reductions Life Insurance Benefit for an Employee age 65 and over will reduce to the percentage shown below:

65% of the Life Insurance Benefit at age 65  
40% of the Life Insurance Benefit at age 70  
25% of the Life Insurance Benefit at age 75  
25% of the Life Insurance Benefit at age 80  
25% of the Life Insurance Benefit at age 85  
25% of the Life Insurance Benefit at age 95

Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Employee's attainment of age as specified in schedule above.

### **Continuation Options**

For Leave of Absence  
Maximum Benefit Period: end of the month in which the leave begins

For Family Medical Leave  
Maximum Benefit Period: the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed

For Disability for Employees over Age 60  
Maximum Benefit Period: 9 months  
Applicable Coverages: Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any

### **Extended Death Benefit with Waiver of Premium**

Extended Death Benefit  
Applicable Coverages Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any

Waiver of Premium  
Waiver Waiting Period 6 months from the date the Employee's Active Service ends

Maximum Benefit Period  
Applicable Coverages

To Age 70  
Life Insurance Benefits for the Employee, his or her Spouse and  
Dependent Children, if any

Portability Options  
For Employees

See the Former Employee and Spouse of Former Employee  
sections in this Schedule of Benefits for the amounts of  
insurance an Insured is eligible to continue under this option.

Terminal Illness Benefit

The insured can elect up to 75% of Voluntary Life Insurance  
Benefits in force on the date the Insured is determined by the  
Insurance Company to be Terminally Ill, subject to a Maximum  
Benefit of \$250,000.

### **Spouse Benefits**

Voluntary Benefit

50% of the Employee's Basic and Voluntary Life Insurance  
Benefits.

Age Based Reductions

Life Insurance Benefit for a Spouse age 65 and over will reduce  
to the percentage shown below:

65% of the Life Insurance Benefit at age 65  
40% of the Life Insurance Benefit at age 70  
25% of the Life Insurance Benefit at age 75  
25% of the Life Insurance Benefit at age 80  
25% of the Life Insurance Benefit at age 85  
25% of the Life Insurance Benefit at age 95

Benefits reductions will be effective on the Policy Anniversary  
Date coinciding with or next following the Employee's  
attainment of age as specified in schedule above.

Portability Options  
For Spouse

See the Former Spouse section in this Schedule of Benefits for  
the amounts of insurance an Insured is eligible to continue under  
this option.

Terminal Illness Benefit

The insured can elect up to 75% of Voluntary Life Insurance  
Benefits in force on the date the Insured is determined by the  
Insurance Company to be Terminally Ill.

### **Dependent Child Benefits**

Voluntary Benefit  
Maximum Benefit:

Units of \$5,000  
\$10,000  
The Maximum Benefit for a Dependent Child who is less than 6  
months old is \$500.

All Dependent Child benefits are Guaranteed Issue.

Portability Options  
For Dependent Children

See the Former Dependent Child section in this Schedule of  
Benefits for the amounts of insurance an Insured is eligible to  
continue under this option.

## Annual Enrollment Period

### *For Employees*

During an Annual Enrollment Period, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit of up to 2 units of \$10,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

An Employee may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure the Employee.

### *For Spouses*

During an Annual Enrollment Period, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may elect coverage for his or her eligible Spouse. If a Spouse is currently insured under the Voluntary Life Insurance portion of this Policy, his or her Voluntary Life Insurance Benefit may be increased up to 2 units of \$5,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

A Spouse may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure the Spouse.

Insurance Benefits for an Employee, his or her Spouse and Dependent Children may be reduced at any time. A request for a Benefit reduction received during an Annual Enrollment Period will become effective on the first of the month following the Annual Enrollment Period. Any other Benefit reduction will be effective on the date the Insurance Company receives the completed change form.

## Life Status Change

### *For Employees*

Within 31 days after a Life Status Change, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. An Employee who is eligible for the Voluntary Life Insurance portion of this Policy but who has not previously enrolled may become insured under the Policy as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

An Employee may increase coverage for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure the Employee.

Insurance Benefits for an Employee may be reduced at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.

### **Former Employee Benefits**

Amount of Insurance                      An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits allowable to an Employee, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.

Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date he or she no longer qualifies as an Employee will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period              To Age 70

Terminal Illness Benefit              The insured can elect up to 75% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$250,000.

### **Spouse of Former Employee Benefits**

Amount of Insurance                      An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.

Any amount elected in excess of the Life Insurance Benefits in effect on the date the Employee's employment with the Employer ends will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period              To Age 70

Terminal Illness Benefit              The insured can elect up to 75% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

### **Former Spouse Benefits**

Amount of Insurance                      An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.

Any amount elected in excess of the Life Insurance Benefits in effect on the date he or she no longer qualifies as a Spouse will be effective on the date the Insurance Company agrees in writing to insure him or her.

Maximum Benefit Period              To Age 70

Terminal Illness Benefit              The insured can elect up to 75% of Voluntary Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

### **Former Dependent Child Benefits**

Amount of Insurance	Units of \$25,000
Guaranteed Issue Amount:	\$25,000
Maximum Benefit:	\$50,000
Maximum Benefit Period	To Age 70

TL-004774

## **ELIGIBILITY FOR INSURANCE**

### **Classes of Eligible Persons**

A person may be insured only once under the Basic Life portion of the Policy even though he or she may be eligible under more than one class. A person may also be insured only once under the Voluntary Life portion of the Policy as an Employee, Spouse or Dependent Child, even though he or she may be eligible under more than one class.

### **Employee**

An Employee in one of the Classes of Eligible Employees shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date or the day after he or she completes the applicable Eligibility Waiting Period, if later. The Eligibility Waiting Period will not apply to an Employee, in Active Service on the Policy Effective Date, who was covered under the Prior Plan and satisfied the Eligibility Waiting Period, if any, of that plan. Credit will be given for any time that was satisfied.

If a person has previously converted his or her insurance under the Policy, he or she will not become eligible until the converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in the Employee's Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of coverage available to the Employee.

Except as noted in the Reinstatement Provision, if an Employee terminates coverage and later wishes to reapply, or if a former Employee is rehired, a new Eligibility Waiting Period must be satisfied. An Employee is not required to satisfy a new Eligibility Waiting Period if insurance ends because he or she is no longer in a Class of Eligible Employees, but continues to be employed by the Employer, and within one year becomes a member of an eligible class.

### **Spouse**

If an Insured is eligible to elect Spouse coverage, the Spouse is eligible to be insured on the date the Employee is eligible or the date he or she becomes a Spouse of an Employee, if later. The eligible Employee must be insured for Voluntary Life Insurance in order to elect spouse coverage.

For the purpose of eligibility, the Spouse must be the lawful Spouse of the Employee and not legally separated or divorced from, or widowed by the Employee.

### **Dependent Child**

If an Insured is eligible to elect Dependent Child coverage, the Dependent Child is eligible to be insured on the date the Insured is eligible or on the date the child qualifies as a Dependent Child, if later.

In no event will a Dependent Child be eligible to become insured more than once under the Policy.

TL-004710

## **ENROLLING FOR INSURANCE**

### **Initial Enrollment**

#### *For Employees*

During the Initial Enrollment Period, an Employee who was insured or who was eligible to be insured under the Prior Plan may become insured under the Voluntary Term Life Insurance Plan provided by this Policy for a Benefit up to this Policy's Guaranteed Issue Amount, as shown in the Schedule of Benefits, without satisfying any Insurability Requirement. See *Effective Date of Insurance* provision.

If an Employee is not actively at work due to Injury or Sickness, coverage will not become effective for an Employee on the date his or her coverage would otherwise become effective under this Policy. Coverage will become effective on the date the Employee returns to Active Service.

An Employee may become insured for an amount in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amount will be effective on the date the Insurance Company agrees in writing to insure the Employee.

#### *For Spouses*

During the Initial Enrollment Period, an eligible Employee may elect coverage for his or her eligible Spouse. If a Spouse was insured or eligible to be insured under the Prior Plan, he or she may become insured under the Voluntary Term Life Insurance Plan provided by this Policy for a Benefit up to this Policy's Guaranteed Issue Amount, as shown in the Schedule of Benefits, without satisfying any Insurability Requirement. See *Effective Date of Insurance* provision.

If an Employee is not actively at work due to Injury or Sickness, coverage for his or her Spouse will not become effective on the date the Spouse's coverage would otherwise become effective under this Policy. Coverage will become effective on the date the Employee returns to Active Service.

A Spouse may become insured for an amount in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amount will be effective on the date the Insurance Company agrees in writing to insure the Spouse.

If an Employee's eligible Spouse is (a) an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or (b) confined to his or her home under the care of a Physician on the date insurance would otherwise be effective, it will be effective on the date the dependent is no longer an inpatient in these facilities or confined at home. If such dependent was covered by the Prior Plan immediately prior to the Policy Effective Date, this provision will not apply to the amount of coverage in effect as of the Policy Effective Date, but will apply to any increase in coverage.

## **EFFECTIVE DATE OF INSURANCE**

An Employee, his or her eligible Spouse or Dependent Child will be insured for an amount not to exceed the Guaranteed Issue Amount on the date he or she becomes eligible, if the Employee is not required to contribute to the cost of this insurance.

An Employee or his or her eligible Spouse will be insured for an amount that exceeds the Guaranteed Issue Amount on the date the Insurance Company agrees in writing to insure that eligible person. The Insurance Company will require the eligible person to satisfy the Insurability Requirement before it agrees to insure him or her.

An Employee who is required to contribute to the cost of this insurance may elect insurance for himself or herself and an eligible Spouse or Dependent Child only by authorizing payroll deduction in a form approved by the Employer and the Insurance Company. The effective date of this insurance depends on the date and amount of insurance elected.

If an individual elects coverage within 31 days after becoming eligible to enroll, or for any increases, the Guaranteed Issue Amount will be effective on the latest of the following dates:

1. The Policy Effective Date.
2. The date payroll deduction is authorized for this insurance.
3. The date the Employer or Insurance Company receives the completed enrollment form.

If Employee or Spouse coverage is elected in an amount that exceeds the Guaranteed Issue Amount or an enrollment form is received more than 31 days after becoming eligible to elect coverage, this insurance will be effective on the date the Insurance Company agrees in writing to insure that eligible person. The Insurance Company will require the eligible person to satisfy the Insurability Requirement before it agrees to insure him or her.

If coverage for a Dependent Child is in force and another Dependent Child becomes eligible, coverage for that child is effective on the date the child qualifies as a Dependent Child.

If an eligible Employee is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service.

If an eligible Spouse, Dependent Child or Retired Employee is:

1. an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or
  2. confined to his or her home under the care of a Physician
- on the date insurance would otherwise be effective, it will be effective on the date he or she is no longer an inpatient in these facilities or confined at home. If such Spouse, Dependent Child or Retired Employee was covered by the Prior Plan immediately prior to the Policy Effective Date, this provision will not apply to the amount of coverage in effect as of the Policy Effective Date, but will apply to any increase in coverage. This does not apply to a Dependent Child who is age 6 months or less.

TL-004712

### **Takeover Provision**

#### *Special Terms Applicable to Previously Insured Employees Not in Active Service*

Employees not in Active Service on the Policy Effective Date are not covered under the Policy.

However, the Insurance Company agrees to provide a death benefit equal to the lesser of:

1. the amount due under this Policy (without regard to the Active Service provision), or
2. the amount that would have been due under the Prior Plan had it remained in force.

The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:

1. the date the Employee meets the Active Service requirements;
2. the date insurance terminates for one of the reasons stated in the Termination of Insurance provision;
3. 12 months after the Policy Effective Date; or
4. the last day the Employee would have been covered under the Prior Plan if that plan was still in force.

TL-009020



## TERMINATION OF INSURANCE

An Insured's coverage will end on the earliest of the following dates:

1. the date the Employee is eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated by the Insurance Company;
3. the date the Insured is no longer in an eligible class;
4. the date coinciding with the end of the last period for which premiums are paid;
5. the date an Employee is no longer in Active Service;
6. for an Employee, Spouse and Dependent Child, the date the Employer cancels participation under the Policy; and
7. the date coverage for the Employee ends, for any insured Spouse and Dependent Child.

TL-004714

## CONTINUATION OF INSURANCE

If an Employee is no longer in Active Service, he or she may be eligible to continue insurance. The following provisions explain the continuation options available under the Policy. Please see the Schedule of Benefits to determine the applicability of these benefits on a class level.

### **Continuation for Temporary Leave of Absence or Family Medical Leave**

If an Employee's Active Service ends due to an Employer approved unpaid leave of absence or family medical leave of absence, insurance will continue for up to the Maximum Benefit Period shown in the Schedule of Benefits, if the required premium is paid.

### **Continuation for Disability for Employees over Age 60**

If an Employee becomes Disabled and is age 60 or over, the Life Insurance Benefits shown in the Schedule of Benefits will be continued, provided premiums are paid, until the earlier of the following dates:

1. The date the Employee is no longer Disabled.
2. The date following the Maximum Benefit Period shown in the Schedule of Benefits.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated by the Insurance Company.

### *Amount of Insurance*

If an Employee dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the Employee became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision. The Insurance Company will pay benefits only if due proof of the Employee's continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness the Employee is unable to perform all the material duties of his or her Regular Occupation; or is receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

## **Extended Death Benefit with Waiver of Premium**

### ***Extended Death Benefit***

If an Employee becomes Disabled and is less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. The date the Employee is no longer Disabled; or
2. 9 months after the end of Active Service.

### ***Amount of Insurance***

If an Employee dies while he or she is Disabled and coverage is extended under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the Employee became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. The Insurance Company will pay benefits only if due proof of the Employee's continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness the Employee is unable to perform the material duties of his or her Regular Occupation; or is receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### ***Waiver of Premium***

If such an Employee submits satisfactory proof that he or she has been continuously Disabled for the Waiver Waiting Period shown in the Schedule of Benefits, coverage will be extended up to the Maximum Benefit Period shown in the Schedule of Benefits.

Such proof must be submitted to the Insurance Company no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive premiums for that Employee.

After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if the Employee remains Disabled and submits satisfactory proof that Disability continues. Satisfactory proof must be submitted to the Insurance Company 3 months before the end of the 12-month period.

### ***Amount of Insurance***

If an Employee dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the Employee became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. The Insurance Company will pay benefits only if due proof of the Employee's continuous Disability is received within one year of the date of the loss.

### ***Termination of Waiver***

Insurance will end for any Employee whose premiums are waived on the earliest of the following dates.

1. The date he or she is no longer Disabled;
2. The date he or she refuses to submit to any physical examination required by the Insurance Company;
3. The last day of the 12-month period of Disability during which he or she fails to submit satisfactory proof of continued Disability;
4. The date following the end of the Maximum Benefit Period shown in the Schedule of Benefits.

“Disability/Disabled” means because of Injury or Sickness an Employee is unable to perform the material duties of his or her Regular Occupation, or is receiving disability benefits under the Employer's plan, during the initial 6 months of Disability. Thereafter, the Employee must be unable to perform all of the material duties of any occupation which he or she may reasonably become qualified based on education, training or experience, or is subject to the terms of a Rehabilitation Plan approved by the Insurance Company.

“Regular Occupation” means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### ***Rehabilitation During a Period of Disability***

If the Insurance Company determines that a Disabled Employee is a suitable candidate for rehabilitation, the Insurance Company may require the Employee to participate in an assessment and Rehabilitation Plan, not to exceed 18 months, at our expense. The Insurance Company has the sole discretion to approve the Employee's participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. If the Employee is actively participating in an approved Rehabilitation Plan, the Employee's insurance will continue, even though the Employee is not actively at work full time.

“Rehabilitation Plan” means a written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. Rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

“Part-time” means regularly working less than the number of full time hours set by the Employer as a regular work day for Employees in an Eligible Class of Employees in the Policy.

TL-009745 as modified by TL-009745-1.FL

### **Portability Options**

#### ***For Employees***

If an Employee's coverage under the Policy ends prior to age 70, for any of the following reasons:

- a. termination of employment; or
- b. termination of membership in an eligible class under the Policy;

Life Insurance Benefits may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The Employee must apply to the Insurance Company and pay the required premium. If the Employee continues coverage, Spouse or Dependent Child coverage may also be continued by the Employee. The Spouse or Dependent Child must be covered under the Policy on the date coverage would otherwise end. The application must be submitted:

- a. within 31 days of the Employee's termination of employment or membership in an eligible class under the Policy; or
- b. during the time that the Employee has to exercise the Conversion Privilege.

Coverage under this option may not be elected at a later date.

When applying for this option, the Employee must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or

- e. the executors or administrators of the Insured's estate.

When coverage is continued under this option, the Employee becomes a Former Employee. The Spouse becomes a Spouse of a Former Employee. The Dependent Child becomes a Dependent Child of a Former Employee.

If the Former Employee later acquires a Spouse or Dependent Child, he or she may elect coverage for them. The Former Employee must apply to the Insurance Company and pay the required premium. Coverage for the Spouse or Dependent Child will be effective on the date the Insurance Company agrees in writing to insure them. The Insurance Company may require that the Spouse or Dependent Child satisfy the Insurability Requirement before it agrees to insure him or her.

Coverage will end on the earliest of the following dates.

- a. The date the Insurance Company cancels coverage for all Former Employees.
- b. The end of the period for which premiums are paid.
- c. The date an Insured reaches age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for any Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

#### *For Spouses*

If prior to age 70, a Spouse is:

- a. legally separated, divorced; or
- b. widowed

from an insured Employee or Former Employee, Life Insurance Benefits may be continued. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option. The Spouse must apply to the Insurance Company and pay the required premium.

A Spouse who continues coverage may also continue coverage for a Dependent Child. The Dependent Child must be covered under the Policy on the date coverage would otherwise end. A Spouse must elect to continue insurance under this option within 31 days after coverage ends. Coverage may not be elected at a later date.

When applying for this option, a Spouse must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Spouse's estate.

When coverage is continued under this option, the Spouse becomes a Former Spouse. A separate certificate of insurance will be issued to the Former Spouse. Coverage will be effective on the date after coverage as a Spouse ends if the required premium is paid.

Coverage will end on the earliest of the following dates.

- a. The date the Insurance Company cancels coverage for all Former Spouses.
- b. The end of the period for which premiums are paid.
- c. The date the Former Spouse reaches age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for a Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

#### *For Dependent Children*

If a Dependent Child is insured under the Policy and is at least 19 years of age, Life Insurance Benefits may be continued under this option. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The Dependent Child must apply to the Insurance Company and pay the required premium. If a Dependent Child does not elect to continue insurance within 31 days after reaching age 19; or the date he or she no longer qualifies as a Dependent Child, if later, coverage under this option may not be elected at a later date.

When applying for this option, a Dependent Child must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Dependent Child's estate.

When a Dependent Child continues coverage under this option, he or she becomes a Former Dependent Child. A separate certificate of insurance will be issued to the Former Dependent Child. Coverage for a Former Dependent Child will be effective on the following dates.

- a. For any Guaranteed Issue Amount, immediately following the date his or her coverage as a Dependent Child ends, provided the Insurance Company receives the required premium.
- b. For any amount of insurance that exceeds the Guaranteed Issue Amount, the date the Insurance Company agrees in writing to insure him or her. The Insurance Company will require the Former Dependent Child to satisfy the Insurability Requirement before it agrees to insure him or her.

Coverage will end on the earliest of the following dates.

- a. The date the Insurance Company cancels coverage for all Former Dependent Children.
- b. The end of the period for which premiums are paid.
- c. The date the Former Dependent Child is age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

TL-004716 as modified by TL-009330

### **DESCRIPTION OF BENEFITS**

The following provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

### **LIFE INSURANCE BENEFITS**

#### **Death Benefit**

If an Insured dies, the Insurance Company will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

TL-004730

**Accelerated Benefits**

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.

***Terminal Illness Benefit***

The Insurance Company will pay a Terminal Illness Benefit to an Insured who has been determined by the Insurance Company to be Terminally Ill.

The Terminal Illness Benefit is payable only once in an Insured's lifetime.

***Determination of Terminal Illness***

For the purpose of determining the existence of a Terminal Illness, the Insurance Company will require the Insured submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to the Insurance Company, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

The Insurance Company may require, at its expense, an examination of the Insured and a review of the documented evidence by a Physician of its choice.

"Terminal Illness" means a person has a prognosis of 12 months or less to live, as diagnosed by a Physician.

TL-004748

**Conversion Privilege for Life Insurance**

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance the Insurance Company offers to persons of the same age in the amount applied for, except the Insured may not:

1. choose term insurance;
  2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
  3. apply for more than \$10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy.
- Conversion in these cases is only permitted if the Insured has been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:

1. submit an application to the Insurance Company; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by the Insurance Company and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

#### *Extension of Conversion Period*

If an Insured is eligible for conversion insurance and is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Insured will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:

1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
  - a. the Insured's application for conversion insurance has been received by the Insurance Company; and
  - b. the required premium has been paid.

#### *Prior Conversion Limitation*

If an Insured is covered under a life insurance conversion policy previously issued by the Insurance Company, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

TL-009740

### **LIFE INSURANCE EXCLUSIONS**

If an Insured commits suicide, while sane or insane, within 2 years from the date his or her insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to any person covered under the Prior Plan for more than two years. If a person was not insured for two years under the Prior Plan, credit will be given for the time he or she was insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under the same certificate, no refund of premiums will be paid.

TL-004752

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's Name, the Policy Number and the claimant's name and address.

Written notice or any other electronic/telephonic means authorized by the Insurance Company of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice or any other electronic/telephonic means authorized by the Insurance Company was given as soon as reasonably possible.

### **Claim Forms**

When the Insurance Company receives notice of claim, the Insurance Company will send claim forms for filing proof of loss. If claim forms are not sent within 15 days after notice is received by the Insurance Company, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by the Insurance Company, of the nature and extent of the loss.

### **Claimant Cooperation Provision**

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### **Insurance Data**

The Employer is required to cooperate with the Insurance Company in the review of claims and applications for coverage. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

### **Proof of Loss**

Written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given not more than one year after that 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is provided outside of these time limits, the claim will be denied. These time limits will not apply while the person making the claim lacks legal capacity.

Written proof, or any other electronic/telephonic means authorized by the Insurance Company, of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.



If it is not reasonably possible to submit proof of loss within these time periods, the Insurance Company will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

### **Time of Payment**

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

### **Manner of Payment of Claims**

The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000.00 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

### **To Whom Payable**

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. The Insurance Company may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits, unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at the Insured's death may, at the Insurance Company's option, be paid either to the Insured's beneficiary or to the executor or administrator of the Insured's estate.

If the Insurance Company pays benefits to the executor or administrator of the Insured's estate or to a person who is incapable of giving a valid release, the Insurance Company may pay up to \$1,000 to a relative by blood or marriage whom it believes is equitably entitled. This good faith payment satisfies the Insurance Company's legal duty to the extent of that payment.

### **Change of Beneficiary**

The Insured may change the beneficiary at any time by giving written notice to the Employer or the Insurance Company. The beneficiary's consent is not required for this or any other change which the Insured may make unless the designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or the Insurance Company. When this form is received, it will take effect as of the date of the form. If the Insured dies before the form is received, the Insurance Company will not be liable for any payment that was made before receipt of the form.

**Physical Examination and Autopsy**

The Insurance Company, at its expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. The Insurance Company may, at its expense, require an autopsy unless prohibited by law.

**Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

**Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the Employee lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

**Physician/Patient Relationship**

The Insured will have the right to choose any Physician who is practicing legally. The Insurance Company will in no way disturb the Physician/patient relationship.

TL-004724

**ADMINISTRATIVE PROVISIONS****Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If the Insured's coverage amount is reduced due to acceleration of his or her Death Benefit, his or her premium will be based on the amount of coverage he or she has in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

**Changes in Premium Rates**

The premium rates may be changed by the Insurance Company from time to time with at least 31 days advance written notice. No change in rates will be made until 36 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, the Insurance Company reserves the right to change the rates even during a period for which the rate is guaranteed if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated company or eligible class is added or deleted from the Policy.
3. There is a change in the factors bearing on the risk assumed.
4. Any federal or state law or regulation is amended to the extent it affects the Insurance Company's benefit obligation.
5. The Insurance Company determines that the Employer has failed to promptly furnish any necessary information requested by the Insurance Company, or has failed to perform any other obligations in relation to the Policy.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

**Reporting Requirements**

The Employer must, upon request, give the Insurance Company any information required to determine who is insured, the amount of insurance in force and any other information needed to administer the plan of insurance.

**Payment of Premium**

The first premium is due on the Policy Effective Date. After that, premiums will be due monthly unless the Employer and the Insurance Company agree on some other method of premium payment.

If any premium is not paid when due, the plan will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Notice of Cancellation**

The Employer or the Insurance Company may cancel the Policy as of any Premium Due Date by giving 31 days advance written notice. If a premium is not paid when due, the Policy will automatically be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period**

A Policy Grace Period of 31 days will be granted for the payment of the required premiums under this Policy. This Policy will be in force during the Policy Grace Period. The Employer is liable to the Insurance Company for any unpaid premium for the time this Policy was in force.

**Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

**Grace Period for the Insured**

If the required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

If benefits are paid during the Grace Period for the Insured, the Insurance Company will deduct any overdue premium from the proceeds payable under the Policy.

**Reinstatement of Insurance**

Coverage may be reinstated without satisfying the Insurability Requirement, if an Employee's insurance ends because he or she is on an unpaid leave of absence and he or she applies for Reinstatement within 31 days of his return to Active Service.

After an Insured's coverage has ceased, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met:

1. The Policy is still in force.
2. The Insured is eligible under the Policy.
3. A written request for reinstatement and a new enrollment form are sent to the Insurance Company.
4. The required premium is paid.
5. The Insurability Requirement, if any, is satisfied.

## SCHEDULE OF RATES

The following monthly rates apply to all Classes of Eligible Persons unless otherwise indicated.

### FOR EMPLOYEE BENEFITS

**Basic Life Insurance**                      \$.055 Per \$1,000

#### **Voluntary Life Insurance**

Monthly Rates are based on units of \$1,000

Under Age 20	\$.08	Age 60 - 64	\$1.16
Age 20 - 24	\$.08	Age 65 - 69	\$2.09
Age 25 - 29	\$.08	Age 70 - 74	\$2.09
Age 30 - 34	\$.08	Age 75 - 79	\$2.09
Age 35 - 39	\$.12	Age 80 - 84	\$2.09
Age 40 - 44	\$.19	Age 85 - 89	\$2.09
Age 45 - 49	\$.31	Age 90 - 94	\$2.09
Age 50 - 54	\$.47	Age 95 and over	\$2.09
Age 55 - 59	\$.70		

A change in rates due to a change in the Employee's age will become effective on the Policy Anniversary coinciding with or following the Employee's birthday.

### FOR SPOUSE BENEFITS

#### **Voluntary Life Insurance**

Monthly Rates are based on units of \$1,000.

Under Age 20	\$.08	Age 60 - 64	\$1.16
Age 20 - 24	\$.08	Age 65 - 69	\$2.09
Age 25 - 29	\$.08	Age 70 - 74	\$2.09
Age 30 - 34	\$.08	Age 75 - 79	\$2.09
Age 35 - 39	\$.12	Age 80 - 84	\$2.09
Age 40 - 44	\$.19	Age 85 - 89	\$2.09
Age 45 - 49	\$.31	Age 90 - 94	\$2.09
Age 50 - 54	\$.47	Age 95 and over	\$2.09
Age 55 - 59	\$.70		

Spouse rates are based on the spouse's date of birth. A change in rates due to a change in the Spouse's age will become effective on the Policy Anniversary coinciding with or following the Spouse's birthday.

### FOR DEPENDENT CHILD BENEFITS

**Voluntary Life Insurance**                      \$.32 Per \$1,000

## **FOR FORMER EMPLOYEE BENEFITS**

Monthly Rates are based on units of \$1,000.

Under Age 20	\$.153	Age 45 - 49	\$.384
Age 20 - 24	\$.144	Age 50 - 54	\$.726
Age 25 - 29	\$.153	Age 55 - 59	\$1.347
Age 30 - 34	\$.177	Age 60 - 64	\$2.461
Age 35 - 39	\$.19	Age 65 - 69	\$4.065
Age 40 - 44	\$.243		

A change in rates due to a change in the Former Employee's age will become effective on the Policy Anniversary coinciding with or following the Former Employee's birthday.

## **FOR FORMER SPOUSES OR SPOUSES OF FORMER EMPLOYEE BENEFITS**

Monthly Rates are based on units of \$1,000.

Under Age 20	\$.153	Age 45 - 49	\$.384
Age 20 - 24	\$.144	Age 50 - 54	\$.726
Age 25 - 29	\$.153	Age 55 - 59	\$1.347
Age 30 - 34	\$.177	Age 60 - 64	\$2.461
Age 35 - 39	\$.19	Age 65 - 69	\$4.065
Age 40 - 44	\$.243		

Spouse rates are based on the spouse's date of birth. A change in rates due to a change in the Spouse's age will become effective on the Policy Anniversary coinciding with or following the Spouse's birthday.

## **FOR FORMER DEPENDENT CHILD BENEFITS**

Rates are based on \$25,000 per Month.

Under Age 20	\$2.377	Age 45 - 49	\$9.777
Age 20 - 24	\$2.777	Age 50 - 54	\$16.377
Age 25 - 29	\$2.977	Age 55 - 59	\$23.477
Age 30 - 34	\$3.600	Age 60 - 64	\$38.250
Age 35 - 39	\$4.177	Age 65 - 69	\$54.077
Age 40 - 44	\$6.200		

Rates are based on \$50,000 per Month

Under Age 20	\$4.750	Age 45 - 49	\$19.550
Age 20 - 24	\$5.550	Age 50 - 54	\$32.750
Age 25 - 29	\$5.950	Age 55 - 59	\$46.950
Age 30 - 34	\$7.200	Age 60 - 64	\$76.500
Age 35 - 39	\$8.350	Age 65 - 69	\$108.150
Age 40 - 44	\$12.400		

A change in rates due to a change in the Former Dependent Child's age will become effective on the Policy Anniversary Date coinciding with or following the Former Dependent Child's birthday.

## **GENERAL PROVISIONS**

### **Entire Contract**

The entire contract will be made up of the Policy, the application of the Employer, a copy of which is attached to the Policy, and the applications, if any, of the Insureds.

### **Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for coverage.

### **Misstatement of Age**

If an Insured's age has been misstated, the Insurance Company will adjust all benefits to the amounts that would have been purchased for the correct age.

### **Policy Changes**

No change in the Policy will be valid until approved by an executive officer of the Insurance Company. This approval must be endorsed on, or attached to, the Policy. No agent may change the Policy or waive any of its provisions.

### **Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

### **Certificates**

A certificate of insurance will be delivered to the Employer for delivery to Insureds. Each certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

### **Assignment of Benefits**

The Insurance Company will not be affected by the assignment of an Insured's certificate until the original assignment or a certified copy of the assignment is filed with the Insurance Company. The Insurance Company will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

### **Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

### **Agency**

The Employer and Plan Administrator are agents of the Employee for transactions relating to insurance under the Policy. The Insurance Company is not liable for any of their acts or omissions.

### **Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

## **DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

### **Accident**

An Accident is a sudden, unforeseeable external event that causes bodily Injury to an Insured while coverage is in force under the Policy.

### **Active Service**

An Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. He or she is actively at work. This means the Employee is performing his or her regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires the Employee to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days.

An Employee is considered in Active Service on a day which is not one of the Employer's scheduled work days only if he or she was in Active Service on the preceding scheduled work day.

### **Annual Compensation**

An Employee's annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation.

### **Dependent Child**

An Employee's unmarried child who meets the following requirements.

1. A child from live birth to 26 years old;
2. A child who is 26 or more years old, primarily supported by the Employee and incapable of self-sustaining employment by reason of mental or physical handicap.

The term "child" means:

- a. the Employee's natural child;
- b. the Employee's legally adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of the Employee's Spouse provided the child is living with, and is financially dependent upon the Employee;
- c. a stepchild born to the Employee's Spouse and who is living with and financially dependent upon, the Employee;
- d. a child less than 26 years old (unless the child otherwise satisfies the requirement of paragraph 2 above) for whom the Employee is the court-appointed legal guardian and who resides with, and is financially dependent upon the Employee.

### **Employee**

For eligibility purposes, an Employee is an employee of the Employer in one of the "Classes of Eligible Employees." Otherwise, Employee means an employee of the Employer who is insured under the Policy.

**Employer**

The Employer who has subscribed to the Policyholder and for the benefit of whose Employees this policy has been issued. The Employer, named as the Subscriber on the front of this Policy, includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as an agent of the Insured for transactions relating to this insurance. The actions of the Employer shall not be considered the actions of the Insurance Company.

**Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in the Employee's eligibility class.

**Initial Enrollment Period**

The period in the calendar year when an eligible Employee who was hired on or before the Policy Effective Date may enroll for the first time for Insurance Benefits under this Policy. This period must be agreed upon by the Employer and the Insurance Company. Refer to Initial Open Enrollment under the Enrolling for Insurance section of the Policy.

**Injury**

Any accidental loss or bodily harm which results directly and independently of all other causes from an Accident.

**Insurability Requirement**

An eligible person will satisfy the Insurability Requirement for an amount of coverage on the day the Insurance Company agrees in writing to accept him or her as insured for that amount. To determine a person's acceptability for coverage, the Insurance Company will require evidence of good health and may require it be provided at the Employee's expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on the Policy cover page.

**Insured**

A person who is eligible for insurance under the Policy, for whom insurance is elected, the required premium is paid and coverage is in force under the Policy.

**Life Status Change**

A Life Status Change is an event recognized by the Employer's Flexible Benefits Plan as qualifying an Employee to make changes in benefit selections at a time other than an Annual Enrollment Period.

If there is no Employer sponsored Flexible Benefits Plan, or if it is no longer in effect, the following events are Life Status Changes.

1. Marriage
2. Divorce, annulment or legal separation
3. Birth or adoption of a child
4. Death of a spouse
5. Termination of a spouse's employment
6. A change in the benefit plan available to the Employee's spouse
7. A change in the Employee's or his or her spouse's employment status that affects either person's eligibility for benefits

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include an Employee, an Employee's spouse, the immediate family (including parents, children, siblings or spouses of any of the foregoing, whether the relationship derives from blood or marriage), of an Employee or spouse, or a person living in an Employee's household.



**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits sponsored by the Employer in effect directly prior to the Policy Effective Date.

**Sickness**

Any physical or mental illness.

**Spouse**

The current lawful Spouse of an Employee.

TL-004708 (as modified by TL-010150)

**AMENDATORY RIDER**  
**DOMESTIC PARTNER/CIVIL UNION PARTNER COVERAGE**

Policy No. FLX-966008  
Effective Date: July 1, 2014

Eligible Classes to which this Rider applies: All Classes

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

Domestic Partner/Civil Union Partner means the following:

1. A person with whom the Employee or Former Employee has a registered civil union or domestic partnership under state law which imposes legal obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Domestic Partner or Civil Union Partner unless and until: (1) the civil union or domestic partnership is dissolved under applicable law; or (2) either the Employee or the Domestic Partner/Civil Union Partner marries another person.
2. A person who was legally married to the Employee or Former Employee under the laws of a state permitting marriage of partners of the same sex, where the Employee or Former Employee and Domestic Partner/Civil Union Partner currently reside in a state that does not recognize a valid marriage. This shall not apply if:
  - a. the marriage has been terminated by legal process, or;
  - b. either the Employee or Former Employee or the Domestic Partner/Civil Union Partner has entered into a valid marriage, civil union or domestic partnership under state law.

All references in the policy to "Spouse" shall be changed to read "Spouse, Domestic Partner, and Civil Union Partner" except as follows:

1. The definition of "Spouse" remains unchanged.
2. A Domestic Partner/Civil Union Partner shall be deemed eligible to be enrolled for insurance on the latest of:
  - a. the date of registration under Item 1 of the definition of Domestic Partner/Civil Union Partner;
  - b. the date that the Employee or Former Employee is eligible for insurance under the Policy; or;
  - c. the effective date of this Amendment to the Policy.
3. A child of a Domestic Partner/Civil Union Partner may only be eligible to be insured if:
  - a. the child is primarily dependent on the Employee for financial support;
  - b. the Employee has a legal obligation of support of the child; or
  - c. the Employee is the child's legal guardian.

Any provision of the Policy that otherwise excludes any person who is not legally able to marry the Employee or Former Employee is changed by the following:

In the case of any person of the same sex as the Employee or Former Employee, the exclusion of persons legally able to marry will not apply for the first 12 months that the Employee's or Former Employee's state of residence allows same-sex couples to marry.

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink, reading "Matthew G. Manders". The signature is written in a cursive, flowing style with a large initial 'M'.

Matthew G. Manders, President

TL-007153a.FL

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If an Employee resides in one of the following states, the provisions of the certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

### **California Residents:**

#### **Conversion Privilege for Life Insurance**

Insured Employees and Insured Spouses may convert to an individual policy of life insurance for an amount not greater than the Conversion Amount shown below when the Policy ends, without regard to any requirement that the person be insured under the policy for a specified period of time, if all of the following apply.

- a. The Insured became Totally Disabled while covered for the Life Benefit of the Policy. Totally Disabled means the person is unable to perform all the material duties of any occupation for which he or she may reasonably be qualified based on training, education and experience.
- b. The Insured remained Totally Disabled until the Policy ended while covered for the Life Benefit of this Policy.
- c. The Policy does not provide a Waiver of Premium, Extended Death Benefit Provision or monthly payments to Totally Disabled Insureds for the Life Benefit.
- d. The person meets all other conditions for converting the insurance.

Conversion Amount - Insured's life insurance amount under the Policy on the date the Policy ends minus the amount for which the Insured is insured under a group policy that provides life coverage to employees of the Insured Employee's Employer covered under this Policy. The dollar limit that applies to the amount for conversion at Policy termination does not apply.

The requirement that the Insured be covered under the Policy for the stated number of years in order to convert life insurance does not apply.

### **Missouri residents:**

#### Applicable to Voluntary Life Insurance Benefits

If an Insured commits suicide, while sane or insane, within 1 year from the date his or her insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to any person covered under the Prior Plan for more than one year. If a person was not insured for one year under the Prior Plan, credit will be given for the time he or she was insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under the same certificate, no refund of premiums will be paid.

### **North Dakota residents:**

The Suicide exclusion, if any, is limited to one year from the effective date of insurance. The suicide exclusion with respect to any increase in death benefits which results from an application of the insured subsequent to the effective date, if any, is limited to one year from the effective date of the increase.

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
PHILADELPHIA, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number FLX-966008 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA to the TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Florida Virtual School; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Returned To Life Insurance Company of North America)

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**LIFE INSURANCE COMPANY OF NORTH AMERICA  
PHILADELPHIA, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number FLX-966008 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA to the TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

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Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Retained By Florida Virtual School)

# ATTACHMENT 10

## **Group Life Insurance Certificate**

Florida Virtual School



## IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

### **Arizona, Florida and Maryland residents:**

**The group policy is issued in the state of Delaware and will be governed by its laws. If you reside in a state other than Delaware, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.**

### **Texas residents:**

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

**1-800-547-5515**

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:



ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:

**1-800-252-3439**

Puesde escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**Washington Residents:**

**(In Accordance With WAC 284-23-610, 620, 650, 730)**

The accelerated life benefit in this policy does not and is not intended to qualify as long-term care under Washington state law. Washington state law prevents this accelerated life benefit from being marketed or sold as long-term care.

If an Insured receives payment of accelerated benefits from a life insurance policy, he or she may lose the right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences for the Insured. We cannot give advice about this. The Insured may wish to obtain advice from a tax professional or an attorney before he or she decides to receive accelerated benefits under a life policy.



## NOTICE

**Benefits paid under the Accelerated Benefits provision will reduce the Death Benefit payable for life insurance.**

**Benefits payable under the Accelerated Benefits provision may be taxable. If so, the Employee or the Employee's beneficiary may incur a tax obligation. As with all tax matters, an Employee should consult with a personal tax advisor to assess the impact of this benefit. Accelerated Benefits are not payable if life insurance coverage under the Policy is not in force.**

TL-004788



## **FOREWORD**

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death.

The need for life insurance protection depends on individual circumstances and financial situations. A portion of the cost of this coverage is provided by your Employer. You may need to contribute to the remaining cost of coverage through payroll deduction so that your benefit program is more comprehensive and responsive to your needs.

The following pages describe the main provisions of the life insurance plan available to you.

Insurance benefits described in the following pages will apply to you if your Employer has made this coverage available to you at no cost or you have elected the benefit and authorized payroll deduction for the required premium.



**LIFE INSURANCE COMPANY OF NORTH AMERICA**

1601 CHESTNUT STREET

PHILADELPHIA, PA 19192-2235

(800) 732-1603 TDD (800) 336-2485

**A STOCK INSURANCE COMPANY**

**GROUP INSURANCE  
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Policy, FLX-966008, to TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY on behalf of Florida Virtual School.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, President





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## **SCHEDULE OF BENEFITS**

**Policy Effective Date:** July 1, 2014  
**Certificate Effective Date:** September 1, 2014  
**Policy Anniversary Date:** July 1  
**Policy Number:** FLX-966008

### **Class Definition**

You are eligible for insurance if you are a member of the class defined below.

All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.

### **Your Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Policy Effective Date:  
After 60 days of Active Service

If you were hired after the Policy Effective Date:  
First of the month following 2 months of Full-time employment

## **LIFE INSURANCE BENEFITS**

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first date the Insured is in Active Service on or after the date of the change in class.

### **Employee Benefits**

Basic Benefit	\$40,000
Minimum Benefit:	\$40,000
Guaranteed Issue Amount:	\$40,000
Maximum Benefit:	\$40,000

Age Based Reductions	When you are age 65 or older, your Basic Life Insurance Benefit will reduce to the percentage shown below: 65% of the Life Insurance Benefit at age 65 40% of the Life Insurance Benefit at age 70 25% of the Life Insurance Benefit at age 75 25% of the Life Insurance Benefit at age 80 25% of the Life Insurance Benefit at age 85 25% of the Life Insurance Benefit at age 95
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Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following your attainment of age as specified in schedule above.

**Basic Terminal Illness Benefit**

Maximum Benefit: \$30,000

**Voluntary Benefit**

Guaranteed Issue Amount: An amount elected in units of \$10,000  
the greater of a) or b) below:  
a) \$200,000, or  
b) an amount equal to the Life Insurance Benefit in effect on  
the termination date of the Prior Plan  
Maximum Benefit: the lesser of 5 times Annual Compensation or \$500,000

The Maximum Benefit will be rounded to the next higher \$10,000, if not already a multiple thereof.

**Age Based Reductions**

When you are age 65 or older, your Voluntary Life Insurance Benefit will reduce to the percentage shown below:

65% of the Life Insurance Benefit at age 65  
40% of the Life Insurance Benefit at age 70  
25% of the Life Insurance Benefit at age 75  
25% of the Life Insurance Benefit at age 80  
25% of the Life Insurance Benefit at age 85  
25% of the Life Insurance Benefit at age 95

Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following your attainment of age as specified in schedule above.

**Voluntary Terminal Illness Benefit**

Maximum Benefit: \$250,000

**Spouse Benefits**

**Voluntary Benefit**

Guaranteed Issue Amount: An amount elected in units of \$5,000  
the greater of a) or b) below:  
a) \$50,000, or  
b) an amount equal to the Life Insurance Benefit in effect on  
the termination date of the Prior Plan  
Maximum Benefit: \$100,000

**Age Based Reductions**

When your Spouse is age 65 or older, your Spouse's Life Insurance Benefit will reduce to the percentage shown below:

65% of the Life Insurance Benefit at age 65  
40% of the Life Insurance Benefit at age 70  
25% of the Life Insurance Benefit at age 75  
25% of the Life Insurance Benefit at age 80  
25% of the Life Insurance Benefit at age 85  
25% of the Life Insurance Benefit at age 95

Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following your attainment of age as specified in schedule above.

Your Spouse's Life Insurance Benefits cannot exceed 50% of your Life Insurance Benefits.

**Terminal Illness Benefit**

Maximum Benefit: 75% of the Maximum Benefit applicable to Spouse Life Insurance Benefits.

## **Dependent Child Benefits**

Voluntary Benefit	An amount elected in units of \$5,000
Maximum Benefit:	\$10,000
	The Maximum Benefit for a Dependent Child who is less than 6 months old is \$500.

All Dependent Child benefits are Guaranteed Issue.

### **Annual Enrollment Period**

#### *For Employees*

During an Annual Enrollment Period, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may increase your Voluntary Life Insurance Benefit of up to 2 units of \$10,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

You may increase coverage for a Benefit in excess of amounts described above, only if you satisfy the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure you.

#### *For Spouses*

During an Annual Enrollment Period, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may elect coverage for your eligible Spouse. If your Spouse is currently insured under the Voluntary Life Insurance portion of this Policy, his or her Voluntary Life Insurance Benefit may be increased up to 2 units of \$5,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

Your Spouse's coverage may be increased for a Benefit in excess of amounts described above, only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure him or her.

Insurance Benefits for you, your Spouse and Dependent Children may be reduced at any time. A request for a Benefit reduction received during an Annual Enrollment Period will become effective on the first of the month following the Annual Enrollment Period. Any other Benefit reduction will be effective on the date the Insurance Company receives the completed change form.

### **Life Status Change**

#### *For Employees*

Within 31 days after a Life Status Change, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may increase your Voluntary Life Insurance Benefit as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. If you are eligible for the Voluntary Life Insurance portion of this Policy but have not previously enrolled, you may become insured under the Policy as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

You may increase coverage for a Benefit in excess of amounts described above, only if you satisfy the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure you.

Insurance Benefits for you may be reduced at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.

### **Former Employee Benefits**

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits allowable to you, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.
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Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date you no longer qualify as an Employee will be effective on the date the Insurance Company agrees in writing to insure you.

Maximum Benefit Period	To Age 70.
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Terminal Illness Benefit Maximum Benefit:	\$250,000
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### **Spouse of Former Employee Benefits**

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits available to a Spouse.
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Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date your employment with the Employer ends will be effective on the date we agree in writing to insure him or her.

Maximum Benefit Period	To Age 70.
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Terminal Illness Benefit Maximum Benefit:	75% of the Maximum Benefit applicable to Spouse Life Insurance Benefits.
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### **Former Spouse Benefits**

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Voluntary Life Insurance Benefits available to a Spouse.
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Any amount elected in excess of the Voluntary Life Insurance Benefits in effect on the date he or she no longer qualifies as a Spouse will be effective on the date we agree in writing to insure him or her.

Maximum Benefit Period	To Age 70
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Terminal Illness Benefit Maximum Benefit:	75% of the Maximum Benefit applicable to Spouse Life Insurance Benefits.
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### **Former Dependent Child Benefits**

Amount of Insurance	Units of \$25,000
Guaranteed Issue Amount:	\$25,000
Maximum Benefit:	\$50,000
Maximum Benefit Period	To Age 70

TL-004774



## **WHO IS ELIGIBLE**

### **Classes of Eligible Persons**

A person may be insured only once under the Basic Life portion of the Policy even though he or she may be eligible under more than one class. A person may also be insured only once under the Voluntary Life portion of the Policy as an Employee, Spouse or Dependent Child, even though he or she may be eligible under more than one class.

### **Employee**

If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date, or the day after you complete the applicable Eligibility Waiting Period, if later. The Eligibility Waiting Period will not apply if you are in Active Service on the Policy Effective Date and you satisfied the Eligibility Waiting Period, if any, of the Prior Plan. Credit will be given for any time you satisfied.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Employee who is rehired, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period, if insurance ends because you are no longer in a Class of Eligible Employees, but continue to be employed by the Employer, and within one year you become a member of an eligible class.

### **Spouse**

Your Spouse is eligible to be insured on the date you are eligible or the date he or she becomes your Spouse, if later. You must be insured for Voluntary Life Insurance in order to elect spouse coverage.

For eligibility purposes, your Spouse must be a lawful Spouse and not legally separated from, divorced from, or widowed by you.

### **Dependent Child**

Your Dependent Child is eligible to be insured on the date you are eligible or the date the child becomes a Dependent Child, if later.

In no event will a Dependent Child be eligible to be insured more than once under the Policy.

TL-004710

## **WHEN COVERAGE BEGINS**

You, your Spouse and Dependent Children will be insured for an amount not to exceed the Guaranteed Issue Amount on the date you become eligible, if you are not required to contribute to the cost of this insurance.

You and your Spouse will be insured for an amount that exceeds the Guaranteed Issue Amount on the date we agree in writing to provide this coverage. We will require an eligible person to satisfy the Insurability Requirement before we agree to insure him or her.

If you are required to contribute to the cost of this insurance, you may elect insurance for yourself, your Spouse and Dependent Children only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of this insurance depends on the date and amount of insurance elected.

If you elect coverage within 31 days after you become eligible to enroll or increase coverage, the Guaranteed Issue Amount will be effective on the latest of the following dates:

1. The Policy Effective Date.
2. The date you authorize payroll deduction for this insurance.
3. The date the Employer or Insurance Company receives the completed enrollment form.

If you or your Spouse elect insurance in an amount that exceeds the Guaranteed Issue Amount or if your enrollment form is received more than 31 days after you become eligible to elect coverage, this insurance is effective on the date we agree in writing to provide this coverage. We will require an eligible person to satisfy the Insurability Requirement before we agree to insure him or her.

If coverage for a Dependent Child is in force and another Dependent Child becomes eligible, coverage for that child is effective on the date he or she qualifies as a Dependent Child.

If you are not in Active Service on the date insurance would otherwise go into effect, it will be effective on the date you return to Active Service.

If an eligible Spouse or Dependent Child is:

1. an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or
  2. confined to his or her home under the care of a Physician
- on the date insurance would otherwise be effective, it will be effective on the date he or she is no longer an inpatient in these facilities or confined at home. If such Spouse or Dependent Child was covered by the Prior Plan immediately prior to the Policy Effective Date, this provision will not apply to the amount of coverage in effect as of the Policy Effective Date, but will apply to any increase in coverage. This does not apply to a Dependent Child who is age 6 months or less.

TL-004712

### **Takeover Provision**

#### *Special Terms Applicable to Previously Insured Employees Not in Active Service*

If you are not in Active Service on the Policy Effective Date, you are not covered under the Policy.

However, We agree to provide a death benefit equal to the lesser of:

1. the amount due under this Policy (without regard to the Active Service provision), or
2. the amount that would have been due under the Prior Plan had it remained in force.

The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:

1. the date you meet the Active Service requirements;
2. the date insurance terminates for one of the reasons stated in the When Coverage Ends provision;
3. 12 months after the Policy Effective Date; or
4. the last day you would have been covered under the Prior Plan if that plan was still in force.

TL-009020

## WHEN COVERAGE ENDS

Coverage will end on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date we terminate the Policy;
3. the date you, your Spouse or Dependent Children are no longer in an eligible class;
4. the date coinciding with the end of the last period for which required premiums are paid;
5. the date you are no longer in Active Service;
6. for an Employee, Spouse or Dependent Child, the date the Employer cancels participation under the Policy; and
7. the date your coverage ends, for any insured Spouse or Dependent Child.

TL-004714

## WHEN COVERAGE CONTINUES

### **Continuation for Temporary Leave of Absence or Family Medical Leave**

If you are an Employee and your Active Service ends due to an Employer approved unpaid leave of absence or family medical leave, your insurance will continue if the required premium is paid.

In these circumstances, your insurance may continue as follows.

1. For an Employer approved unpaid leave of absence, up to the end of the month in which the leave begins.
2. For an Employer approved family medical leave, up to the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed.

### **Continuation for Disability for Employees over Age 60**

If you become Disabled and are age 60 or over, the Life Insurance Benefits shown in the Schedule of Benefits will be continued, provided premiums are paid, until the earlier of the following dates:

1. The date you are no longer Disabled.
2. The date you are Disabled for 9 consecutive months.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated by us.

### *Amount of Insurance*

If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

“Disability”/“Disabled” means because of Injury or Sickness you are unable to perform all the material duties of your Regular Occupation; or are receiving disability benefits under the Employer’s plan.

“Regular Occupation” means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

## **Extended Death Benefit with Waiver of Premium**

### ***Extended Death Benefit***

If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. The date you are no longer Disabled; or
2. 9 months after the end of your Active Service.

### ***Amount of Insurance***

If you die while you are Disabled and coverage is extended under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

“Disability”/“Disabled” means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation; or are receiving disability benefits under the Employer’s plan.

“Regular Occupation” means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### ***Waiver of Premium***

If you submit satisfactory proof that you have been continuously Disabled for 6 months, coverage will be extended up to age 70.

Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you.

After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if you remain Disabled and submit satisfactory proof that Disability continues. Satisfactory proof must be submitted to us 3 months before the end of the 12-month period.

### ***Amount of Insurance***

If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

### ***Termination of Waiver***

Your insurance will end on the earliest of the following dates.

1. The date you are no longer Disabled;
2. The date you refuse to submit to any physical examination required by us;
3. The last day of the 12-month period of Disability during which you fail to submit satisfactory proof of continued Disability;
4. To Age 70.

“Disability/Disabled” means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation, or are receiving disability benefits under the Employer's plan, during the initial 6 months of Disability. Thereafter, you must be unable to perform all of the material duties of any occupation which you may reasonably become qualified based on education, training or experience, or are subject to the terms of a Rehabilitation Plan approved by the Insurance Company.

“Regular Occupation” means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### ***Rehabilitation During a Period of Disability***

If the Insurance Company determines that you are a suitable candidate for rehabilitation, the Insurance Company may require you to participate in an assessment and Rehabilitation Plan, not to exceed 18 months, at our expense. The Insurance Company has the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. If you are actively participating in an approved Rehabilitation Plan, your insurance will continue, even though you are not actively at work full time.

“Rehabilitation Plan” means a written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. Rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

“Part-time” means regularly working less than the number of full time hours set by the Employer as a regular work day for Employees in an Eligible Class of Employees in the Policy.

TL-009745 as modified by TL-009745-1.FL

### **Portability Options**

#### ***For Employees***

If your coverage under the Policy ends prior to age 70, for any of the following reasons:

- a. termination of employment; or
- b. termination of membership in an eligible class under the Policy;

Life Insurance Benefits may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

You must apply to the Insurance Company and pay the required premium. If you continue coverage, coverage for your Spouse or Dependent Child may also be continued by you. Your Spouse or Dependent Child must be covered under the Policy on the date coverage would otherwise end. The application must be submitted:

- a. within 31 days of your termination of employment or membership in an eligible class under the Policy; or
- b. during the time that you have to exercise the Conversion Privilege.

Coverage under this option may not be elected at a later date.

When applying for this option, you must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of your estate.

When coverage is continued under this option, you become a Former Employee. Your Spouse becomes a Spouse of a Former Employee. Your Dependent Child becomes a Dependent Child of a Former Employee.

If you, as a Former Employee, later acquire a Spouse or Dependent Child, you may elect coverage for them. You must apply to the Insurance Company and pay the required premium. Coverage for your Spouse or Dependent Child will be effective on the date we agree in writing to insure them. We may require that your Spouse or Dependent Child satisfy the Insurability Requirement before we agree to insure them.

Coverage will end on the earliest of the following dates.

- a. The date we cancel coverage for all Former Employees.
- b. The end of the period for which premiums are paid.
- c. The date an Insured reaches age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for any Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

#### *For Spouses*

If prior to age 70, a Spouse is:

- a. legally separated, divorced; or
- b. widowed

from an insured Employee or Former Employee, Life Insurance Benefits may be continued. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option. The Spouse must apply to the Insurance Company and pay the required premium.

A Spouse who continues coverage may also continue coverage for a Dependent Child. The Dependent Child must be covered under the Policy on the date coverage would otherwise end. A Spouse must elect to continue insurance under this option within 31 days after coverage ends. Coverage may not be elected at a later date.

When applying for this option, a Spouse must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Spouse's estate.

When coverage is continued under this option, the Spouse becomes a Former Spouse. A separate certificate of insurance will be issued to the Former Spouse. Coverage will be effective on the date after coverage as a Spouse ends if the required premium is paid.

Coverage will end on the earliest of the following dates.

- a. The date we cancel coverage for all Former Spouses.
- b. The end of the period for which premiums are paid.
- c. The date the Former Spouse reaches age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for a Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

### *For Dependent Children*

If a Dependent Child is insured under the Policy and is at least 19 years of age, Life Insurance Benefits may be continued under this option. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The Dependent Child must apply to the Insurance Company and pay the required premium. If a Dependent Child does not elect to continue insurance within 31 days after reaching age 19; or the date he or she no longer qualifies as a Dependent Child, if later, coverage under this option may not be elected at a later date.

When applying for this option, a Dependent Child must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Dependent Child's estate.

When a Dependent Child continues coverage under this option, he or she becomes a Former Dependent Child. A separate certificate of insurance will be issued to the Former Dependent Child. Coverage for a Former Dependent Child will be effective on the following dates.

- a. For any Guaranteed Issue Amount, immediately following the date his or her coverage as a Dependent Child ends, provided the Insurance Company receives the required premium.
- b. For any amount of insurance that exceeds the Guaranteed Issue Amount, the date the Insurance Company agrees in writing to insure him or her. The Insurance Company will require the Former Dependent Child to satisfy the Insurability Requirement before it agrees to insure him or her.

Coverage will end on the earliest of the following dates.

- a. The date we cancel coverage for all Former Dependent Children.
- b. The end of the period for which premiums are paid.
- c. The date the Former Dependent Child is age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

TL-004716 as modified by TL-009330

## **WHAT IS COVERED**

### **LIFE INSURANCE BENEFITS**

#### **Death Benefit**

If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

TL-004730

#### **Accelerated Benefits**

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.

### ***Terminal Illness Benefit***

We will pay a Terminal Illness Benefit if we determine you or your Spouse are Terminally Ill. The amount of this benefit is up to 75% of the Life Insurance Benefit in effect for you or your Spouse on the date we determine you are Terminally Ill up to the Maximum Benefit Amount shown in your Schedule of Benefits for this option. The Terminal Illness Benefit is payable only once in an Insured's lifetime.

### ***Determination of Terminal Illness***

For the purpose of determining the existence of a Terminal Illness, we will require you to submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to us, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, you to be examined and a review of the documented evidence by a Physician of our choice.

"Terminal Illness" means a person is diagnosed by a Physician to have a prognosis of 12 months or less to live.

TL-004748

### **Conversion Privilege for Life Insurance**

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance we offer to persons of the same age in the amount applied for, except you may not:

1. choose term insurance;
  2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
  3. apply for more than \$10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy.
- Conversion in these cases is only permitted if you have been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:

1. submit an application to us; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.



Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by us and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

#### *Extension of Conversion Period*

If an Insured is eligible for conversion insurance and is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Insured will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:

1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
  - a. the Insured's application for conversion insurance has been received by us; and
  - b. the required premium has been paid.

#### *Prior Conversion Limitation*

If an Insured is covered under a life insurance conversion policy previously issued by us, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

TL-009740

## **LIFE INSURANCE EXCLUSIONS**

If an Insured commits suicide, while sane or insane, within 2 years from the date the Insured's insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to you if you were covered under the Prior Plan for more than two years. If you were not insured for two years under the Prior Plan, credit will be given for the time you were insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under your certificate, no refund of premiums will be paid.

TL-004752

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Written notice, or any other electronic/telephonic means authorized by us, of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice, or any other electronic/telephonic means authorized by us, was given as soon as reasonably possible.

### **Claim Forms**

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

### **Claimant Cooperation Provision**

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### **Insurance Data**

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

### **Proof of Loss**

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof, or any other electronic/telephonic means authorized by us, of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

### **Time of Payment**

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

**Manner of Payment of Claims**

The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000.00 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

**To Whom Payable**

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. We may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at your death will, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

**Change of Beneficiary**

You may change your beneficiary at any time by giving written notice to the Employer or to us. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or us. When this form is received, it will take effect as of the date of the form. If you die before the form is received, we will not be liable for any payment that was made before receipt of the form.

**Physical Examination and Autopsy**

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

**Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

**Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

**Physician/Patient Relationship**

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

**ADMINISTRATIVE PROVISIONS****Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

**Your Grace Period**

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

**Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

**Reinstatement of Insurance**

Your coverage may be reinstated without satisfying the Insurability Requirement, if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within 31 days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.

1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send us a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

TL-004722

## **GENERAL PROVISIONS**

### **Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

### **Misstatement of Age**

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

### **Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

### **Assignment of Benefits**

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

### **Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

### **Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

## **DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

### **Accident**

The term Accident means a sudden, unforeseeable external event that causes you bodily Injury and occurs while your coverage is in force under the Policy.

### **Active Service**

If you are an Employee, you are in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are actively at work. This means you are performing your regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days.

You are considered in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

### **Annual Compensation**

Annual Compensation means an Employee's annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation.

### **Dependent Child**

Your unmarried child if he or she meets the following requirements:

1. A child from live birth to 26 years old;
2. A child who is 26 or more years old, primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap.

The term "child" means:

- a. your natural child;
- b. your legally adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of your Spouse provided the child is living with, and is financially dependent upon you;
- c. a stepchild born to your Spouse and who is living with and financially dependent upon you;
- d. a child less than 26 years old (unless the child otherwise satisfies the requirement of paragraph 2 above) for whom you are the court-appointed legal guardian and who resides with and is financially dependent upon you.

### **Employee**

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

### **Employer**

The Employer who has subscribed to the Policyholder and for the benefit of whose Employees this policy has been issued. The Employer, named as the Subscriber on the front of this Policy, includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

**Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

**Injury**

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

**Insurability Requirement**

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

**Insured**

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

**Life Status Change**

A Life Status Change is an event recognized by the Employer's Flexible Benefits Plan as qualifying you to make changes in benefit selections at a time other than an Annual Enrollment Period.

If the Employer does not sponsor a Flexible Benefits Plan or if it is no longer in effect, the following events are Life Status Changes.

1. Marriage
2. Divorce, annulment or legal separation
3. Birth or adoption of a child
4. Death of your spouse
5. Termination of your spouse's employment
6. A change in the benefit plan available to your spouse
7. A change in employment status for you or your spouse that affects your eligibility for benefits

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date.

**Sickness**

The term Sickness means a physical or mental illness.

**Spouse**

Your current lawful spouse.

**AMENDATORY RIDER**  
**DOMESTIC PARTNER/CIVIL UNION PARTNER COVERAGE**

Policy No. FLX-966008  
Effective Date: July 1, 2014

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

Domestic Partner/Civil Union Partner means the following:

1. A person with whom the Employee or Former Employee has a registered civil union or domestic partnership under state law which imposes legal obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Domestic Partner or Civil Union Partner unless and until: (1) the civil union or domestic partnership is dissolved under applicable law; or (2) either the Employee or the Domestic Partner/Civil Union Partner marries another person.
2. A person who was legally married to the Employee or Former Employee under the laws of a state permitting marriage of partners of the same sex, where the Employee or Former Employee and Domestic Partner/Civil Union Partner currently reside in a state that does not recognize a valid marriage. This shall not apply if:
  - a. the marriage has been terminated by legal process, or;
  - b. either the Employee or Former Employee or the Domestic Partner/Civil Union Partner has entered into a valid marriage, civil union or domestic partnership under state law.

All references in the policy to "Spouse" shall be changed to read "Spouse, Domestic Partner, and Civil Union Partner" except as follows:

1. The definition of "Spouse" remains unchanged.
2. A Domestic Partner/Civil Union Partner shall be deemed eligible to be enrolled for insurance on the latest of:
  - a. the date of registration under Item 1 of the definition of Domestic Partner/Civil Union Partner;
  - b. the date that the Employee or Former Employee is eligible for insurance under the Policy; or;
  - c. the effective date of this Amendment to the Policy.
3. A child of a Domestic Partner/Civil Union Partner may only be eligible to be insured if:
  - a. the child is primarily dependent on the Employee for financial support;
  - b. the Employee has a legal obligation of support of the child; or
  - c. the Employee is the child's legal guardian.

Any provision of the Policy that otherwise excludes any person who is not legally able to marry the Employee or Former Employee is changed by the following:



In the case of any person of the same sex as the Employee or Former Employee, the exclusion of persons legally able to marry will not apply for the first 12 months that the Employee's or Former Employee's state of residence allows same-sex couples to marry.

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large, stylized 'M' and 'G'.

Matthew G. Manders, President

TL-007153a.FL

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

### **California Residents:**

#### **Conversion Privilege for Life Insurance**

Insured Employees and Insured Spouses may convert to an individual policy of life insurance for an amount not greater than the Conversion Amount shown below when the Policy ends, without regard to any requirement that the person be insured under the policy for a specified period of time, if all of the following apply.

- a. The Insured became Totally Disabled while covered for the Life Benefit of the Policy. Totally Disabled means the person is unable to perform all the material duties of any occupation for which he or she may reasonably be qualified based on training, education and experience.
- b. The Insured remained Totally Disabled until the Policy ended while covered for the Life Benefit of this Policy.
- c. The Policy does not provide a Waiver of Premium, Extended Death Benefit Provision or monthly payments to Totally Disabled Insureds for the Life Benefit.
- d. The person meets all other conditions for converting the insurance.

Conversion Amount - Insured's life insurance amount under the Policy on the date the Policy ends minus the amount for which the Insured is insured under a group policy that provides life coverage to employees of the Insured Employee's Employer covered under this Policy. The dollar limit that applies to the amount for conversion at Policy termination does not apply.

The requirement that the Insured be covered under the Policy for the stated number of years in order to convert life insurance does not apply.

### **Missouri residents:**

#### Applicable to Voluntary Life Insurance Benefits

If an Insured commits suicide, while sane or insane, within 1 year from the date his or her insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to any person covered under the Prior Plan for more than one year. If a person was not insured for one year under the Prior Plan, credit will be given for the time he or she was insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under the same certificate, no refund of premiums will be paid.

### **North Dakota residents:**

The Suicide exclusion, if any, is limited to one year from the effective date of insurance. The suicide exclusion with respect to any increase in death benefits which results from an application of the insured subsequent to the effective date, if any, is limited to one year from the effective date of the increase.





**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a Cigna company**

Class 1  
09/2014



# ATTACHMENT 11

## **Group Life Insurance Certificate**

Florida Virtual School



## IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

### **Arizona, Florida and Maryland residents:**

**The group policy is issued in the state of Delaware and will be governed by its laws. If you reside in a state other than Delaware, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.**

### **Texas residents:**

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

**1-800-547-5515**

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:



ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:

**1-800-252-3439**

Puesde escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**Washington Residents:**

**(In Accordance With WAC 284-23-610, 620, 650, 730)**

The accelerated life benefit in this policy does not and is not intended to qualify as long-term care under Washington state law. Washington state law prevents this accelerated life benefit from being marketed or sold as long-term care.

If an Insured receives payment of accelerated benefits from a life insurance policy, he or she may lose the right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences for the Insured. We cannot give advice about this. The Insured may wish to obtain advice from a tax professional or an attorney before he or she decides to receive accelerated benefits under a life policy.



## NOTICE

**Benefits paid under the Accelerated Benefits provision will reduce the Death Benefit payable for life insurance.**

**Benefits payable under the Accelerated Benefits provision may be taxable. If so, the Employee or the Employee's beneficiary may incur a tax obligation. As with all tax matters, an Employee should consult with a personal tax advisor to assess the impact of this benefit. Accelerated Benefits are not payable if life insurance coverage under the Policy is not in force.**

TL-004788



## **FOREWORD**

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death.

The need for life insurance protection depends on individual circumstances and financial situations. This valuable coverage should add an extra dimension to your personal insurance portfolio.

In an effort to make your benefit program more comprehensive and responsive to your needs, your Employer is providing this insurance to you at no cost.



**LIFE INSURANCE COMPANY OF NORTH AMERICA**

1601 CHESTNUT STREET

PHILADELPHIA, PA 19192-2235

(800) 732-1603 TDD (800) 336-2485

**A STOCK INSURANCE COMPANY**

**GROUP INSURANCE  
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Policy, FLX-966008, to TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY on behalf of Florida Virtual School.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, President





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## **SCHEDULE OF BENEFITS**

**Policy Effective Date:** July 1, 2014

**Policy Anniversary Date:** July 1

**Policy Number:** FLX-966008

### **Class Definition**

You are eligible for insurance if you are a member of the class defined below.

All Retirees of the Employer.

## **LIFE INSURANCE BENEFITS**

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first date the Insured is in Active Service on or after the date of the change in class.

### **Employee Benefits**

Amount of Insurance	\$10,000
Minimum Benefit:	\$10,000
Guaranteed Issue Amount:	\$10,000
Maximum Benefit:	\$10,000
Terminal Illness Benefit	
Maximum Benefit:	\$7,500

TL-004774

## **WHO IS ELIGIBLE**

### **Classes of Eligible Persons**

A person may be insured only once under the Policy as an Employee, even though he or she may be eligible under more than one class.

### **Employee**

If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date.

TL-004710

## **WHEN COVERAGE BEGINS**

You will be insured for an amount not to exceed the Guaranteed Issue Amount on the date you become eligible, if you are not required to contribute to the cost of this insurance.

If an eligible Retired Employee is:

1. an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or
  2. confined to his or her home under the care of a Physician
- on the date insurance would otherwise be effective, it will be effective on the date he or she is no longer an inpatient in these facilities or confined at home. If such Retired Employee was covered by the Prior Plan immediately prior to the Policy Effective Date, this provision will not apply to the amount of coverage in effect as of the Policy Effective Date, but will apply to any increase in coverage.

TL-004712

## **WHEN COVERAGE ENDS**

Coverage will end on the earliest of the following dates.

1. The date you are eligible for coverage under a plan intended to replace this coverage.
2. The date we terminate the Policy.
3. The date you are no longer eligible.
4. The day after the end of the period for which required premiums are paid.
5. The date the Employer cancels participation under the Policy.

TL-004714

## **WHAT IS COVERED**

### **LIFE INSURANCE BENEFITS**

#### **Death Benefit**

If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

TL-004730

#### **Accelerated Benefits**

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.

### ***Terminal Illness Benefit***

We will pay a Terminal Illness Benefit if we determine you are Terminally Ill. The amount of this benefit is up to 75% of the Life Insurance Benefit in effect for you on the date we determine you are Terminally Ill up to the Maximum Benefit Amount shown in your Schedule of Benefits for this option. The Terminal Illness Benefit is payable only once in an Insured's lifetime.

### ***Determination of Terminal Illness***

For the purpose of determining the existence of a Terminal Illness, we will require you to submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to us, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, you to be examined and a review of the documented evidence by a Physician of our choice.

"Terminal Illness" means a person is diagnosed by a Physician to have a prognosis of 12 months or less to live.

TL-004748

### **Conversion Privilege for Life Insurance**

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance we offer to persons of the same age in the amount applied for, except you may not:

1. choose term insurance;
  2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
  3. apply for more than \$10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy.
- Conversion in these cases is only permitted if you have been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:

1. submit an application to us; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by us and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

#### *Extension of Conversion Period*

If an Insured is eligible for conversion insurance and is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Insured will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:

1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
  - a. the Insured's application for conversion insurance has been received by us; and
  - b. the required premium has been paid.

#### *Prior Conversion Limitation*

If an Insured is covered under a life insurance conversion policy previously issued by us, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

TL-009740

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Written notice, or any other electronic/telephonic means authorized by us, of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice, or any other electronic/telephonic means authorized by us, was given as soon as reasonably possible.

### **Claim Forms**

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

### **Claimant Cooperation Provision**

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Insurance Data**

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

**Proof of Loss**

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof, or any other electronic/telephonic means authorized by us, of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

**Time of Payment**

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

**Manner of Payment of Claims**

The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000.00 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

**To Whom Payable**

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. We may reduce the amount payable by any indebtedness due.



All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at your death will, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

### **Change of Beneficiary**

You may change your beneficiary at any time by giving written notice to the Employer or to us. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or us. When this form is received, it will take effect as of the date of the form. If you die before the form is received, we will not be liable for any payment that was made before receipt of the form.

### **Physical Examination and Autopsy**

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

### **Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

### **Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

### **Physician/Patient Relationship**

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

## **ADMINISTRATIVE PROVISIONS**

### **Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place.

### **Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

TL-004722

## **GENERAL PROVISIONS**

### **Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

### **Misstatement of Age**

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

### **Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

### **Assignment of Benefits**

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

### **Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

### **Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

## **DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

### **Employee**

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy. The term includes a retired Employee who satisfies the Class Definition shown in the Schedule of Benefits.

### **Employer**

The Employer who has subscribed to the Policyholder and for the benefit of whose Employees this policy has been issued. The Employer, named as the Subscriber on the front of this Policy, includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

### **Insurance Company**

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

### **Insured**

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

### **Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

### **Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date.

TL-004708

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

### **California Residents:**

#### **Conversion Privilege for Life Insurance**

Insured Employees and Insured Spouses may convert to an individual policy of life insurance for an amount not greater than the Conversion Amount shown below when the Policy ends, without regard to any requirement that the person be insured under the policy for a specified period of time, if all of the following apply.

- a. The Insured became Totally Disabled while covered for the Life Benefit of the Policy. Totally Disabled means the person is unable to perform all the material duties of any occupation for which he or she may reasonably be qualified based on training, education and experience.
- b. The Insured remained Totally Disabled until the Policy ended while covered for the Life Benefit of this Policy.
- c. The Policy does not provide a Waiver of Premium, Extended Death Benefit Provision or monthly payments to Totally Disabled Insureds for the Life Benefit.
- d. The person meets all other conditions for converting the insurance.

Conversion Amount - Insured's life insurance amount under the Policy on the date the Policy ends minus the amount for which the Insured is insured under a group policy that provides life coverage to employees of the Insured Employee's Employer covered under this Policy. The dollar limit that applies to the amount for conversion at Policy termination does not apply.

The requirement that the Insured be covered under the Policy for the stated number of years in order to convert life insurance does not apply.

### **Minnesota residents:**

The following "Continuation of Life Insurance" provision is applicable to Minnesota residents if the Employer has a minimum of 25 Employees who reside in Minnesota, the Minnesota Employees represent at least 25% of all covered Employees under the Policy, and the Policy does not offer Portability.

**Continuation Of Life Insurance** – This provision shall not apply to the extent that the Policy provides for the right of Employees to continue insurance on a direct billed basis following termination of employment (Portability).

This provision shall apply with respect to Employees whose coverage under the Policy is terminated due to: (i) voluntary or involuntary termination or layoff from employment, for any reason other than gross misconduct; or (ii) reduction in hours such that the Employee is not eligible for insurance under the Policy. This provision shall only apply to Employees who, on such date, are Minnesota residents.

For those Employees subject to this provision, life insurance coverage may be continued under the Policy for 18 months or until the date that the Employee becomes covered under another group policy, whichever is shorter. Coverage provided under this provision will also end if the Policy is terminated.

The premium required for continued coverage shall be the premium under the Policy applicable to the Employee's class and amount of coverage. The Employer may charge an additional amount, not to exceed 2% of such premium, for collecting premium contributions from former Employees. The Employer shall notify the Employee of the right to continue and the required premium contribution. The Employee may elect to continue within 60 days of termination by paying the required premium, and may continue coverage in force by paying the required premium, without demand, on a monthly basis, as of the first of each month, to the Employer. Coverage will end at the end of any month in which the Employee has failed to pay premium to the Employer.

If continued coverage remains in force at the end of the 18 month period, or on termination of the Policy, the Employee may choose any conversion right then available under the Policy.

In the event the Employee dies during the 60 day right to elect period without having become insured under another group policy, or dies while continued coverage is in force, the death benefit will be paid to the beneficiary chosen by the Employee under the terms of the Policy.

Continued coverage will include eligible dependents who were covered on the Employee's date of termination, provided the dependent remains eligible as a dependent of the Employee. In the event that the dependent ceases to be eligible, the dependent may choose any conversion right then available under the Policy.

**North Dakota residents:**

The Suicide exclusion, if any, is limited to one year from the effective date of insurance. The suicide exclusion with respect to any increase in death benefits which results from an application of the insured subsequent to the effective date, if any, is limited to one year from the effective date of the increase.



**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a Cigna company**

Class 2  
06/2014



## ATTACHMENT 12

### **Group Life Insurance Certificate**

Florida Virtual School





## IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

### **Arizona, Florida and Maryland residents:**

**The group policy is issued in the state of Delaware and will be governed by its laws. If you reside in a state other than Delaware, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.**

### **Texas residents:**

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

**1-800-547-5515**

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:

ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**Washington Residents:**

**(In Accordance With WAC 284-23-610, 620, 650, 730)**

The accelerated life benefit in this policy does not and is not intended to qualify as long-term care under Washington state law. Washington state law prevents this accelerated life benefit from being marketed or sold as long-term care.

If an Insured receives payment of accelerated benefits from a life insurance policy, he or she may lose the right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences for the Insured. We cannot give advice about this. The Insured may wish to obtain advice from a tax professional or an attorney before he or she decides to receive accelerated benefits under a life policy.



## NOTICE

**Benefits paid under the Accelerated Benefits provision will reduce the Death Benefit payable for life insurance.**

**Benefits payable under the Accelerated Benefits provision may be taxable. If so, the Employee or the Employee's beneficiary may incur a tax obligation. As with all tax matters, an Employee should consult with a personal tax advisor to assess the impact of this benefit. Accelerated Benefits are not payable if life insurance coverage under the Policy is not in force.**

TL-004788



## **FOREWORD**

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death.

The need for life insurance protection depends on individual circumstances and financial situations. Your Employer is offering you the opportunity to purchase this insurance to make your benefit program more comprehensive and responsive to your needs.

The following pages describe the main provisions of the group term life insurance plan available to you.

Any insurance benefit described in the following pages will apply to you only if you have elected that benefit and have authorized payroll deduction for the required premium.





**LIFE INSURANCE COMPANY OF NORTH AMERICA**

1601 CHESTNUT STREET

PHILADELPHIA, PA 19192-2235

(800) 732-1603 TDD (800) 336-2485

**A STOCK INSURANCE COMPANY**

**GROUP INSURANCE  
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Policy, FLX-966008, to TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY on behalf of Florida Virtual School.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large, stylized 'M' and 'G'.

Matthew G. Manders, President



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## **SCHEDULE OF BENEFITS**

**Policy Effective Date:** July 1, 2014

**Policy Anniversary Date:** July 1

**Policy Number:** FLX-966008

### **Class Definition**

You are eligible for insurance if you are a member of the class defined below.

All Employees of the Employer who were insured under the Prior Plan as of June 30, 2013, as on file with the Employer and the Insurance Company.

### **Your Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Policy Effective Date:  
After 60 days of Active Service

If you were hired after the Policy Effective Date:  
After 60 days of Active Service

## **LIFE INSURANCE BENEFITS**

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first date the Insured is in Active Service on or after the date of the change in class.

### **Employee Benefits**

**Amount of Insurance** An amount as on file with the Employer and the Insurance Company.

**Age Based Reductions** When you are age 65 or older, your Basic Life Insurance Benefit will reduce to the percentage shown below:  
65% of the Life Insurance Benefit at age 65  
40% of the Life Insurance Benefit at age 70  
25% of the Life Insurance Benefit at age 75  
25% of the Life Insurance Benefit at age 80  
25% of the Life Insurance Benefit at age 85  
25% of the Life Insurance Benefit at age 95

Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following your attainment of age as specified in schedule above.

**Terminal Illness Benefit**  
**Maximum Benefit:** \$250,000

## **Spouse Benefits**

Amount of Insurance	50% of your Basic and Voluntary Life Insurance Benefits
Age Based Reductions	<p>When your Spouse is age 65 or older, your Spouse's Life Insurance Benefit will reduce to the percentage shown below:</p> <p>65% of the Life Insurance Benefit at age 65 40% of the Life Insurance Benefit at age 70 25% of the Life Insurance Benefit at age 75 25% of the Life Insurance Benefit at age 80 25% of the Life Insurance Benefit at age 85 25% of the Life Insurance Benefit at age 95</p> <p>Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following your attainment of age as specified in schedule above.</p>

Terminal Illness Benefit Maximum Benefit:	75% of the Maximum Benefit applicable to Spouse Voluntary Life Insurance Benefits.
--	--

## **Dependent Child Benefits**

Voluntary Benefit Maximum Benefit:	<p>An amount elected in units of \$5,000 \$10,000</p> <p>The Maximum Benefit for a Dependent Child who is less than 6 months old is \$500.</p>
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All Dependent Child benefits are Guaranteed Issue.

### **Annual Enrollment Period**

#### *For Employees*

During an Annual Enrollment Period, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may increase your Voluntary Life Insurance Benefit of up to 2 units of \$10,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

You may increase coverage for a Benefit in excess of amounts described above, only if you satisfy the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure you.

#### *For Spouses*

During an Annual Enrollment Period, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may elect coverage for your eligible Spouse. If your Spouse is currently insured under the Voluntary Life Insurance portion of this Policy, his or her Voluntary Life Insurance Benefit may be increased up to 2 units of \$5,000, without satisfying the Insurability Requirement. Guaranteed Issue Amounts and Benefit Levels are shown above. Insurance will be effective on the first of the month following the Annual Enrollment Period.

Your Spouse's coverage may be increased for a Benefit in excess of amounts described above, only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure him or her.

Insurance Benefits for you, your Spouse and Dependent Children may be reduced at any time. A request for a Benefit reduction received during an Annual Enrollment Period will become effective on the first of the month following the Annual Enrollment Period. Any other Benefit reduction will be effective on the date the Insurance Company receives the completed change form.

#### Life Status Change

##### *For Employees*

Within 31 days after a Life Status Change, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may increase your Voluntary Life Insurance Benefit as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. If you are eligible for the Voluntary Life Insurance portion of this Policy but have not previously enrolled, you may become insured under the Policy as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

You may increase coverage for a Benefit in excess of amounts described above, only if you satisfy the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure you.

Insurance Benefits for you may be reduced at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.

#### **Former Employee Benefits**

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits allowable to you, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance.  Any amount elected in excess of the Life Insurance Benefits in effect on the date you no longer qualify as an Employee will be effective on the date the Insurance Company agrees in writing to insure you.
Maximum Benefit Period	To Age 70.
Terminal Illness Benefit Maximum Benefit:	\$250,000



### **Spouse of Former Employee Benefits**

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.  Any amount elected in excess of the Life Insurance Benefits in effect on the date your employment with the Employer ends will be effective on the date we agree in writing to insure him or her.
Maximum Benefit Period	To Age 70.
Terminal Illness Benefit Maximum Benefit:	75% of the Maximum Benefit applicable to Spouse Voluntary Life Insurance Benefits.

### **Former Spouse Benefits**

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse.  Any amount elected in excess of the Life Insurance Benefits in effect on the date he or she no longer qualifies as a Spouse will be effective on the date we agree in writing to insure him or her.
Maximum Benefit Period	To Age 70
Terminal Illness Benefit Maximum Benefit:	75% of the Maximum Benefit applicable to Spouse Voluntary Life Insurance Benefits.

### **Former Dependent Child Benefits**

Amount of Insurance	Units of \$25,000
Guaranteed Issue Amount:	\$25,000
Maximum Benefit:	\$50,000
Maximum Benefit Period	To Age 70

TL-004774

## WHO IS ELIGIBLE

### Classes of Eligible Persons

A person may be insured only once under the Policy as an Employee, Spouse or Dependent Child, even though he or she may be eligible under more than one class.

### Employee

If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date, or the day after you complete the applicable Eligibility Waiting Period, if later. The Eligibility Waiting Period will not apply if you are in Active Service on the Policy Effective Date and you satisfied the Eligibility Waiting Period, if any, of the Prior Plan. Credit will be given for any time you satisfied.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Employee who is rehired, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period, if insurance ends because you are no longer in a Class of Eligible Employees, but continue to be employed by the Employer, and within one year you become a member of an eligible class.

### Spouse

Your Spouse is eligible to be insured on the date you are eligible or the date he or she becomes your Spouse, if later. You must be insured for Voluntary Life Insurance in order to elect spouse coverage.

For eligibility purposes, your Spouse must be a lawful Spouse and not legally separated from, divorced from, or widowed by you.

### Dependent Child

Your Dependent Child is eligible to be insured on the date you are eligible or the date the child becomes a Dependent Child, if later.

In no event will a Dependent Child be eligible to be insured more than once under the Policy.

TL-004710

## WHEN COVERAGE BEGINS

If you are required to contribute to the cost of this insurance, you may elect insurance for yourself, your Spouse and Dependent Children only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of this insurance depends on the date and amount of insurance elected.

If you elect coverage within 31 days after you become eligible to enroll or increase coverage, the Guaranteed Issue Amount will be effective on the latest of the following dates:

1. The Policy Effective Date.
2. The date you authorize payroll deduction for this insurance.
3. The date the Employer or Insurance Company receives the completed enrollment form.

If we receive your enrollment form more than 31 days after you become eligible to elect coverage, insurance is effective on the date we agree in writing to provide this coverage. We will require you and your Spouse to satisfy the Insurability Requirement before we agree to insure you.

If coverage for a Dependent Child is in force and another Dependent Child becomes eligible, coverage for that child is effective on the date he or she qualifies as a Dependent Child.

If you are not in Active Service on the date insurance would otherwise go into effect, it will be effective on the date you return to Active Service.

If an eligible Spouse or Dependent Child is:

1. an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or
  2. confined to his or her home under the care of a Physician
- on the date insurance would otherwise be effective, it will be effective on the date he or she is no longer an inpatient in these facilities or confined at home. If such Spouse or Dependent Child was covered by the Prior Plan immediately prior to the Policy Effective Date, this provision will not apply to the amount of coverage in effect as of the Policy Effective Date, but will apply to any increase in coverage. This does not apply to a Dependent Child who is age 6 months or less.

TL-004712

### **Takeover Provision**

*Special Terms Applicable to Previously Insured Employees Not in Active Service*

If you are not in Active Service on the Policy Effective Date, you are not covered under the Policy.

However, We agree to provide a death benefit equal to the lesser of:

1. the amount due under this Policy (without regard to the Active Service provision), or
2. the amount that would have been due under the Prior Plan had it remained in force.

The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:

1. the date you meet the Active Service requirements;
2. the date insurance terminates for one of the reasons stated in the When Coverage Ends provision;
3. 12 months after the Policy Effective Date; or
4. the last day you would have been covered under the Prior Plan if that plan was still in force.

TL-009020

### **WHEN COVERAGE ENDS**

Coverage will end on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date we terminate the Policy;
3. the date you, your Spouse or Dependent Children are no longer in an eligible class;
4. the date coinciding with the end of the last period for which required premiums are paid;
5. the date you are no longer in Active Service;
6. for an Employee, Spouse or Dependent Child, the date the Employer cancels participation under the Policy; and
7. the date your coverage ends, for any insured Spouse or Dependent Child.

TL-004714

## WHEN COVERAGE CONTINUES

### **Continuation for Temporary Leave of Absence or Family Medical Leave**

If you are an Employee and your Active Service ends due to an Employer approved unpaid leave of absence or family medical leave, your insurance will continue if the required premium is paid.

In these circumstances, your insurance may continue as follows.

1. For an Employer approved unpaid leave of absence, up to the end of the month in which the leave begins.
2. For an Employer approved family medical leave, up to the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed.

### **Continuation for Disability for Employees over Age 60**

If you become Disabled and are age 60 or over, the Life Insurance Benefits shown in the Schedule of Benefits will be continued, provided premiums are paid, until the earlier of the following dates:

1. The date you are no longer Disabled.
2. The date you are Disabled for 9 consecutive months.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated by us.

#### *Amount of Insurance*

If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

“Disability”/“Disabled” means because of Injury or Sickness you are unable to perform all the material duties of your Regular Occupation; or are receiving disability benefits under the Employer’s plan.

“Regular Occupation” means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### **Extended Death Benefit with Waiver of Premium**

#### *Extended Death Benefit*

If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. The date you are no longer Disabled; or
2. 9 months after the end of your Active Service.

#### *Amount of Insurance*

If you die while you are Disabled and coverage is extended under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

“Disability”/“Disabled” means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation; or are receiving disability benefits under the Employer’s plan.

“Regular Occupation” means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### ***Waiver of Premium***

If you submit satisfactory proof that you have been continuously Disabled for 6 months, coverage will be extended up to age 70.

Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you.

After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if you remain Disabled and submit satisfactory proof that Disability continues. Satisfactory proof must be submitted to us 3 months before the end of the 12-month period.

### ***Amount of Insurance***

If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

### ***Termination of Waiver***

Your insurance will end on the earliest of the following dates.

1. The date you are no longer Disabled;
2. The date you refuse to submit to any physical examination required by us;
3. The last day of the 12-month period of Disability during which you fail to submit satisfactory proof of continued Disability;
4. To Age 70.

“Disability/Disabled” means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation, or are receiving disability benefits under the Employer's plan, during the initial 6 months of Disability. Thereafter, you must be unable to perform all of the material duties of any occupation which you may reasonably become qualified based on education, training or experience, or are subject to the terms of a Rehabilitation Plan approved by the Insurance Company.

“Regular Occupation” means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

### ***Rehabilitation During a Period of Disability***

If the Insurance Company determines that you are a suitable candidate for rehabilitation, the Insurance Company may require you to participate in an assessment and Rehabilitation Plan, not to exceed 18 months, at our expense. The Insurance Company has the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. If you are actively participating in an approved Rehabilitation Plan, your insurance will continue, even though you are not actively at work full time.

“Rehabilitation Plan” means a written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. Rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

“Part-time” means regularly working less than the number of full time hours set by the Employer as a regular work day for Employees in an Eligible Class of Employees in the Policy.

TL-009745 as modified by TL-009745-1.FL

## **Portability Options**

### *For Employees*

If your coverage under the Policy ends prior to age 70, for any of the following reasons:

- a. termination of employment; or
- b. termination of membership in an eligible class under the Policy;

Life Insurance Benefits may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

You must apply to the Insurance Company and pay the required premium. If you continue coverage, coverage for your Spouse or Dependent Child may also be continued by you. Your Spouse or Dependent Child must be covered under the Policy on the date coverage would otherwise end. The application must be submitted:

- a. within 31 days of your termination of employment or membership in an eligible class under the Policy; or
- b. during the time that you have to exercise the Conversion Privilege.

Coverage under this option may not be elected at a later date.

When applying for this option, you must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of your estate.

When coverage is continued under this option, you become a Former Employee. Your Spouse becomes a Spouse of a Former Employee. Your Dependent Child becomes a Dependent Child of a Former Employee.

If you, as a Former Employee, later acquire a Spouse or Dependent Child, you may elect coverage for them. You must apply to the Insurance Company and pay the required premium. Coverage for your Spouse or Dependent Child will be effective on the date we agree in writing to insure them. We may require that your Spouse or Dependent Child satisfy the Insurability Requirement before we agree to insure them.

Coverage will end on the earliest of the following dates.

- a. The date we cancel coverage for all Former Employees.
- b. The end of the period for which premiums are paid.
- c. The date an Insured reaches age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for any Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

### *For Spouses*

If prior to age 70, a Spouse is:

- a. legally separated, divorced; or

- b. widowed

from an insured Employee or Former Employee, Life Insurance Benefits may be continued. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option. The Spouse must apply to the Insurance Company and pay the required premium.

A Spouse who continues coverage may also continue coverage for a Dependent Child. The Dependent Child must be covered under the Policy on the date coverage would otherwise end. A Spouse must elect to continue insurance under this option within 31 days after coverage ends. Coverage may not be elected at a later date.

When applying for this option, a Spouse must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Spouse's estate.

When coverage is continued under this option, the Spouse becomes a Former Spouse. A separate certificate of insurance will be issued to the Former Spouse. Coverage will be effective on the date after coverage as a Spouse ends if the required premium is paid.

Coverage will end on the earliest of the following dates.

- a. The date we cancel coverage for all Former Spouses.
- b. The end of the period for which premiums are paid.
- c. The date the Former Spouse reaches age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for a Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

#### *For Dependent Children*

If a Dependent Child is insured under the Policy and is at least 19 years of age, Life Insurance Benefits may be continued under this option. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The Dependent Child must apply to the Insurance Company and pay the required premium. If a Dependent Child does not elect to continue insurance within 31 days after reaching age 19; or the date he or she no longer qualifies as a Dependent Child, if later, coverage under this option may not be elected at a later date.

When applying for this option, a Dependent Child must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Dependent Child's estate.

When a Dependent Child continues coverage under this option, he or she becomes a Former Dependent Child. A separate certificate of insurance will be issued to the Former Dependent Child. Coverage for a Former Dependent Child will be effective on the following dates.

- a. For any Guaranteed Issue Amount, immediately following the date his or her coverage as a Dependent Child ends, provided the Insurance Company receives the required premium.
- b. For any amount of insurance that exceeds the Guaranteed Issue Amount, the date the Insurance Company agrees in writing to insure him or her. The Insurance Company will require the Former Dependent Child to satisfy the Insurability Requirement before it agrees to insure him or her.

Coverage will end on the earliest of the following dates.

- a. The date we cancel coverage for all Former Dependent Children.
- b. The end of the period for which premiums are paid.
- c. The date the Former Dependent Child is age 70.
- d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

TL-004716 as modified by TL-009330

## **WHAT IS COVERED**

### **LIFE INSURANCE BENEFITS**

#### **Death Benefit**

If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

TL-004730

#### **Accelerated Benefits**

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.

#### ***Terminal Illness Benefit***

We will pay a Terminal Illness Benefit if we determine you or your Spouse are Terminally Ill. The amount of this benefit is up to 75% of the Life Insurance Benefit in effect for you or your Spouse on the date we determine you are Terminally Ill up to the Maximum Benefit Amount shown in your Schedule of Benefits for this option. The Terminal Illness Benefit is payable only once in an Insured's lifetime.

#### ***Determination of Terminal Illness***

For the purpose of determining the existence of a Terminal Illness, we will require you to submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to us, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, you to be examined and a review of the documented evidence by a Physician of our choice.

"Terminal Illness" means a person is diagnosed by a Physician to have a prognosis of 12 months or less to live.

TL-004748



### **Conversion Privilege for Life Insurance**

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance we offer to persons of the same age in the amount applied for, except you may not:

1. choose term insurance;
  2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
  3. apply for more than \$10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy.
- Conversion in these cases is only permitted if you have been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:

1. submit an application to us; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by us and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

#### *Extension of Conversion Period*

If an Insured is eligible for conversion insurance and is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Insured will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:

1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
  - a. the Insured's application for conversion insurance has been received by us; and
  - b. the required premium has been paid.

#### *Prior Conversion Limitation*

If an Insured is covered under a life insurance conversion policy previously issued by us, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

TL-009740

### **LIFE INSURANCE EXCLUSIONS**

If an Insured commits suicide, while sane or insane, within 2 years from the date the Insured's insurance under the Policy becomes effective, Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to you if you were covered under the Prior Plan for more than two years. If you were not insured for two years under the Prior Plan, credit will be given for the time you were insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under your certificate, no refund of premiums will be paid.

TL-004752

### **CLAIM PROVISIONS**

#### **Notice of Claim**

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Written notice, or any other electronic/telephonic means authorized by us, of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice, or any other electronic/telephonic means authorized by us, was given as soon as reasonably possible.

#### **Claim Forms**

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

#### **Claimant Cooperation Provision**

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

#### **Insurance Data**

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

**Proof of Loss**

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof, or any other electronic/telephonic means authorized by us, of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

**Time of Payment**

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

**Manner of Payment of Claims**

The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000.00 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

**To Whom Payable**

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. We may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at your death will, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

### **Change of Beneficiary**

You may change your beneficiary at any time by giving written notice to the Employer or to us. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or us. When this form is received, it will take effect as of the date of the form. If you die before the form is received, we will not be liable for any payment that was made before receipt of the form.

### **Physical Examination and Autopsy**

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

### **Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

### **Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

### **Physician/Patient Relationship**

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

## **ADMINISTRATIVE PROVISIONS**

### **Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

### **Your Grace Period**

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

**Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

**Reinstatement of Insurance**

Your coverage may be reinstated without satisfying the Insurability Requirement, if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within 31 days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.

1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send us a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

TL-004722

**GENERAL PROVISIONS****Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

**Misstatement of Age**

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

**Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

**Assignment of Benefits**

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

**Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

**Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

**DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

**Accident**

The term Accident means a sudden, unforeseeable external event that causes you bodily Injury and occurs while your coverage is in force under the Policy.

**Active Service**

If you are an Employee, you are in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are actively at work. This means you are performing your regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days.

You are considered in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

**Annual Compensation**

Annual Compensation means an Employee's annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation.

**Dependent Child**

Your unmarried child if he or she meets the following requirements:

1. A child from live birth to 26 years old;
2. A child who is 26 or more years old, primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap.

The term "child" means:

- a. your natural child;
- b. your legally adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of your Spouse provided the child is living with, and is financially dependent upon you;
- c. a stepchild born to your Spouse and who is living with and financially dependent upon you;
- d. a child less than 26 years old (unless the child otherwise satisfies the requirement of paragraph 2 above) for whom you are the court-appointed legal guardian and who resides with and is financially dependent upon you.

**Employee**

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

**Employer**

The Employer who has subscribed to the Policyholder and for the benefit of whose Employees this policy has been issued. The Employer, named as the Subscriber on the front of this Policy, includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

**Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

**Injury**

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

**Insurability Requirement**

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

**Insured**

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

**Life Status Change**

A Life Status Change is an event recognized by the Employer's Flexible Benefits Plan as qualifying you to make changes in benefit selections at a time other than an Annual Enrollment Period.

If the Employer does not sponsor a Flexible Benefits Plan or if it is no longer in effect, the following events are Life Status Changes.

1. Marriage
2. Divorce, annulment or legal separation
3. Birth or adoption of a child
4. Death of your spouse
5. Termination of your spouse's employment
6. A change in the benefit plan available to your spouse
7. A change in employment status for you or your spouse that affects your eligibility for benefits

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date.

**Sickness**

The term Sickness means a physical or mental illness.

**Spouse**

Your current lawful spouse.

TL-004708 (as modified by TL-010150)



**AMENDATORY RIDER**  
**DOMESTIC PARTNER/CIVIL UNION PARTNER COVERAGE**

Policy No. FLX-966008  
Effective Date: July 1, 2014

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

Domestic Partner/Civil Union Partner means the following:

1. A person with whom the Employee or Former Employee has a registered civil union or domestic partnership under state law which imposes legal obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Domestic Partner or Civil Union Partner unless and until: (1) the civil union or domestic partnership is dissolved under applicable law; or (2) either the Employee or the Domestic Partner/Civil Union Partner marries another person.
2. A person who was legally married to the Employee or Former Employee under the laws of a state permitting marriage of partners of the same sex, where the Employee or Former Employee and Domestic Partner/Civil Union Partner currently reside in a state that does not recognize a valid marriage. This shall not apply if:
  - a. the marriage has been terminated by legal process, or;
  - b. either the Employee or Former Employee or the Domestic Partner/Civil Union Partner has entered into a valid marriage, civil union or domestic partnership under state law.

All references in the policy to "Spouse" shall be changed to read "Spouse, Domestic Partner, and Civil Union Partner" except as follows:

1. The definition of "Spouse" remains unchanged.
2. A Domestic Partner/Civil Union Partner shall be deemed eligible to be enrolled for insurance on the latest of:
  - a. the date of registration under Item 1 of the definition of Domestic Partner/Civil Union Partner;
  - b. the date that the Employee or Former Employee is eligible for insurance under the Policy; or;
  - c. the effective date of this Amendment to the Policy.
3. A child of a Domestic Partner/Civil Union Partner may only be eligible to be insured if:
  - a. the child is primarily dependent on the Employee for financial support;
  - b. the Employee has a legal obligation of support of the child; or
  - c. the Employee is the child's legal guardian.

Any provision of the Policy that otherwise excludes any person who is not legally able to marry the Employee or Former Employee is changed by the following:

In the case of any person of the same sex as the Employee or Former Employee, the exclusion of persons legally able to marry will not apply for the first 12 months that the Employee's or Former Employee's state of residence allows same-sex couples to marry.

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large, stylized 'M' and 'G'.

Matthew G. Manders, President

TL-007153a.FL

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

### **California Residents:**

#### **Conversion Privilege for Life Insurance**

Insured Employees and Insured Spouses may convert to an individual policy of life insurance for an amount not greater than the Conversion Amount shown below when the Policy ends, without regard to any requirement that the person be insured under the policy for a specified period of time, if all of the following apply.

- a. The Insured became Totally Disabled while covered for the Life Benefit of the Policy. Totally Disabled means the person is unable to perform all the material duties of any occupation for which he or she may reasonably be qualified based on training, education and experience.
- b. The Insured remained Totally Disabled until the Policy ended while covered for the Life Benefit of this Policy.
- c. The Policy does not provide a Waiver of Premium, Extended Death Benefit Provision or monthly payments to Totally Disabled Insureds for the Life Benefit.
- d. The person meets all other conditions for converting the insurance.

Conversion Amount - Insured's life insurance amount under the Policy on the date the Policy ends minus the amount for which the Insured is insured under a group policy that provides life coverage to employees of the Insured Employee's Employer covered under this Policy. The dollar limit that applies to the amount for conversion at Policy termination does not apply.

The requirement that the Insured be covered under the Policy for the stated number of years in order to convert life insurance does not apply.

### **Missouri residents:**

#### Applicable to Voluntary Life Insurance Benefits

If an Insured commits suicide, while sane or insane, within 1 year from the date his or her insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to any person covered under the Prior Plan for more than one year. If a person was not insured for one year under the Prior Plan, credit will be given for the time he or she was insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under the same certificate, no refund of premiums will be paid.

### **North Dakota residents:**

The Suicide exclusion, if any, is limited to one year from the effective date of insurance. The suicide exclusion with respect to any increase in death benefits which results from an application of the insured subsequent to the effective date, if any, is limited to one year from the effective date of the increase.



**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a Cigna company**

Class 3  
06/2014



## ATTACHMENT 13

# Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235  
A Stock Insurance Company

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### GROUP ACCIDENT POLICY

<b>POLICYHOLDER:</b>	Trustee of the Group Insurance Trust for Employers in the Services Industry
<b>POLICY NUMBER:</b>	OK 967565
<b>POLICY EFFECTIVE DATE:</b>	July 1, 2014
<b>POLICY ANNIVERSARY DATE:</b>	July 1
<b>STATE OF ISSUE:</b>	Delaware

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 AM on the Policy Effective Date shown above at the Policyholder's address. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

**THIS IS A GROUP ACCIDENT ONLY INSURANCE POLICY.  
IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.**

**THIS IS A LIMITED POLICY.  
PLEASE READ IT CAREFULLY.**



Scott Kern, Corporate Secretary



Matthew G. Manders, President

Countersigned \_\_\_\_\_  
Where Required By Law

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GA-00-1000.00

## **SCHEDULE OF AFFILIATES**

The following affiliates are covered under this Policy on the effective dates listed below.

<b><u>AFFILIATE NAME</u></b>	<b><u>LOCATION</u></b>	<b><u>EFFECTIVE DATE</u></b>
None		
GA-00-1000.00		



## SCHEDULE OF BENEFITS

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*This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.*

**The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. Please read the *Description of Coverages and Benefits* Section for full details.**

**Subscriber:** Florida Virtual School

**Effective Date of Subscriber Participation:** July 1, 2014

**Covered Classes:**

Class 1	All active, full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.
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## **SCHEDULE OF BENEFITS FOR CLASS 1**

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**This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided in this Policy for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.**

### **Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date: After 60 days of Active Service.

For Employees hired after the Policy Effective Date: After 60 days of Active Service.

### **Time Period for Loss:**

Any Covered Loss must occur within: 365 days of the Covered Accident

### **Maximum Age for Insurance:**

None

## **BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Employee Principal Sum: \$40,000

## **SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12 <sup>th</sup> month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

**Age Reductions**

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
65 but less than 70	65%
70 but less than 75	40%
75 or over	25%

Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Covered Person's attainment of age as specified in schedule above.

**ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES**

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

**EXPOSURE AND DISAPPEARANCE COVERAGE**

Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

**ADDITIONAL ACCIDENT BENEFITS**

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

**COMMON CARRIER BENEFIT**

100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of \$40,000

**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit	10% of the Principal Sum subject to a Maximum Benefit of \$4,000
Airbag Benefit	40% of the Principal Sum subject to a Maximum Benefit of \$4,000
Default Benefit	\$1,000

**INITIAL PREMIUM RATES**

Premium Rate:	<u>Basic Insurance</u>
	Employee Rate: \$0.018 per \$1,000
Mode of Premium Payment:	Monthly
Contributions:	The cost of the coverage is paid by the Subscriber
Premium Due Dates:	The Policy Effective Date and the first day of each succeeding modal period

Premium rates are subject to change in accordance with the *Changes in Premium Rates* section contained in the *Administrative Provisions* section of this Policy.

GA-00-1100.00

## GENERAL DEFINITIONS

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Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

<b>Active Service</b>	<p>An Employee will be considered in Active Service with his employer on any day that is either of the following:</p> <ol style="list-style-type: none"><li>1. one of the Employer's scheduled work days on which the Employee is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires the Employee to travel;</li><li>2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.</li></ol>
<b>Age</b>	<p>A Covered Person's Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. Thereafter, it is his Age attained on his last birthday.</p>
<b>Aircraft</b>	<p>A vehicle which:</p> <ol style="list-style-type: none"><li>1. has a valid certificate of airworthiness; and</li><li>2. is being flown by a pilot with a valid license to operate the Aircraft.</li></ol>
<b>Covered Accident</b>	<p>A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:</p> <ol style="list-style-type: none"><li>1. occurs while the Covered Person is insured under this Policy;</li><li>2. is not contributed to by disease, Sickness, mental or bodily infirmity;</li><li>3. is not otherwise excluded under the terms of this Policy.</li></ol>
<b>Covered Injury</b>	<p>Any bodily harm that results directly and independently of all other causes from a Covered Accident.</p>
<b>Covered Loss</b>	<p>A loss that is all of the following:</p> <ol style="list-style-type: none"><li>1. the result, directly and independently of all other causes, of a Covered Accident;</li><li>2. one of the Covered Losses specified in the <i>Schedule of Covered Losses</i>;</li><li>3. suffered by the Covered Person within the applicable time period specified in the <i>Schedule of Benefits</i>.</li></ol>
<b>Covered Person</b>	<p>An eligible person, as defined in the <i>Schedule of Benefits</i>, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force.</p>
<b>Employee</b>	<p>For eligibility purposes, an Employee of the Employer who is in one of the Covered Classes.</p>
<b>Employer</b>	<p>The Subscriber and any affiliates, subsidiaries or divisions shown in the <i>Schedule of Covered Affiliates</i> and which are covered under this Policy on the date of issue or subsequently agreed to by Us.</p>
<b>He, His, Him</b>	<p>Refers to any individual, male or female.</p>

<b>Hospital</b>	<p>An institution that meets all of the following:</p> <ol style="list-style-type: none"> <li>1. it is licensed as a Hospital pursuant to applicable law;</li> <li>2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;</li> <li>3. it is managed under the supervision of a staff of medical doctors;</li> <li>4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);</li> <li>5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;</li> <li>6. it charges for its services.</li> </ol> <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> <li>1. rehabilitation, convalescent, custodial, educational or nursing care;</li> <li>2. the aged, drug addicts or alcoholics;</li> <li>3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.</li> </ol>
<b>Inpatient</b>	<p>A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term 'Inpatient' shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.</p>
<b>Nurse</b>	<p>A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:</p> <ol style="list-style-type: none"> <li>1. employed or retained by the Subscriber;</li> <li>2. living in the Covered Person's household; or</li> <li>3. a parent, sibling, spouse or child of the Covered Person.</li> </ol>
<b>Outpatient</b>	<p>A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.</p>
<b>Physician</b>	<p>A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:</p> <ol style="list-style-type: none"> <li>1. employed or retained by the Subscriber;</li> <li>2. living in the Covered Person's household;</li> <li>3. a parent, sibling, spouse or child of the Covered Person.</li> </ol>
<b>Prior Plan</b>	<p>The plan of insurance providing similar benefits, sponsored by the Employer in effect immediately prior to this Policy's Effective Date.</p>
<b>Sickness</b>	<p>A physical or mental illness.</p>
<b>Subscriber</b>	<p>Any participating organization that subscribes to the trust to which this Policy is issued.</p>
<b>Totally Disabled or Total Disability</b>	<p>Totally Disabled or Total Disability means either:</p> <ol style="list-style-type: none"> <li>1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or</li> <li>2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.</li> </ol>
<b>We, Us, Our</b>	<p>Life Insurance Company of North America.</p>

## ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

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### Subscriber Effective Date

Accident Insurance Benefits become effective for each Subscriber in consideration of the Subscriber's application, Subscription Agreement and payment of the initial premium when due. Insurance coverage for the Subscriber becomes effective on the Effective Date of Subscriber Participation.

### Eligibility

An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*.

### Effective Date for Individuals

Insurance becomes effective for an eligible Employee, subject to the *Deferred Effective Date* provision below, on the latest of the following dates:

1. the effective date of this Policy;
2. the date the Employee becomes eligible.

### DEFERRED EFFECTIVE DATE

#### Active Service

The effective date of insurance will be deferred for any Employee who is not in Active Service on the date coverage would otherwise become effective. Coverage will become effective on the later of the date he returns to Active Service and the date coverage would otherwise have become effective.

#### Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from:

1. a change in benefits provided by this Policy; or
2. a change in the Employee's Covered Class will take effect on the date of such change.

Increases will take effect subject to any Active Service requirement.

### TERMINATION OF INSURANCE

The insurance on a Covered Person will end on the earliest date below:

1. the date this Policy or insurance for a Covered Class is terminated;
2. the next premium due date after the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. the last day of the last period for which premium is paid;
4. the next premium due date after the Covered Person attains the maximum Age for insurance under this Policy.

Termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

### CONTINUATION OF INSURANCE

#### Continuation for Leave of Absence or Family Medical Leave

Insurance for an Employee may be continued until the earliest of the following dates if: (a) an Employee is on an Employer-approved leave of absence or an Employer-approved family medical leave; and (b) required premium contributions are paid when due.

1. for an Employer-approved leave of absence: the end of the month in which the leave begins.
2. for an Employer-approved family medical leave: up to the later of the period of the approved FMLA leave or the leave period required by law in the state in which the Employee is employed.

GA-00-1300.00

## COMMON EXCLUSIONS

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In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
  - a. except as a passenger on a regularly scheduled commercial airline;
  - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
  - c. being used for:
    - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
    - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
  - d. designed for flight above or beyond the earth's atmosphere;
  - e. an ultra-light or glider;
  - f. being used for the purpose of parachuting or skydiving;
  - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

GA-00-1403.00

## CONVERSION PRIVILEGE

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1. If the Covered Person's insurance or any portion of it ends for any of the following reasons:
  - a. employment or membership ends;
  - b. eligibility ends (except for age for the Employee);the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:
  - a. in \$1,000 increments;
  - b. not less than \$25,000, regardless of the amount of insurance under the group policy; and
  - c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of \$250,000.

The Covered Person must be under age 70 to get a converted policy.

If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.

The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

If the Covered Person has converted his group coverage and later becomes insured under the same group plan as before, he may not convert a second time unless he provides, at his own expense, proof of insurability or proof the prior converted policy is no longer in force.

The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk. If the Covered Person has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

If the Covered Person suffers a Covered Loss or dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended; or, if later, the date application is made.

### **Exclusions**

The converted policy may exclude the hazards or conditions that apply to the Covered Person's group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy or, any group accident insurance issued to the Employer which the Group Policy replaced, for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
  - a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
  - b. \$10,000.



**Extension of Conversion Period**

If the Covered Person is eligible to convert and is not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. The Covered Person will have 15 days from the date notice is given to apply for a converted policy or certificate. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Covered Person by the Subscriber or mailed to the Covered Person's last known address as reported by the Subscriber.

If the Covered Person sustains a Covered Loss or dies during the extended conversion period, but more than 31 days after his coverage under the Group Policy terminates, benefits will not be paid under the Group Policy. If the Covered Person's application for a converted policy or certificate is received by Us and the required premium is paid, benefits may be payable under the converted policy or certificate.

GA-01-1505.00

## CLAIM PROVISIONS

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### **Notice of Claim**

Written or authorized electronic/telephonic notice of claim must be given to Us within 31 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us at Our Home Office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Subscriber's name and policy number and the Covered Person's name, address, policy and certificate number.

### **Claim Forms**

We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

### **Claimant Cooperation Provision**

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### **Proof of Loss**

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

### **Time of Payment of Claims**

We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

### **Manner of Payment of Claims**

The Subscriber authorizes that any benefit payment due as a lump sum of \$5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

### **Payment of Claims**

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

**Payment of Claims to Foreign Employees**

The Subscriber may, in a fiduciary capacity, receive and hold any benefits payable to covered Employees whose place of employment is other than the United States of America.

We will not be responsible for the application or disposition by the Subscriber of any such benefits paid. Our payments to the Subscriber will constitute a full discharge of Our liability for those payments under this Policy.

**Physical Examination and Autopsy**

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions**

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

**Beneficiary**

The beneficiary is the person or persons the Employee names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Subscriber. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Employee executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Employee has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Employee dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:

1. spouse;
2. child or children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

**Recovery of Overpayment**

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

GA-00-1600.00 as modified by RA-GA-1000.00

## ADMINISTRATIVE PROVISIONS

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### **Premiums**

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect. If a Covered Person's insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day after the reduction took place.

### **Changes in Premium Rates**

We may change the premium rates from time to time with at least 31 days advance written notice to the Subscriber. No change in rates will be made until 36 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the terms of the Subscriber's participation change;
3. a division, subsidiary, affiliated company or eligible class is added or deleted from this Policy;
4. there is a change in the factors bearing on the risk assumed;
5. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

### **Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

### **Payment of Premium**

The first premium is due on the Subscriber's effective date of participation under this Policy. Thereafter, premiums are due on the Premium Due Dates agreed upon between Us and the Subscriber. If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the Premium Due Date on which premium was not paid.

### **Grace Period**

A Grace Period of 31 days will be granted to each Subscriber for payment of required premiums under this Policy. A Subscriber's participation under this Policy will remain in effect during the Grace Period. The Subscriber is liable to Us for any unpaid premium for the time its participation under this Policy was in force.

GA-00-1701.00 as modified by RA-GA-1000.00

## GENERAL PROVISIONS

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### **Entire Contract; Changes**

This Policy, including the endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

### **Subscriber Participation Under This Policy**

An organization may elect to participate under this Policy by submitting a signed Subscriber participation agreement to the Policyholder. No participation by an organization is in effect until approved by Us.

### **Misstatement of Fact**

If the Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

### **Certificates**

Where required by law, We will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

### **30 Day Right To Examine Certificate**

If a Covered Person does not like the Certificate for any reason, it may be returned to Us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

### **Multiple Certificates**

The Covered Person may have in force only one certificate at a time under this Policy. If at any time the Covered Person has been issued more than one certificate, then only the largest shall be in effect. We will refund premiums paid for the others for any period of time that more than one certificate was issued.

### **Assignment**

We will be bound by an assignment of a Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy and the Covered Person's certificate remains in force.

### **Incontestability**

#### **1. Of This Policy or Participation Under This Policy**

All statements made by the Subscriber to obtain this Policy or to participate under this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Subscriber.

After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

#### **2. Of A Covered Person's Insurance**

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

**Policy Termination**

We may terminate coverage on or after the first anniversary of the policy effective date. The Subscriber may terminate coverage on any premium due date. Written or authorized electronic notice must be given at least 31 days prior to such premium due date.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

**Reinstatement**

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Subscriber satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid.

**Clerical Error**

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

**Conformity with Statutes**

Any provisions in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

**Policy Changes**

We may agree with the Subscriber to modify a plan of benefits without the Covered Person's consent.

**Workers' Compensation Insurance**

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

**Examination of the Policy**

This Group Policy will be available for inspection at the Subscriber's office during regular business hours.

**Examination of Records**

We will be permitted to examine all of the Subscriber's records relating to this Group Policy. Examination may occur at any reasonable time while the Group Policy is in force; or it may occur:

1. at any time for two years after the expiration of this Group Policy; or, if later,
2. upon the final adjustment and settlement of all Group Policy claims.

The Subscriber is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the Subscriber will not be considered Our actions.

**Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

GA-00-1800.00

## DESCRIPTION OF COVERAGES AND BENEFITS

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*This Description of Coverages and Benefits Section describes the Accident Coverages and Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit maximums are shown in the Schedule of Benefits. Certain words capitalized in the text of these descriptions have special meanings within this Policy and are defined in the General Definitions section. Please read these and the Common Exclusions sections in order to understand all of the terms, conditions and limitations applicable to these coverages and benefits.*

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

**Covered Loss** We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

### Definitions

**Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

**Loss of Sight** means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

**Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Loss of Toes** means complete Severance through the metatarsalphalangeal joint.

**Paralysis or Paralyzed** means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

**Quadriplegia** means total Paralysis of both upper and both lower limbs.

**Hemiplegia** means total Paralysis of the upper and lower limbs on one side of the body.

**Paraplegia** means total Paralysis of both lower limbs or both upper limbs.

**Uniplegia** means total Paralysis of one upper or one lower limb.

**Coma** means a profound state of unconsciousness which resulted directly and independently from all other causes from a Covered Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.

**Severance** means the complete and permanent separation and dismemberment of the part from the body.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* section.  
GA-00-2100.00

#### **ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES**

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Covered Losses* and will not be paid in addition to any other Accidental Death and Dismemberment benefits payable.

#### **EXPOSURE AND DISAPPEARANCE COVERAGE**

Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

**Exclusions** The exclusions that apply to this coverage are in the *Common Exclusions* Section.  
GA-00-2202.00

#### **ADDITIONAL ACCIDENT BENEFITS**

Accidental Death and Dismemberment benefits are provided under the following Additional Benefits. Any benefits payable under them will be paid in addition to any other Accidental Death and Dismemberment benefit payable.

#### **COMMON CARRIER BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits* if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs while riding as a fare-paying passenger in, or being struck by, a Common Carrier. Riding includes getting into and out of the Common Carrier.

**Definition** For purposes of this benefit:

**Common Carrier** means:

1. a public conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* Section.  
GA-00-2225.00

#### **SEATBELT AND AIRBAG BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits*, subject to the conditions and exclusions described below, when the Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person's beneficiary.



**Definitions**

For purposes of this benefit:

**Supplemental Restraint System** means an airbag that inflates upon impact for added protection to the head and chest areas.

**Automobile** means a self-propelled, private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highway of any state or country.

Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

**Exclusions**

The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2251.00

**MODIFYING PROVISIONS AMENDMENT**

Subscriber: Florida Virtual School

Policy No.: OK 967565

Amendment Effective Date: July 1, 2014

This amendment is attached to and made part of the Policy specified above and the Certificates issued under it. Its provisions are intended to conform this Policy to the laws of the state in which the insured resides.

The Policy and any Certificates delivered under the Group Policy are amended as follows:

**Arkansas residents:**

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

**Connecticut residents:**

1. The following benefit is added to the *Schedule of Benefits* section:

**AMBULANCE BENEFIT**

Basic Benefit

Equal to the lesser of billed charges or rate established by the CT  
Dept. of Public Health

2. In the *General Definitions* section the definition of Hospital and Totally Disabled are replaced with the following:

**Hospital**

An institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

**Totally Disabled or  
Total Disability**

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or

2. inability of the Covered Person who is not currently employed to perform the normal activities of a person of like age and sex and who is under the regular care of a Physician who certifies that such person is Totally Disabled.
3. In the *Eligibility and Effective Date Provisions*, the Eligibility section is replaced with the following:

**Eligibility**

An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time. However, this limitation will not apply when the Employee and the Spouse are employed by the same Employer and by reason to their employment are both participating in a group insurance plan.

4. In the *General Provisions* section, the following provision is replaced:

**Incontestability**

1. Of This Policy or Participation Under This Policy

All statements made by the Subscriber to participate under this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Subscriber.

After two years from the Policy Effective Date, no such statement will cause this Policy to be contested.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

5. The following benefit is added to the *Description of Benefits* section:

**AMBULANCE BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if the Covered Person requires ambulance services due to a Covered Injury resulting directly and independently of all other causes from a Covered Accident.

The Covered Person must be transported by ambulance to a Hospital and admitted as an inpatient. Any payment will be paid directly to the ambulance provider rendering such service if such provider has not received payment for such service from any other source and includes the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes."

In the event any Covered Person is covered under more than one policy, the Hospital Policy will be primary and pay benefits.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2212.07

6. The following Conversion Privilege section applies:

## **Conversion Privilege**

1. If the Covered Person's insurance or any portion of it ends for a reason other than non-payment of premium, the Covered Person's Age or those reasons described in Paragraph 2 below, the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may not apply for an amount greater than his coverage under this Group Policy less the amount of any other group accident insurance for which he becomes eligible within 31 days after the date coverage under this Group Policy terminated. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk.

The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended. If the Covered Person dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
  - a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
  - b. \$10,000.

## **Louisiana residents:**

1. In the *Common Exclusions* section, item 11 is replaced with the following:
  11. voluntary ingestion of any narcotic drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
2. In the *Administrative Provisions* section, the following provision is replaced as follows:

### **Changes in Premium Rates**

We may change the premium rates from time to time with at least 31 days advance written notice to the Subscriber. If the rate increase is twenty percent or more there will be 45 days written notice which may be waived for groups covering one hundred or more persons, provided this is agreed to by Us and the Policyholder. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
  2. the terms of the Subscriber's participation change;
  3. a division, subsidiary, affiliated company or eligible class is added or deleted from this Policy;
  4. there is a change in the factors bearing on the risk assumed;
  5. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
3. In the *General Provisions* section, the following provisions are replaced:

**Policy Termination**

We may terminate coverage on or after the first anniversary of the policy effective date as of any premium due date. Subscriber may terminate coverage on any premium due date. Written notice by certified mail must be given at least 60 days prior to such premium due date. Failure by Subscriber to pay premiums when due or within the grace period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid. Cancellation for nonpayment of premium or failure to meet the requirements for being a group will not be subject to this 60 day requirement.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

**Conformity with Statutes**

Any provisions in conflict with the requirements of Louisiana or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

**Massachusetts residents:**

Under the *Eligibility and Effective Date Provisions* section, the following is added:

**Continuation of Insurance after leaving the group**

If a Covered Person leaves the group covered under the Policy, insurance for such Covered Person will be continued until the earliest of the following dates:

1. 31 days from the date the Covered Person leaves the group;
2. the date the Covered Person becomes eligible for similar benefits.

**Continuation of Insurance due to a Plant Closing or Partial Closing**

If an Employee leaves the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for such Employee will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. the date the Employee becomes eligible for similar benefits.

**Definitions:** For purposes of this provision:

**Plant Closing** means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

**Partial Closing** means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

**Missouri residents:**

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. Under the *General Definitions* section, the definition of *Totally Disabled or Total Disability* means either:
  - a) the inability of the Covered Person who is currently employed to perform the material and substantial duties of the Covered Person's occupation for a period of at least twelve months. After the initial benefit period, total disability shall mean the Covered Person's inability to perform the material and substantial duties of any occupation for which the Covered Person is qualified by education, training or experience; or
  - b) the inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

## Montana residents:

Under the *General Definitions* section, the definition of *Sickness* is replaced with the following:

**Sickness**            A physical or mental illness including pregnancy

## New Hampshire residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. If applicable, the definition of Emergency Room Treatment is replaced with the following:

**Emergency Room Treatment**    Emergency medical services and care given in a Hospital as an out or inpatient, for a sudden, unexpected onset of a medical condition that manifests itself by symptoms of sufficient severity that in the absence of immediate medical attention could be expected to result in any of the following:

1. serious jeopardy to the covered Employee's health;
2. serious impairment to bodily functions; or
3. serious dysfunction of any bodily organ or part.

3. The definition of Hospital is replaced with the following.

**Hospital**                            An institution that meets all of the following:

1. it is operated pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

## South Carolina residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. Under the *Claim Provisions*, the following changes are made.
  - a. The *Claimant Cooperation Provision* does not apply.
  - b. The provision titled *Physical Examination and Autopsy* is replaced with the following:

**Physical Examination and Autopsy**

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending. If an autopsy is performed, it will be in the State of South Carolina and during the period of contestability unless prohibited by law.

- c. The provision titled *Legal Actions* is replaced with the following:

### **Legal Actions**

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.

3. Under the *General Provisions*, the following changes are made.  
The *Multiple Certificates* provision does not apply.

### **South Dakota residents:**

Under the *Common Exclusions* section, the following changes are not permitted:

1. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
2. the Covered Person being Intoxicated. "Intoxicated" means having a blood alcohol level of .08 or higher;
3. the Covered Person operating a motorized vehicle while under the influence of alcohol or drugs as defined according to the laws of the jurisdiction in which the Accident occurred;
4. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
5. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
6. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
7. the Covered Person was driving a Private Passenger Automobile at the time of the Covered Accident that resulted in the Covered Loss; and he was intoxicated, as that term is defined by the laws of the state in which the Covered Accident occurred.

### **Vermont residents:**

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

1. Civil Union Partner means:
  - a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until: (1) the civil union is dissolved under applicable law; or (2) either the Employee or the Civil Union Partner marries another person.
2. Spouse means:
  - a. "Lawful spouse" and includes a lawful spouse of the same sex.
  - b. This also includes a partner to a civil union recognized under Vermont Law.

### **West Virginia residents:**

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. Under the *General Definitions* section, the definition of Hospital does not require that an institution be licensed as a Hospital pursuant to applicable law, but does require that an institution operate pursuant to applicable law.
3. Under the *General Definitions* section, the definition of Totally Disabled or Total Disability is replaced with the following:  
**Totally Disabled or Total Disability**  
Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to perform substantially all of the material duties of his job, or any other job for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

Signed for the  
**Life Insurance Company of North America**

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, President

GA-00-3000.00



**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**Philadelphia, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number OK 967565 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA to the TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Florida Virtual School; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Returned To Life Insurance Company of North America)

**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**Philadelphia, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number OK 967565 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA to the TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE SERVICES INDUSTRY. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Florida Virtual School; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Retained By Florida Virtual School)

# ATTACHMENT 14

## **Group Accident Insurance Certificate**

Florida Virtual School



**IMPORTANT NOTICES  
GROUP ACCIDENT**

If you reside in one of the following states, please read the important notices below:

**Arizona residents:**

**This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.**

**Florida residents:**

**The benefits of the policy providing your coverage are governed primarily by the laws of a state other than Florida.**

**Maryland residents:**

**This Certificate may omit some of the benefits required for a Certificate issued and delivered in Maryland.**

**North Carolina residents:**

**This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but it is issued under a group master policy located in another state and may be governed by that state's law.**

**THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE, WHICH IS AVAILABLE FROM LIFE INSURANCE COMPANY OF NORTH AMERICA.**

**The Policy is a legal contract between the Policyholder and Us.**

**BENEFITS MAY BE REDUCED. PLEASE SEE THE SCHEDULE OF BENEFITS**

**IMPORTANT CANCELLATION INFORMATION – PLEASE READ “POLICY TERMINATION” PROVISION**

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY

THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

**Texas residents:**

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

# **Life Insurance Company of North America**

**1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235**  
**A Stock Insurance Company**

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## **GROUP ACCIDENT CERTIFICATE**

**THIS CERTIFICATE PROVIDES LIMITED COVERAGE.  
PLEASE READ YOUR CERTIFICATE CAREFULLY.**

We, the Life Insurance Company of North America, have issued a Group Policy, OK 967565 to Trustee of the Group Insurance Trust for Employers in the Services Industry.

We certify that we insure all eligible persons who are enrolled according to the terms of the Group Policy. Your coverage will begin according to the terms set forth in the *Eligibility and Effective Date* provision.

This Certificate describes the benefits and basic provisions of your coverage. It is not the insurance contract and does not waive or alter any terms of the Policy. If questions arise, the Policy language will govern. You may examine the Policy at the office of the Subscriber.

This Certificate replaces all prior Certificates issued to you under the Group Policy.



Matthew G. Manders, President

**THIS CERTIFICATE IS ISSUED UNDER AN ACCIDENT ONLY POLICY. IT DOES NOT PAY  
BENEFITS FOR LOSS CAUSED BY SICKNESS.**

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## SCHEDULE OF BENEFITS

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*This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the provisions carefully.*

The *Schedule of Benefits* provides a brief outline of your coverage and benefits. Please read the *Description of Coverages and Benefits* Section for full details.

**Subscriber:** Florida Virtual School

**Effective Date of Subscriber Participation:** July 1, 2014

**Covered Class:** Class 1 - All active, full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.

## SCHEDULE OF BENEFITS

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This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

### Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or  
before the Policy Effective Date: After 60 days of Active Service.

For Employees hired after  
the Policy Effective Date: After 60 days of Active Service.

### Time Period for Loss:

Any Covered Loss must  
occur within: 365 days of the Covered Accident

**Maximum Age for Insurance:** None

## BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum: \$40,000

### **SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12 <sup>th</sup> month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

#### **Age Reductions**

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
65 but less than 70	65%
70 but less than 75	40%
75 or over	25%

Benefits reductions will be effective on the Policy Anniversary Date coinciding with or next following the Covered Person's attainment of age as specified in schedule above.

### **ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES**

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the *Schedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

**EXPOSURE AND DISAPPEARANCE COVERAGE** provides the Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

**ADDITIONAL ACCIDENT BENEFITS**

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

**COMMON CARRIER BENEFIT**

Benefit	100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the <i>Schedule of Covered Losses</i> , subject to a maximum of \$40,000
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**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit	10% of the Principal Sum subject to a Maximum Benefit of \$4,000
Airbag Benefit	40% of the Principal Sum subject to a Maximum Benefit of \$4,000
Default Benefit	\$1,000

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## GENERAL DEFINITIONS

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Please note that certain words used in this Certificate have specific meanings. The words defined below and capitalized within the text of this Certificate have the meanings set forth below.

### **Active Service**

An Employee will be considered in Active Service with the Employer on any day that is either of the following:

1. one of the Employer's scheduled work days on which the Employee is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires the Employee to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.

### **Age**

A Covered Person's Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. Thereafter, it is his Age attained on his last birthday.

### **Aircraft**

A vehicle which:

1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

### **Annual Compensation**

An Employee's annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

### **Covered Accident**

A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, Sickness, mental or bodily infirmity;
3. is not otherwise excluded under the terms of this Policy.

### **Covered Injury**

Any bodily harm that results directly and independently of all other causes from a Covered Accident.

### **Covered Loss**

A loss that is all of the following:

1. the result, directly and independently of all other causes, of a Covered Accident;
2. one of the Covered Losses specified in the *Schedule of Covered Losses*;
3. suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits*.

### **Covered Person**

An eligible person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force.

### **Employee**

For eligibility purposes, an Employee of the Employer who is in one of the Covered Classes.

### **Employer**

The Subscriber and any affiliates, subsidiaries or divisions shown in the *Schedule of Covered Affiliates* and which are covered under this Policy on the date of issue or subsequently agreed to by Us.

### **He, His, Him**

Refers to any individual, male or female.

**Hospital**

An institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

**Inpatient**

A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term 'Inpatient' shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

**Nurse**

A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:

1. employed or retained by the Subscriber;
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

**Outpatient**

A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

**Physician**

A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Subscriber;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of the Covered Person.

**Prior Plan**

The plan of insurance providing similar benefits, sponsored by the Employer in effect immediately prior to this Policy's Effective Date.

**Sickness**

A physical or mental illness.

**Subscriber**

Any participating organization that subscribes to the trust to which this Policy is issued.

**Totally Disabled or Total Disability**

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

**We, Us, Our**

Life Insurance Company of North America.

**You, Your**

The person to whom the certificate is issued.

GA-00-1200.00

## ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

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### Subscriber Effective Date

Accident Insurance Benefits become effective for each Subscriber in consideration of the Subscriber's application, Subscription Agreement and payment of the initial premium when due. Insurance coverage for the Subscriber becomes effective on the Effective Date of Subscriber Participation.

### Eligibility

An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*.

### Effective Date for Individuals

Insurance becomes effective for an eligible Employee, subject to the *Deferred Effective Date* provision below, on the latest of the following dates:

1. the effective date of this Policy;
2. the date the Employee becomes eligible.

### DEFERRED EFFECTIVE DATE

#### Active Service

The effective date of insurance will be deferred for any Employee who is not in Active Service on the date coverage would otherwise become effective. Coverage will become effective on the later of the date he returns to Active Service and the date coverage would otherwise have become effective.

#### Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from:

1. a change in benefits provided by this Policy; or
2. a change in the Employee's Covered Class will take effect on the date of such change.

Increases will take effect subject to any Active Service requirement.

### TERMINATION OF INSURANCE

The insurance on a Covered Person will end on the earliest date below:

1. the date this Policy or insurance for a Covered Class is terminated;
2. the next premium due date after the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. the last day of the last period for which premium is paid;
4. the next premium due date after the Covered Person attains the maximum Age for insurance under this Policy.

Termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

### CONTINUATION OF INSURANCE

#### Continuation for Leave of Absence or Family Medical Leave

Insurance for an Employee and Covered Dependents may be continued until the earliest of the following dates if: (a) an Employee is on an Employer-approved leave of absence or an Employer-approved family medical leave; and (b) required premium contributions are paid when due.

1. for an Employer-approved leave of absence: the end of the month in which the leave begins.
2. for an Employer-approved family medical leave: up to the later of the period of the approved FMLA leave or the leave period required by law in the state in which the Employee is employed.



## COMMON EXCLUSIONS

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In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
  - a. except as a passenger on a regularly scheduled commercial airline;
  - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
  - c. being used for:
    - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
    - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
  - d. designed for flight above or beyond the earth's atmosphere;
  - e. an ultra-light or glider;
  - f. being used for the purpose of parachuting or skydiving;
  - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

GA-00-1403.00

## CONVERSION PRIVILEGE

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1. If the Covered Person's insurance or any portion of it ends for any of the following reasons:
  - a. employment or membership ends;
  - b. eligibility ends (except for age for the Employee or Covered Spouse);the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:
  - a. in \$1,000 increments;
  - b. not less than \$25,000, regardless of the amount of insurance under the group policy; and
  - c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of \$250,000.

The Covered Person must be under age 70 to get a converted policy.

If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.

The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

If the Covered Person has converted his group coverage and later becomes insured under the same group plan as before, he may not convert a second time unless he provides, at his own expense, proof of insurability or proof the prior converted policy is no longer in force.

The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk. If the Covered Person has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

If the Covered Person suffers a Covered Loss or dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended; or, if later, the date application is made.

### **Exclusions**

The converted policy may exclude the hazards or conditions that apply to the Covered Person's group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy or, any group accident insurance issued to the Employer which the Group Policy replaced, for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
  - a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
  - b. \$10,000.

**Extension of Conversion Period**

If the Covered Person is eligible to convert and is not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. The Covered Person will have 15 days from the date notice is given to apply for a converted policy or certificate. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Covered Person by the Subscriber or mailed to the Covered Person's last known address as reported by the Subscriber.

If the Covered Person sustains a Covered Loss or dies during the extended conversion period, but more than 31 days after his coverage under the Group Policy terminates, benefits will not be paid under the Group Policy. If the Covered Person's application for a converted policy or certificate is received by Us and the required premium is paid, benefits may be payable under the converted policy or certificate.

GA-01-1505.00

## CLAIM PROVISIONS

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### Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to Us within 31 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us at Our Home Office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Subscriber's name and policy number and the Covered Person's name, address, policy and certificate number.

### Claim Forms

We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

### Claimant Cooperation Provision

Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### Proof of Loss

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

### Time of Payment of Claims

We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

### Manner of Payment of Claims

The Subscriber authorizes that any benefit payment due as a lump sum of \$5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

### Payment of Claims

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the *Beneficiary* provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

### Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine You when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions**

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

**Beneficiary**

The beneficiary is the person or persons You name or change on a form executed by You and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Subscriber. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date You execute it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless You have specified otherwise. The share of any beneficiary who does not survive You will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if You die while benefits are payable to You, We may make direct payment to the first surviving class of the following classes of persons:

1. spouse;
2. child or children;
3. mother or father;
4. sisters or brothers;
5. your estate.

**Recovery of Overpayment**

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when You die, We may recover the overpayment from Your estate.

GA-00-CE1600.00 as modified by RA-GA-1000.00

## **ADMINISTRATIVE PROVISIONS**

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### **Premiums**

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the Policy, the plan and amounts of insurance in effect. If Your insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day after the reduction took place.

### **Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

GA-00-CE1701.00 as modified by RA-GA-1000.00

## **GENERAL PROVISIONS**

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### **Misstatement of Fact**

If You have misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

### **Multiple Certificates**

You may have in force only one certificate of insurance at a time under this Policy. If at any time You have been issued more than one certificate, then only the largest shall be in effect. We will refund premiums paid for the others for any period of time that more than one certificate was issued.

### **Assignment**

We will be bound by an assignment of a Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy and the Covered Person's certificate remains in force.

### **Incontestability of Your Insurance**

All statements made by You are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

### **Clerical Error**

Insurance for You will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

### **Policy Changes**

We may agree with the Subscriber to modify a plan of benefits without Your consent.

### **Workers' Compensation Insurance**

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

GA-00-CE1800.00

## DESCRIPTION OF COVERAGES AND BENEFITS

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**This Description of Coverages and Benefits** Section describes the Accident Coverages and Benefits provided to You. Benefit amounts, benefit periods and any applicable aggregate and benefit maximums are shown in the *Schedule of Benefits*. Certain words capitalized in the text of these descriptions have special meanings within this Certificate and are defined in the *General Definitions* section. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these coverages and benefits.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

**Covered Loss** We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

**Definitions** **Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

**Loss of Sight** means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

**Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Loss of Toes** means complete Severance through the metatarsalphalangeal joint.

**Paralysis or Paralyzed** means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

**Quadriplegia** means total Paralysis of both upper and both lower limbs.

**Hemiplegia** means total Paralysis of the upper and lower limbs on one side of the body.

**Paraplegia** means total Paralysis of both lower limbs or both upper limbs.

**Uniplegia** means total Paralysis of one upper or one lower limb.

**Coma** means a profound state of unconsciousness which resulted directly and independently from all other causes from a Covered Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.



**Severance** means the complete and permanent separation and dismemberment of the part from the body.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* section.  
GA-00-2100.00

#### **ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES**

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Covered Losses* and will not be paid in addition to any other Accidental Death and Dismemberment benefits payable.

#### **EXPOSURE AND DISAPPEARANCE COVERAGE**

Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

**Exclusions** The exclusions that apply to this coverage are in the *Common Exclusions* Section.  
GA-00-2202.00

#### **ADDITIONAL ACCIDENT BENEFITS**

Accidental Death and Dismemberment benefits are provided under the following Additional Benefits. Any benefits payable under them will be paid in addition to any other Accidental Death and Dismemberment benefit payable.

#### **COMMON CARRIER BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits* if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs while riding as a fare-paying passenger in, or being struck by, a Common Carrier. Riding includes getting into and out of the Common Carrier.

**Definition** For purposes of this benefit **Common Carrier** means:

1. a public conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* Section.  
GA-00-2225.00

#### **SEATBELT AND AIRBAG BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits*, subject to the conditions and exclusions described below, when the Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person's beneficiary.

**Definitions**

For purposes of this benefit:

**Supplemental Restraint System** means an airbag that inflates upon impact for added protection to the head and chest areas.

**Automobile** means a self-propelled, private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highway of any state or country.

Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

**Exclusions**

The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2251.00

**MODIFYING PROVISIONS AMENDMENT**

Subscriber: Florida Virtual School

Policy No.: OK 967565

Amendment Effective Date: July 1, 2014

This amendment is attached to and made part of the Policy specified above and the Certificates issued under it. Its provisions are intended to conform this Policy to the laws of the state in which the insured resides.

The Policy and any Certificates delivered under the Group Policy are amended as follows:

**Arkansas residents:**

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

**Connecticut residents:**

1. The following benefit is added to the *Schedule of Benefits* section:

**AMBULANCE BENEFIT**

Basic Benefit

Equal to the lesser of billed charges or rate established by the CT  
Dept. of Public Health

2. In the *General Definitions* section the definition of Hospital and Totally Disabled are replaced with the following:

**Hospital**

An institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

**Totally Disabled or  
Total Disability**

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or

2. inability of the Covered Person who is not currently employed to perform the normal activities of a person of like age and sex and who is under the regular care of a Physician who certifies that such person is Totally Disabled.
3. In the *Eligibility and Effective Date Provisions*, the Eligibility section is replaced with the following:

**Eligibility**

An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time. However, this limitation will not apply when the Employee and the Spouse are employed by the same Employer and by reason to their employment are both participating in a group insurance plan.

4. In the *General Provisions* section, the following provision is replaced:

**Incontestability**

1. Of This Policy or Participation Under This Policy

All statements made by the Subscriber to participate under this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Subscriber.

After two years from the Policy Effective Date, no such statement will cause this Policy to be contested.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

5. The following benefit is added to the *Description of Benefits* section:

**AMBULANCE BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if the Covered Person requires ambulance services due to a Covered Injury resulting directly and independently of all other causes from a Covered Accident.

The Covered Person must be transported by ambulance to a Hospital and admitted as an inpatient. Any payment will be paid directly to the ambulance provider rendering such service if such provider has not received payment for such service from any other source and includes the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes."

In the event any Covered Person is covered under more than one policy, the Hospital Policy will be primary and pay benefits.

**Exclusions** The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2212.07

6. The following Conversion Privilege section applies:

**Conversion Privilege**

1. If the Covered Person's insurance or any portion of it ends for a reason other than non-payment of premium, the Covered Person's Age or those reasons described in Paragraph 2 below, the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may not apply for an amount greater than his coverage under this Group Policy less the amount of any other group accident insurance for which he becomes eligible within 31 days after the date coverage under this Group Policy terminated. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk.

The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended. If the Covered Person dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
  - a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
  - b. \$10,000.

#### **Louisiana residents:**

1. In the *Common Exclusions* section, item 11 is replaced with the following:
  11. voluntary ingestion of any narcotic drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
2. In the *Administrative Provisions* section, the following provision is replaced as follows:

#### **Changes in Premium Rates**

We may change the premium rates from time to time with at least 31 days advance written notice to the Subscriber. If the rate increase is twenty percent or more there will be 45 days written notice which may be waived for groups covering one hundred or more persons, provided this is agreed to by Us and the Policyholder. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
  2. the terms of the Subscriber's participation change;
  3. a division, subsidiary, affiliated company or eligible class is added or deleted from this Policy;
  4. there is a change in the factors bearing on the risk assumed;
  5. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
3. In the *General Provisions* section, the following provisions are replaced:

#### **Policy Termination**

We may terminate coverage on or after the first anniversary of the policy effective date as of any premium due date. Subscriber may terminate coverage on any premium due date. Written notice by certified mail must be given at least 60 days prior to such premium due date. Failure by Subscriber to pay premiums when due or within

the grace period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid. Cancellation for nonpayment of premium or failure to meet the requirements for being a group will not be subject to this 60 day requirement.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

#### **Conformity with Statutes**

Any provisions in conflict with the requirements of Louisiana or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

#### **Massachusetts residents:**

Under the *Eligibility and Effective Date Provisions* section, the following is added:

##### **Continuation of Insurance after leaving the group**

If a Covered Person leaves the group covered under the Policy, insurance for such Covered Person will be continued until the earliest of the following dates:

1. 31 days from the date the Covered Person leaves the group;
2. the date the Covered Person becomes eligible for similar benefits.

##### **Continuation of Insurance due to a Plant Closing or Partial Closing**

If an Employee leaves the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for such Employee will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. the date the Employee becomes eligible for similar benefits.

**Definitions:** For purposes of this provision:

**Plant Closing** means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

**Partial Closing** means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

#### **Missouri residents:**

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. Under the *General Definitions* section, the definition of *Totally Disabled or Total Disability* means either:
  - a) the inability of the Covered Person who is currently employed to perform the material and substantial duties of the Covered Person's occupation for a period of at least twelve months. After the initial benefit period, total disability shall mean the Covered Person's inability to perform the material and substantial duties of any occupation for which the Covered Person is qualified by education, training or experience; or
  - b) the inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

#### **Montana residents:**

Under the *General Definitions* section, the definition of *Sickness* is replaced with the following:

<b>Sickness</b>	A physical or mental illness including pregnancy
-----------------	--

## New Hampshire residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. If applicable, the definition of Emergency Room Treatment is replaced with the following:

**Emergency Room Treatment**      Emergency medical services and care given in a Hospital as an out or inpatient, for a sudden, unexpected onset of a medical condition that manifests itself by symptoms of sufficient severity that in the absence of immediate medical attention could be expected to result in any of the following:

1. serious jeopardy to the covered Employee's health;
2. serious impairment to bodily functions; or
3. serious dysfunction of any bodily organ or part.

3. The definition of Hospital is replaced with the following.

**Hospital**      An institution that meets all of the following:

1. it is operated pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

## South Carolina residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. Under the *Claim Provisions*, the following changes are made.
  - a. The *Claimant Cooperation Provision* does not apply.
  - b. The provision titled *Physical Examination and Autopsy* is replaced with the following:

**Physical Examination and Autopsy**

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending. If an autopsy is performed, it will be in the State of South Carolina and during the period of contestability unless prohibited by law.

- c. The provision titled *Legal Actions* is replaced with the following:

**Legal Actions**

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.

3. Under the *General Provisions*, the following changes are made.

The *Multiple Certificates* provision does not apply.

### **South Dakota residents:**

Under the *Common Exclusions* section, the following changes are not permitted:

1. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
2. the Covered Person being Intoxicated. "Intoxicated" means having a blood alcohol level of .08 or higher;
3. the Covered Person operating a motorized vehicle while under the influence of alcohol or drugs as defined according to the laws of the jurisdiction in which the Accident occurred;
4. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
5. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
6. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
7. the Covered Person was driving a Private Passenger Automobile at the time of the Covered Accident that resulted in the Covered Loss; and he was intoxicated, as that term is defined by the laws of the state in which the Covered Accident occurred.

### **Vermont residents:**

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

1. Civil Union Partner means:
  - a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until: (1) the civil union is dissolved under applicable law; or (2) either the Employee or the Civil Union Partner marries another person.
2. Spouse means:
  - a. "Lawful spouse" and includes a lawful spouse of the same sex.
  - b. This also includes a partner to a civil union recognized under Vermont Law.

### **West Virginia residents:**

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.
2. Under the *General Definitions* section, the definition of Hospital does not require that an institution be licensed as a Hospital pursuant to applicable law, but does require that an institution operate pursuant to applicable law.
3. Under the *General Definitions* section, the definition of Totally Disabled or Total Disability is replaced with the following:

**Totally Disabled or Total Disability**  
Totally Disabled or Total Disability means either:

  1. inability of the Covered Person who is currently employed to perform substantially all of the material duties of his job, or any other job for which he is or may become qualified by reason of education, training or experience; or
  2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.



Signed for the  
**Life Insurance Company of North America**

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, President

GA-00-3000.00



**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a Cigna company**

**Class 1**

**06/2014**



**EXPERIENCE PRESENTATION FOR:**

**Florida Virtual School**

**Together, all the way**



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**Florida Virtual School**  
**Combined Policies**  
**OK 0967565**  
**As Of 11-12-2018**

**Claims Reported on a Paid Basis**

Policy Year	2014	2015	2016	2017	2018	Total
Earned Premium	14,099	15,210	16,519	14,493	4,945	65,266
Paid Claims	-	-	-	-	-	-
Current Outstanding Claims	-	-	-	-	-	-
IBNR	-	-	-	2,069	1,038	3,107
Total Incurred Claims	-	-	-	2,069	1,038	3,107
Loss Ratio	0.0%	0.0%	0.0%	14.3 %	21.0 %	4.8 %
Total Claims	0	0	0	0	0	0

ATTACHMENT 16

**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the Life Insurance Company of North America, Group Insurance Division's toll-free telephone number for information or to make a complaint at **1-800-441-1832**.

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LIFE INSURANCE COMPANY OF NORTH AMERICA  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19192-2235  
(800) 732-1603 TDD (800) 552-5744  
**A STOCK INSURANCE COMPANY**

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GROUP POLICY

**POLICYHOLDER:** Florida Virtual School


**POLICY NUMBER:** LK-964130

**POLICY EFFECTIVE DATE:** July 1, 2014

**POLICY ANNIVERSARY DATE:** July 1

This Policy describes the terms and conditions of coverage. It is issued in Florida and shall be governed by its laws. The Policy goes into effect on the Policy Effective Date, 12:01 a.m. at the Policyholder's address.

In return for the required premium, the Insurance Company and the Policyholder have agreed to all the terms of this Policy.



Scott Kern, Corporate Secretary



Matthew G. Manders, President

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## **SCHEDULE OF BENEFITS**

**Premium Due Date:** The last day of each month

### **Classes of Eligible Employees**

Class 1 All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.

## **SCHEDULE OF BENEFITS FOR CLASS 1**

### **Eligibility Waiting Period**

For Employees hired on or before the Policy Effective Date: After 60 days of Active Service

For Employees hired after the Policy Effective Date: After 60 days of Active Service

### **Definition of Disability/Disabled**

The Employee is considered Disabled if, solely because of Injury or Sickness, he or she is either:

1. unable to perform any or all of the material and substantial duties of his or her Regular Occupation; or
2. unable to earn 80% or more of his or her Indexed Earnings from working in his or her Regular Occupation.

After Disability Benefits have been payable for 24 months, the Employee is considered Disabled if, solely due to Injury or Sickness, he or she is either:

1. unable to perform any or all of the material and substantial duties of any occupation for which he or she is, or may reasonably become, qualified based on education, training or experience; or
2. unable to earn 80% or more of his or her Indexed Earnings.

Disability benefits may be payable to health care practitioners who have tested positive for human immunodeficiency virus and whose ability to perform his or her occupation has been restricted because of action taken by the applicable state licensing board as a result of such positive test, provided that actual loss of income has occurred.

The Insurance Company will require proof of earnings and continued Disability.

### **Definition of Covered Earnings**

Covered Earnings means an Employee's wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of, if the Employer gives us written notice of the change and the required premium is paid.

It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in an Employee's Covered Earnings will not be effective during a period of continuous Disability.

**Elimination Period** 180 days

**Gross Disability Benefit** The lesser of 60% of an Employee's monthly Covered Earnings rounded to the nearest dollar or the Maximum Disability Benefit.

**Maximum Disability Benefit** \$6,000 per month

**Minimum Disability Benefit** \$50 per month

### **Disability Benefit Calculation**

The Disability Benefit payable to the Employee is figured using the Gross Disability Benefit, Other Income Benefits and the Return to Work Incentive. Monthly Benefits are based on a 30-day month. The Disability Benefit will be prorated if payable for any period less than a month.

During any month the Employee has no Disability Earnings, the monthly benefit payable is the Gross Disability Benefit less Other Income Benefits. During any month the Employee has Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the minimum benefit shown in the Schedule of Benefits except as provided under the section Minimum Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that an Employee receives on his or her own behalf or for dependents, or which the Employee's dependents receive because of the Employee's entitlement to Other Income Benefits.

#### *Return to Work Incentive*

During any month the Employee has Disability Earnings, his or her benefits will be calculated as follows.

The Employee's monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and the Employee has Disability Earnings:

1. Add the Employee's Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to the Employee's Indexed Earnings.
3. If the sum from 1. exceeds 100% of the Employee's Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.
4. The Employee's Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of the Employee's Indexed Earnings, the Employee's Gross Disability Benefit will be reduced by Other Income Benefits.

After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings.

No Disability Benefits will be paid, and insurance will end if the Insurance Company determines the Employee is able to work under a modified work arrangement and he or she refuses to do so without Good Cause.

### **Additional Benefits**

#### *Survivor Benefit*

Amount of Benefit:	100% of the sum of the last full Disability Benefit plus the amount of any Disability Earnings by which the benefit had been reduced for that month.
Maximum Benefit Period	A single lump sum payment equal to 3 monthly Survivor Benefits.

**Maximum Benefit Period**

The later of the Employee's SSNRA\* or the Maximum Benefit Period listed below.

**Age When Disability Begins**

Age 62 or under

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 or older

**Maximum Benefit Period**

The Employee's 65th birthday or the date the 42nd Monthly Benefit is payable, if later.

The date the 36th Monthly Benefit is payable.

The date the 30th Monthly Benefit is payable.

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

\*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

**Initial Premium Rates**

\$.085 per \$100 of Covered Payroll

Covered Payroll for an Employee will mean his or her Covered Earnings for the insurance month prior to the date the determination is made. However, an Employee's Covered Payroll will not include any part of his or her monthly Covered Earnings which exceed \$10,000.

TL-004774

## **ELIGIBILITY FOR INSURANCE**

An Employee in one of the Classes of Eligible Employees shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date, or the day after he or she completes the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

Except as noted in the Reinstatement Provision, if an Employee terminates coverage and later wishes to reapply, or if a former Employee is rehired, a new Eligibility Waiting Period must be satisfied. An Employee is not required to satisfy a new Eligibility Waiting Period if insurance ends because he or she is no longer in a Class of Eligible Employees, but continues to be employed and within one year becomes a member of an eligible class.

TL-004710

## **EFFECTIVE DATE OF INSURANCE**

An Employee will be insured on the date he or she becomes eligible, if the Employee is not required to contribute to the cost of this insurance.

If an Employee is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to any occupation for the Employer on a Full-time basis.

TL-004712

## **TERMINATION OF INSURANCE**

An Employee's coverage will end on the earliest of the following dates:

1. the date the Employee is eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date the Employee is no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date the Employee is no longer in Active Service;
6. the date benefits end for failure to comply with the terms and conditions of the Policy.

Disability Benefits will be payable to an Employee who is entitled to receive Disability Benefits when the Policy terminates, if he or she remains disabled and meets the requirements of the Policy. Any period of Disability, regardless of cause, that begins when the Employee is eligible under another group disability coverage provided by any employer, will not be covered.

TL-007505.00

## **CONTINUATION OF INSURANCE**

This Continuation of Insurance provision modifies the Termination of Insurance provision to allow insurance to continue under certain circumstances if the Insured Employee is no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the Termination of Insurance provisions.

Disability Insurance continues if an Employee's Active Service ends due to a Disability for which benefits under the Policy are or may become payable. Premiums for the Employee will be waived while Disability Benefits are payable. If the Employee does not return to Active Service, this insurance ends when the Disability ends or when benefits are no longer payable, whichever occurs first.

If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of his or her approved FMLA leave or the leave period required by law in the state in which he or she is employed. Premiums are required for this coverage.

If an Employee's Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date the Employee ceases work, insurance will continue for an Employee until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If an Employee's Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, insurance for an Employee will continue until the earlier of:

- a. the date the Employee's employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if an Employee's Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this provision will not apply.

If an Employee's insurance is continued pursuant to this Continuation of Insurance provision, and he or she becomes Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date he or she is scheduled to return to Active Service.

TL-009970.00

## **TAKEOVER PROVISION**

This provision applies only to Employees covered for long term disability coverage on the day prior to the effective date of this Policy under a group disability plan provided by the Policyholder.

- A. The Insurance Company will insure an Employee to which this Takeover Provision applies if he or she would be eligible under the Policy, except for requirements of Active Service, and if required premium is paid.

The Policy will provide coverage as follows:

1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.

2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while the Employee is insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
  2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
  3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
  4. The Employee was in Active Service for more than 14 consecutive days while covered under this Policy; and
  5. The Disability begins within 6 months of the Employee's return to Active Service and the Employee's insurance under this Policy is continuous from this Policy's Effective Date.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply to an Employee covered under a Prior Plan who satisfied the pre-existing condition limitation, if any, under that plan. If an Employee, covered under a Prior Plan, did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

TL-008900

## **DESCRIPTION OF BENEFITS**

The following provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits to each class of Insureds.

### **Disability Benefits**

The Insurance Company will pay Disability Benefits if an Employee becomes Disabled while covered under this Policy. The Employee must satisfy the Elimination Period, be under the Appropriate Care of a Physician, and meet all the other terms and conditions of the Policy. He or she must provide the Insurance Company, at his or her own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

The Insurance Company will require continued proof of the Employee's Disability for benefits to continue.

### **Elimination Period**

The Elimination Period is the period of time an Employee must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

**Disability Benefit Calculation**

The Disability Benefit Calculation is shown in the Schedule of Benefits. Monthly Disability Benefits are based on a 30 day period. They will be prorated if payable for any period less than a month. If an Employee is working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

**Return to Work Incentive**

The Return to Work Incentive is shown in the Schedule of Benefits. An Employee may work for wage or profit while Disabled. In any month in which the Employee works and a Disability Benefit is payable, the Return to Work Incentive applies.

The Insurance Company will, from time to time, review the Employee's status and will require satisfactory proof of earnings and continued Disability.

**Minimum Benefit**

The Insurance Company will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. When Disability Benefits are reduced in order to recover any overpayment, any minimum payment will be applied to any overpayment due to the Insurance Company.

**Other Income Benefits**

An Employee for whom Disability Benefits are payable under this Policy may be eligible for benefits from Other Income Benefits. If so, the Insurance Company may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received\*) by the Employee or his or her dependents under:
  - the Canada and Quebec Pension Plans;
  - the Railroad Retirement Act;
  - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
  - any sick leave or salary continuation plan of the Employer;
  - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits the Employee or any third party receives (or is assumed to receive\*) on his or her own behalf or for his or her dependents; or which his or her dependents receive (or are assumed to receive\*) because of his or her entitlement to such benefits.
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Insurance Company will pay for its pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts received (or assumed to be received\*) by the Employee or his or her dependents under any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury or Sickness arising out of work with the Employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.
6. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.



Dependents include any person who receives (or is assumed to receive\*) benefits under any applicable law because of an Employee's entitlement to benefits.

\*See the Assumed Receipt of Benefits provision.

#### *Increases in Other Income Benefits*

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating the Employee's Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

#### *Lump Sum Payments*

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

#### *Assumed Receipt of Benefits*

The Insurance Company will assume the Employee (and his or her dependents, if applicable) are receiving benefits for which they are eligible from Other Income Benefits. The Insurance Company will reduce the Employee's Disability Benefits by the amount from Other Income Benefits it estimates are payable to the Employee and his or her dependents.

The Insurance Company will waive Assumed Receipt of Benefits, except for Disability Earnings for work the Employee performs while Disability Benefits are payable, if the Employee:

1. provides satisfactory proof of application for Other Income Benefits;
2. signs a Reimbursement Agreement;
3. provides satisfactory proof that all appeals for Other Income Benefits have been made unless the Insurance Company determines that further appeals are not likely to succeed; and
4. submits satisfactory proof that Other Income Benefits were denied.

The Insurance Company will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until the Employee actually receives them.

#### *Social Security Assistance*

The Insurance Company may help the Employee in applying for Social Security Disability Income (SSDI) Benefits, and may require the Employee to file an appeal if it believes a reversal of a prior decision is possible.

The Insurance Company will reduce Disability Benefits by the amount it estimates the Employee will receive, if the Employee refuses to cooperate with or participate in the Social Security Assistance Program.

#### **Recovery of Overpayment**

The Insurance Company has the right to recover any benefits it has overpaid. The Insurance Company may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to it.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when the Employee dies, any benefits payable under the Policy will be reduced to recover the overpayment.

### **Successive Periods of Disability**

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, the Employee returns to work in his or her Regular Occupation for less than 6 consecutive months; and
3. if the Employee earns less than the percentage of Indexed Earnings that would still qualify him or her to meet the definition of Disability/Disabled during at least one month.

Any later period of Disability, regardless of cause, that begins when the Employee is eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, the Employee must satisfy a new Elimination Period.

## **LIMITATIONS**

### **Limited Benefit Periods for Mental or Nervous Disorders**

The Insurance Company will pay Disability Benefits on a limited basis during an Employee's lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)

If, before reaching his or her lifetime maximum benefit, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

### **Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse**

The Insurance Company will pay Disability Benefits on a limited basis during an Employee's lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, before reaching his or her lifetime maximum benefit, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

**Pre-Existing Condition Limitation**

The Insurance Company will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before his or her most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits.

TL-007500.10

**ADDITIONAL BENEFITS****Rehabilitation During a Period of Disability**

If the Insurance Company determines that a Disabled Employee is a suitable candidate for rehabilitation, the Insurance Company may require the Employee to participate in a Rehabilitation Plan and assessment at our expense. The Insurance Company has the sole discretion to approve the Employee's participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. The Insurance Company will work with the Employee, the Employer and the Employee's Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at the Insurance Company's discretion, allow for payment of the Employee's medical expense, education expense, moving expense, accommodation expense or family care expense while he or she participates in the program.

If an Employee fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.10

**Survivor Benefit**

The Insurance Company will pay a Survivor Benefit if an Employee dies while Monthly Benefits are payable. The Employee must have been continuously Disabled before the first benefit is payable. These benefits will be payable for the Maximum Benefit Period for Survivor Benefits.

Benefits will be paid to the Employee's Spouse. If there is no Spouse, benefits will be paid in equal shares to the Employee's surviving Children. If there are no Spouse and no Children, benefits will be paid to the Employee's estate.

"Spouse" means an Employee's lawful spouse. "Children" means an Employee's unmarried children under age 21 who are chiefly dependent upon the Employee for support and maintenance. The term includes a stepchild living with the Employee at the time of his or her death.

TL-005107

## **TERMINATION OF DISABILITY BENEFITS**

Benefits will end on the earliest of the following dates:

1. the date the Insurance Company determines he or she is not Disabled;
2. the end of the Maximum Benefit Period;
3. the date the Employee dies;
4. the date the Employee refuses, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
5. the date the Employee is no longer receiving Appropriate Care;
6. the date the Employee fails to cooperate with the Insurance Company in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Benefits may be resumed if the Employee begins to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

TL-007502.10

## **EXCLUSIONS**

The Insurance Company will not pay any Disability Benefits for a Disability that results, directly or indirectly, from:

1. suicide, attempted suicide, or self-inflicted injury while sane or insane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, the Insurance Company will not pay Disability Benefits for any period of Disability during which the Employee is incarcerated in a penal or correctional institution.

TL-007503.10

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's Name, the Policy Number and the claimant's name and address.

### **Claim Forms**

When the Insurance Company receives notice of claim, the Insurance Company will send claim forms for filing proof of loss. If claim forms are not sent within 15 days after notice is received by the Insurance Company, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by the Insurance Company, of the nature and extent of the loss.

**Claimant Cooperation Provision**

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Insurance Data**

The Employer is required to cooperate with the Insurance Company in the review of claims and applications for coverage. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

**Proof of Loss**

Written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given not more than one year after that 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is provided outside of these time limits, the claim will be denied. These time limits will not apply while the person making the claim lacks legal capacity.

Written proof, or proof by any other electronic/telephonic means authorized by the Insurance Company, that the loss continues must be furnished to the Insurance Company at intervals required by us. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to the Insurance Company.

**Time of Payment**

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which the Insurance Company is liable, will be paid at that time.

**To Whom Payable**

Disability Benefits will be paid to the Employee. If any person to whom benefits are payable is a minor or, in the opinion of the Insurance Company, is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, the Insurance Company may, at its option, make payment to the person or institution appearing to have assumed custody and support.

If an Employee dies while any Disability Benefits remain unpaid, the Insurance Company may, at its option, make direct payment to any of the following living relatives of the Employee: spouse, mother, father, children, brothers or sisters; or to the executors or administrators of the Employee's estate. The Insurance Company may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release the Insurance Company from all liability for any payment made.

**Physical Examination and Autopsy**

The Insurance Company, at its expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. The Insurance Company may, at its expense, require an autopsy unless prohibited by law.

**Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

**Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the Employee lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

**Physician/Patient Relationship**

The Insured will have the right to choose any Physician who is practicing legally. The Insurance Company will in no way disturb the Physician/patient relationship.

TL-004724

**ADMINISTRATIVE PROVISIONS****Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

**Changes in Premium Rates**

The premium rates may be changed by the Insurance Company from time to time with at least 45 days advance written notice. No change in rates will be made until 36 months after the Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, the Insurance Company reserves the right to change the rates even during a period for which the rate is guaranteed, if any of the following events take place.

1. The Policy terms change.
2. A division, subsidiary, eligible company, or class is added or deleted.
3. There is a change of more than 10% in the number of Insureds.
4. Federal or state laws or regulation affecting benefit obligations change.
5. Other changes occur in the nature of the risk that would affect the Insurance Company's original risk assessment.
6. The Insurance Company determines the Employer fails to furnish necessary information.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

**Reporting Requirements**

The Employer must, upon request, give the Insurance Company any information required to determine who is insured, the amount of insurance in force and any other information needed to administer the plan of insurance.

**Payment of Premium**

The first premium is due on the Policy Effective Date. After that, premiums will be due monthly unless the Employer and the Insurance Company agree on some other method of premium payment.

If any premium is not paid when due, the plan will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Notice Of Cancellation**

The Employer or the Insurance Company may cancel the policy as of any Premium Due Date by giving 45 days advance written notice. If a premium is not paid when due, the Policy will automatically be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period**

A Policy Grace Period of 31 days will be granted for the payment of the required premiums under this Policy. This Policy will be in force during the Policy Grace Period. The Employer is liable to the Insurance Company for any unpaid premium for the time this Policy was in force.

**Reinstatement of Insurance**

An Employee's insurance may be reinstated if it ends because he or she is on an unpaid leave of absence. If an Employee's Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, an Employee's insurance may be reinstated at the conclusion of the FMLA leave.

If an Employee's Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. An Employee must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. The Insurance Company must receive a written request for reinstatement within 31 days from the date an Employee returns to Active Service.

Reinstated insurance will be effective on the date the Employee returns to Active Service. If an Employee did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.00

**GENERAL PROVISIONS****Entire Contract**

The entire contract will be made up of the Policy, the application of the Employer, a copy of which is attached to the Policy, and the applications, if any, of the Insureds.

**Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for coverage.

**Misstatement of Age**

If an Insured's age has been misstated, the Insurance Company will adjust all benefits to the amounts that would have been purchased for the correct age.

**Policy Changes**

No change in the Policy will be valid until approved by an executive officer of the Insurance Company. This approval must be endorsed on, or attached to, the Policy. No agent may change the Policy or waive any of its provisions.

**Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

**Certificates**

A certificate of insurance will be delivered to the Employer for delivery to Insureds. Each certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

**Assignment of Benefits**

The Insurance Company will not be affected by the assignment of an Insured's certificate until the original assignment or a certified copy of the assignment is filed with the Insurance Company. The Insurance Company will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

**Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

**Agency**

The Employer and Plan Administrator are agents of the Employee for transactions relating to insurance under the Policy. The Insurance Company is not liable for any of their acts or omissions.

**Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004726

**Certain Internal Revenue Code (IRC) & Internal Revenue Service (IRS) Functions**

The Insurer may agree with the Policyholder to perform certain functions required by the Internal Revenue Code and IRS regulations. Such functions may include the preparation and filing of wage and tax statements (Form W-2) for disability benefit payments made under this Policy. In consideration of the payment of premiums by the Policyholder, the Insurer waives the right to transfer liability with respect to the employer taxes imposed on the Insurer by IRS Regulation 32.1(e)(1) for monthly Disability payments made under this Policy. Employee money may not be used to fund the Premium for the services and payments of this section.

TL-009230.00



## **DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

### **Active Service**

An Employee is in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. The Employee is performing his or her regular occupation for the Employer on a full-time basis. He or she must be working at one of the Employer's usual places of business or at some location to which the employer's business requires an Employee to travel.
2. The day is a scheduled holiday or vacation day and the Employee was performing his or her regular occupation on the preceding scheduled work day.

An Employee is in Active Service on a day which is not one of the Employer's scheduled work days only if he or she was in Active Service on the preceding scheduled work day.

### **Appropriate Care**

Appropriate Care means the Employee:

1. Has received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continues to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adheres to the treatment plan prescribed by the Physician, including the taking of medications.

### **Consumer Price Index (CPI-W)**

The Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W will be used.

### **Disability Earnings**

Any wage or salary for any work performed for any employer during the Employee's Disability, including commissions, bonus, overtime pay or other extra compensation.

### **Employee**

For eligibility purposes, an Employee is an employee of the Employer in one of the "Classes of Eligible Employees." Otherwise, Employee means an employee of the Employer who is insured under the Policy.

### **Employer**

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as an agent of the Insured for transactions relating to this insurance. The actions of the Employer shall not be considered the actions of the Insurance Company.

### **Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in the Employee's eligibility class.

### **Furlough**

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

**Good Cause**

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.

**Indexed Earnings**

For the first 12 months Monthly Benefits are payable, Indexed Earnings will be equal to Covered Earnings. After 12 Months Benefits are payable, Indexed Earnings will be an Employee's Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of each increase will be the lesser of:

1. 10% of the Employee's Indexed Earnings during the preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

**Injury**

Any accidental loss or bodily harm which results directly and independently of all other causes from an Accident.

**Insurability Requirement**

An eligible person will satisfy the Insurability Requirement for an amount of coverage on the day the Insurance Company agrees in writing to accept him or her as insured for that amount. To determine a person's acceptability for coverage, the Insurance Company will require evidence of good health and may require it be provided at the Employee's expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on the Policy cover page.

**Insured**

A person who is eligible for insurance under the Policy, for whom insurance is elected, the required premium is paid and coverage is in force under the Policy.

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include an Employee, an Employee's spouse, the immediate family (including parents, children, siblings or spouses of any of the foregoing, whether the relationship derives from blood or marriage), of an Employee or spouse, or a person living in an Employee's household.

**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits sponsored by the Employer in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

**Regular Occupation**

The occupation the Employee routinely performs at the time the Disability begins. In evaluating the Disability, the Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

**Rehabilitation Plan**

A written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

**Sickness**

Any physical or mental illness.

**Temporary Layoff**

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.10 as modified by TL-009980

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If an Employee resides in one of the following states, the provisions of the certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

### **Louisiana residents:**

The percentage of Indexed Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

### **Massachusetts residents:**

#### **Continuation of Insurance after leaving the group**

If an Employee leaves the group covered under the Policy, insurance for such Employee will be continued until the earliest of the following dates:

1. 31 days from the date the Employee leaves the group;
2. The date the Employee becomes eligible for similar benefits.

#### **Continuation of Insurance due to a Plant Closing or Partial Closing**

If an Employee leaves the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for such Employee will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date the Employee becomes eligible for similar benefits.

**Definitions:** For purposes of this provision:

**Plant Closing** means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

**Partial Closing** means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

### **Minnesota residents:**

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

### **Texas residents:**

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

### **Washington residents:**

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means an Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
PHILADELPHIA, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number LK-964130 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Florida Virtual School; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Returned To LIFE INSURANCE COMPANY OF NORTH AMERICA)

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
PHILADELPHIA, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number LK-964130 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

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Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Retained By Florida Virtual School)

ATTACHMENT 17

**Group Long Term Disability  
Insurance Certificate**

Florida Virtual School



## IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

### **Arizona, Florida and Maryland residents:**

**The group policy is issued in the state of Florida and will be governed by its laws. If you reside in a state other than Florida, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.**

### **Texas residents:**

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

**1-800-547-5515**

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:



ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:

**1-800-252-3439**

Puesde escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

## **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the Life Insurance Company of North America, Group Insurance Division's toll-free telephone number for information or to make a complaint at **1-800-441-1832**.



## **FOREWORD**

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. This valuable coverage should add an extra dimension to your personal insurance portfolio.

In an effort to make your benefit program more comprehensive and responsive to your needs, your Employer is providing this insurance to you at no cost.



**LIFE INSURANCE COMPANY OF NORTH AMERICA**

1601 CHESTNUT STREET

PHILADELPHIA, PA 19192-2235

(800) 732-1603 TDD (800) 336-2485

**A STOCK INSURANCE COMPANY**

**GROUP INSURANCE  
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, LK-964130, to Florida Virtual School.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.

A handwritten signature in black ink, reading "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, President



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## **SCHEDULE OF BENEFITS**

**Policy Effective Date:** July 1, 2014

**Policy Anniversary Date:** July 1

**Policy Number:** LK-964130

### **Eligible Class Definition:**

All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.

### **Eligibility Waiting Period**

If you were hired on or  
before the Policy Effective Date: After 60 days of Active Service

If you were hired after  
the Policy Effective Date: After 60 days of Active Service

**Elimination Period** 180 days

### **Gross Disability Benefit**

The lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit.

**Maximum Disability Benefit** \$6,000 per month.

**Minimum Disability Benefit** \$50 per month

### **Disability Benefit Calculation**

The Disability Benefit payable to you is figured using the Gross Disability Benefit, Other Income Benefits and the Return to Work Incentive. Monthly Benefits are based on a 30-day month. The Disability Benefit will be prorated if payable for any period less than a month.

During any month you have no Disability Earnings, the monthly benefit payable is the Gross Disability Benefit less Other Income Benefits. During any month you have Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the minimum benefit shown in the Schedule of Benefits except as provided under the section Minimum Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

#### *Return to Work Incentive*

During any month you have Disability Earnings, your benefits will be calculated as follows.

Your monthly benefit payable will be calculated as follows during the first 24 months disability benefits are payable and you have Disability Earnings:

1. Add your Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to your Indexed Earnings.
3. If the sum from 1. exceeds 100% of your Indexed Earnings, then subtract the Indexed Earnings from the sum in 1.

4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of your Indexed Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits.

After disability benefits are payable for 24 months, the monthly benefit payable is the Gross Disability Benefit reduced by Other Income Benefits and 50% of Disability Earnings.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

### **Maximum Benefit Period**

The later of your SSNRA\* or the Maximum Benefit Period listed below.

#### Age When Disability Begins

Age 62 or under

Age 63

Age 64

Age 65

Age 66

Age 67

Age 68

Age 69 or older

#### Maximum Benefit Period

Your 65th birthday or  
the date the 42nd Monthly Benefit is payable, if later.

The date the 36th Monthly Benefit is payable.

The date the 30th Monthly Benefit is payable.

The date the 24th Monthly Benefit is payable.

The date the 21st Monthly Benefit is payable.

The date the 18th Monthly Benefit is payable.

The date the 15th Monthly Benefit is payable.

The date the 12th Monthly Benefit is payable.

\*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

TL-004774

## **WHO IS ELIGIBLE**

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

TL-004710

## **WHEN COVERAGE BEGINS**

You will be insured on the date you become eligible, if you are not required to contribute to the cost of this insurance.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

TL-004712

## **WHEN COVERAGE ENDS**

Your coverage ends on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date you are no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date you are no longer in Active Service;
6. the date benefits end because you did not comply with the terms and conditions of the insurance coverage.

If you are entitled to receive Disability Benefits when the Policy terminates, Disability Benefits will be payable to you if you remain disabled and meet the requirements for the insurance. Any later period of Disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

TL-007505.00

## **WHEN COVERAGE CONTINUES**

This provision modifies the When Coverage Ends provision to allow insurance to continue under certain circumstances if you are no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the When Coverage Ends provisions.

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of your approved FMLA leave or the leave period required by law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date you cease work, insurance will continue for you until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date you are scheduled to return to Active Service.

TL-009970.00

### **TAKEOVER PROVISION**

This provision applies to you only if you were covered for long term disability coverage on the day prior to the effective date of this Policy under a group disability plan provided by the Policyholder.

- A. We will insure an Employee to whom this Takeover Provision applies if he or she would be eligible under the Policy, except for requirements of Active Service, and if required premium is paid.

The Policy will provide coverage as follows:

1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
  2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
  2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
  3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;

4. You were in Active Service for more than 14 consecutive days while covered under this Policy; and
  5. The Disability begins within 6 months of your return to Active Service.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

TL-008900

## **DESCRIPTION OF BENEFITS WHAT IS COVERED**

### **Disability Benefits**

We will pay Disability Benefits if you become Disabled while covered under this Policy. You must satisfy the Elimination Period, be under the Appropriate Care of a Physician, and meet all the other terms and conditions of the Policy. You must provide to us, at your own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

We will require continued proof of your Disability for benefits to continue.

### **Elimination Period**

The Elimination Period is the period of time you must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

### **Disability Benefit Calculation**

The Disability Benefit Calculation is shown in the Schedule of Benefits. Monthly Disability Benefits are based on a 30 day period. They will be prorated if payable for any period less than a month. If you are working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

### **Return to Work Incentive**

The Return to Work Incentive is shown in the Schedule of Benefits. You may work for wage or profit while Disabled. In any month in which you work and a Disability Benefit is payable, the Return to Work Incentive applies.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

### **Minimum Benefit**

We will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. When Disability Benefits are reduced in order to recover any overpayment, any minimum payment will be applied to any overpayment due to us.

## **Other Income Benefits**

If Disability Benefits are payable to you under this Policy, you may be eligible for benefits from Other Income Benefits. If so, we may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received\*) by you or your dependents under:
  - the Canada and Quebec Pension Plans;
  - the Railroad Retirement Act;
  - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
  - any sick leave or salary continuation plan of the Employer;
  - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive\*) on your own behalf or for your dependents; or which your dependents receive (or are assumed to receive\*) because of your entitlement to such benefits.
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, we will pay for our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts received (or assumed to be received\*) by you or your dependents under any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury or Sickness arising out of work with the Employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.
6. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

Dependents include any person who receives (or is assumed to receive\*) benefits under any applicable law because of your entitlement to benefits.

\*See the Assumed Receipt of Benefits provision.

### *Increases in Other Income Benefits*

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating your Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

### *Lump Sum Payments*

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

### *Assumed Receipt of Benefits*

We will assume you (and your dependents, if applicable) are receiving benefits for which you are eligible from Other Income Benefits. We will reduce your Disability Benefits by the amount from Other Income Benefits we estimate are payable to you and your dependents.

We will waive Assumed Receipt of Benefits, except for Disability Earnings for work you perform while Disability Benefits are payable, if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a Reimbursement Agreement;
3. provide satisfactory proof that all appeals for Other Income Benefits have been made unless we determine that further appeals are not likely to succeed; and
4. submit satisfactory proof that Other Income Benefits were denied.

We will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until you actually receive them.

### *Social Security Assistance*

We may help you in applying for Social Security Disability Income (SSDI) Benefits, and may require you to file an appeal if we believe a reversal of a prior decision is possible.

We will reduce Disability Benefits by the amount we estimate you will receive, if you refuse to cooperate with or participate in the Social Security Assistance Program.

### **Recovery of Overpayment**

We have the right to recover any benefits we have overpaid. We may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to us.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when you die, any benefits payable under the Policy will be reduced to recover the overpayment.

### **Successive Periods of Disability**

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, you return to work in your Regular Occupation for less than 6 consecutive months; and
3. if you earn less than the percentage of Indexed Earnings that would still qualify you to meet the definition of Disability/Disabled during at least one month.

Any later period of Disability, regardless of cause, that begins when you are eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, you must satisfy a new Elimination Period.



## **LIMITATIONS**

### **Limited Benefit Periods for Mental or Nervous Disorders**

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

### **Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse**

We will pay Disability Benefits on a limited basis during your lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, before reaching your lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against your lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

### **Pre-Existing Condition Limitation**

We will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after you are covered for at least 12 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

## **ADDITIONAL BENEFITS**

### **Rehabilitation During a Period of Disability**

If we determine that you are a suitable candidate for rehabilitation, we may require you to participate in a Rehabilitation Plan and assessment at our expense. We have the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. We will work with you, the Employer and your Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.10

### **Survivor Benefit**

We will pay a Survivor Benefit if you die while Disability Benefits are payable to you for a continuous period of Disability. The Survivor Benefit will equal 100% of the sum of the last full Disability Benefit payable to you plus the amount of any Disability Earnings by which the benefit had been reduced for that month. A single lump sum payment equal to 3 monthly Survivor Benefits will be payable.

We will pay the Survivor Benefit to your Spouse. If you do not have a Spouse, we will pay your surviving Children in equal shares. If you do not have a Spouse or any Children, we will pay your estate.

"Spouse" means your lawful spouse. "Children" means your unmarried children under age 21 who are chiefly dependent upon you for support and maintenance. The term includes a stepchild living with you at the time of your death.

TL-005107

## **TERMINATION OF DISABILITY BENEFITS**

Benefits will end on the earliest of the following dates:

1. the date we determine you are not Disabled;
2. the end of the Maximum Benefit Period;
3. the date you die;
4. the date you refuse, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
5. the date you are no longer receiving Appropriate Care;
6. the date you fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Benefits may be resumed if you begin to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

TL-007502.10

## WHAT IS NOT COVERED

We will not pay any Disability Benefits for a Disability that results, directly or indirectly, from:

1. suicide, attempted suicide, or self-inflicted injury while sane or insane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, we will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution.

TL-007503.10

## CLAIM PROVISIONS

### Notice of Claim

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

### Claim Forms

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

### Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### Insurance Data

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

### Proof of Loss

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof that the loss continues, or proof by any other electronic/telephonic means authorized by us, must be furnished to us at intervals we require. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to us.

**Time of Payment**

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which we are liable, will be paid at that time.

**To Whom Payable**

Disability Benefits will be paid to you. If any person to whom benefits are payable is a minor or, in our opinion is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, we may, at our option, make payment to the person or institution appearing to have assumed custody and support.

If you die while any Disability Benefits remain unpaid, we may, at our option, make direct payment to any of your following living relatives: your spouse, your mother, your father, your children, your brothers or sisters; or to the executors or administrators of your estate. We may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release us from all liability for any payment made.

**Physical Examination and Autopsy**

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

**Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

**Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

**Physician/Patient Relationship**

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

## **ADMINISTRATIVE PROVISIONS**

### **Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

### **Reinstatement of Insurance**

Your insurance may be reinstated if it ends because you are on an unpaid leave of absence. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. We must receive a written request for reinstatement within 31 days from the date you return to Active Service.

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.00

## **GENERAL PROVISIONS**

### **Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

### **Misstatement of Age**

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

### **Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

**Assignment of Benefits**

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

**Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

**Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

**DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

**Active Service**

If you are an Employee, you are in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled work day.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

**Appropriate Care**

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continue to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adhere to the treatment plan prescribed by the Physician, including the taking of medications.

**Consumer Price Index (CPI-W)**

The Consumer Price Index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W will be used.

**Covered Earnings**

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include any amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

**Disability/Disabled**

You are considered Disabled if, solely because of Injury or Sickness, you are either:

1. unable to perform any or all of the material and substantial duties of your Regular Occupation; or
2. unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

After Disability Benefits have been payable for 24 months, you are considered Disabled if, solely due to Injury or Sickness, you are either:

1. unable to perform any or all of the material and substantial duties of any occupation for which you are, or may reasonably become, qualified based on education, training or experience; or
2. unable to earn 80% or more of your Indexed Earnings.

Disability benefits may be payable to health care practitioners who have tested positive for human immunodeficiency virus and whose ability to perform his or her occupation has been restricted because of action taken by the applicable state licensing board as a result of such positive test, provided that actual loss of income has occurred.

We will require proof of earnings and continued Disability.

**Disability Earnings**

Any wage or salary for any work performed for any employer during your Disability, including commissions, bonus, overtime pay or other extra compensation.

**Employee**

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

**Employer**

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

**Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

**Furlough**

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

**Good Cause**

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to us.

**Indexed Earnings**

For the first 12 months Monthly Benefits are payable, your Indexed Earnings are equal to your Covered Earnings. After 12 months Monthly Benefits are payable, your Indexed Earnings are your Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of each increase will be the lesser of:

1. 10% of your Indexed Earnings during your preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

**Injury**

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

**Insurability Requirement**

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

**Insured**

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

**Regular Occupation**

The occupation you routinely perform at the time the Disability begins. In evaluating the Disability, we will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

**Rehabilitation Plan**

A written plan designed to enable you to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which we may provide, arrange or authorize education, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.



**Sickness**

The term Sickness means a physical or mental illness.

**Temporary Layoff**

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.10 as modified by TL-009980

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state, and only when the underlying provision is included in the certificate.

### **Louisiana residents:**

The percentage of Indexed Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

### **Massachusetts residents:**

#### **Continuation of Insurance after leaving the group**

If you leave the group covered under the Policy, insurance for you will be continued until the earliest of the following dates:

1. 31 days from the date you leave the group;
2. The date you become eligible for similar benefits.

#### **Continuation of Insurance due to a Plant Closing or Partial Closing**

If you leave the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for you will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date you become eligible for similar benefits.

**Definitions :** For purposes of this provision:

**Plant Closing** means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

**Partial Closing** means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

### **Minnesota residents:**

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

### **Texas residents:**

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

### **Washington residents:**

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means as Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.





**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a Cigna company**

Class 1  
06/2014





### IMPORTANT NOTICE CONCERNING STATE STATUTORY DISABILITY LAWS

If you have employees whose principal work location is in any of the following states, you may be required to provide those employees with non-occupational short-term disability coverage. Regular insured or self-insured STD benefit plans do not generally meet the requirements for coverage under these laws.

State	How Coverage Is Provided	Web Site
California	State Fund or Approved Self-Insurance	<a href="http://www.edd.ca.gov">www.edd.ca.gov</a>
Hawaii	Insurance Policy or Approved Self-Insurance	Hawaii.gov/labor
New Jersey	State Fund, Approved Insurance Policy or Approved Self-Insurance	<a href="http://www.nj.gov/labor">www.nj.gov/labor</a>
New York	Insurance Policy or Approved Self-Insurance	<a href="http://www.wcb.state.ny.us">www.wcb.state.ny.us</a>
Puerto Rico	State Fund, Approved Insurance Policy or Approved Self-Insurance	<a href="http://www.dtrh.gobierno.pr/">www.dtrh.gobierno.pr/</a>

*This website is Spanish language only. To translate into English, place the web address into the Google® search box. Google® will find the page in question and present it as the top choice. There will be a link that translates the page (by default, into English). The Google® translation service stays active, and if you click any other web page link on that page, it will translate the linked page as well.*

Rhode Island	State Fund	<a href="http://www.dlt.ri.gov/tdi">www.dlt.ri.gov/tdi</a>
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Please contact your Cigna Sales Representative or Account Manager if you would like more information about statutory disability products and services available from Cigna companies.

## **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the Life Insurance Company of North America, Group Insurance Division's toll-free telephone number for information or to make a complaint at **1-800-441-1832**.

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LIFE INSURANCE COMPANY OF NORTH AMERICA  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19192-2235  
(800) 732-1603 TDD (800) 552-5744  
**A STOCK INSURANCE COMPANY**

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GROUP POLICY

**POLICYHOLDER:** Florida Virtual School


**POLICY NUMBER:** FLK-960792

**POLICY EFFECTIVE DATE:** July 1, 2014

**POLICY ANNIVERSARY DATE:** July 1

This Policy describes the terms and conditions of coverage. It is issued in Florida and shall be governed by its laws. The Policy goes into effect on the Policy Effective Date, 12:01 a.m. at the Policyholder's address.

In return for the required premium, the Insurance Company and the Policyholder have agreed to all the terms of this Policy.



Scott Kern, Corporate Secretary



Matthew G. Manders, President



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## **SCHEDULE OF BENEFITS**

**Premium Due Date:** The last day of each month

### **Classes of Eligible Employees**

Class 1 All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.

## **SCHEDULE OF BENEFITS FOR CLASS 1**

### **Eligibility Waiting Period**

For Employees hired on or before the Policy Effective Date: After 60 days of Active Service

For Employees hired after the Policy Effective Date: After 60 days of Active Service

### **Definition of Disability/Disabled**

The Employee is considered Disabled if, solely because of Injury or Sickness, he or she is either:

1. unable to perform any or all of the material and substantial duties of his or her Regular Occupation; or
2. unable to earn 80% or more of his or her Covered Earnings from working in his or her Regular Occupation.

Disability benefits may be payable to health care practitioners who have tested positive for human immunodeficiency virus and whose ability to perform his or her occupation has been restricted because of action taken by the applicable state licensing board as a result of such positive test, provided that actual loss of income has occurred.

The Insurance Company will require proof of earnings and continued Disability.

### **Definition of Covered Earnings**

Covered Earnings means an Employee's wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of, if the Employer gives us written notice of the change and the required premium is paid.

It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in an Employee's Covered Earnings will not be effective during a period of continuous Disability.

### **Elimination Period**

Core Benefit	For Accident:	0 days
	For Sickness:	7 days
Optional Benefit	For Accident:	0 days
	For Sickness:	7 days

### **Gross Disability Benefit**

Core Benefit:	66.67%
Optional Benefit:	66.67%

The lesser of the percent of an Employee's weekly Covered Earnings listed above, rounded to the nearest dollar, or the Maximum Disability Benefit.

**Maximum Disability Benefit**

Core Benefit:	\$250 per week
Optional Benefit:	\$1,000 per week

**Minimum Disability Benefit**                      \$25 per week

**Disability Benefit Calculation**

The Weekly Benefit payable to the Employee for any week the Employee is Disabled is the Gross Disability Benefit minus Other Income Benefits.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that an Employee receives on his or her own behalf or for dependents, or which the Employee's dependents receive because of the Employee's entitlement to Other Income Benefits.

*Return to Work Incentive*

An Employee may work for wage or profit while Disabled. In any week in which the Employee works and a Disability Benefit is payable, the Return to Work Incentive Benefit Calculation applies.

During any week the Employee has Disability Earnings, his or her benefits will be calculated as follows:

1. Add the Employee's Gross Disability Benefit and Disability Earnings.
2. Compare the sum from 1. to the Employee's Covered Earnings.
3. If the sum from 1. exceeds 100% of the Employee's Covered Earnings, then subtract the Covered Earnings from the sum in 1.
4. The Employee's Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of the Employee's Covered Earnings, the Employee's Gross Disability Benefit will be reduced by Other Income Benefits.

No Disability Benefits will be paid, and insurance will end if the Insurance Company determines the Employee is able to work under a modified work arrangement and he or she refuses to do so without Good Cause.

**Maximum Benefit Period**

Core Benefit:	For Accident:	The date the 26th Disability Benefit is payable.
	For Sickness:	The date the 25th Disability Benefit is payable.
Optional Benefit:	For Accident:	The date the 26th Disability Benefit is payable.
	For Sickness:	The date the 25th Disability Benefit is payable

**Initial Premium Rates**

Core Benefit:	\$.09 per \$10 of Weekly Benefit
Optional Benefit:	\$.17 per \$10 of Weekly Benefit

**ENROLLING FOR INSURANCE****Initial Open Enrollment**

During the Initial Open Enrollment Period, an Employee who is insured for Core Benefits under this Policy may elect to be insured for Optional Benefits provided by this Policy without satisfying the Insurability Requirement. Any Employee who is not actively at work, due to Injury or Sickness, on the date his or her coverage would otherwise become effective under this Policy, may not become insured under this Policy until he or she returns to Active Service. The Pre-existing Condition Limitation will apply during the Initial Open Enrollment Period.

TL-004774

## **ELIGIBILITY FOR INSURANCE**

An Employee in one of the Classes of Eligible Employees shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date, or the day after he or she completes the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

Except as noted in the Reinstatement Provision, if an Employee terminates coverage and later wishes to reapply, or if a former Employee is rehired, a new Eligibility Waiting Period must be satisfied. An Employee is not required to satisfy a new Eligibility Waiting Period if insurance ends because he or she is no longer in a Class of Eligible Employees, but continues to be employed and within one year becomes a member of an eligible class.

TL-004710

## **EFFECTIVE DATE OF INSURANCE**

An Employee will be insured on the date he or she becomes eligible, if the Employee is not required to contribute to the cost of this insurance.

An Employee who is required to contribute to the cost of this insurance may elect to be insured only by authorizing payroll deduction in a form approved by the Employer and the Insurance Company. The effective date of this insurance depends on the date coverage is elected.

Insurance for an Employee who applies for insurance within 31 days after he or she becomes eligible is effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date payroll deduction is authorized.
3. The date the Insurance Company receives the Employee's completed enrollment form.

If an Employee's enrollment form is received more than 31 days after he or she is eligible for this insurance, the Insurability Requirement must be satisfied before this insurance is effective. If approved, this insurance is effective on the date the Insurance Company agrees in writing to insure the Employee.

If an Employee is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to any occupation for the Employer on a Full-time basis.

TL-004712

## **TERMINATION OF INSURANCE**

An Employee's coverage will end on the earliest of the following dates:

1. the date the Employee is eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date the Employee is no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date the Employee is no longer in Active Service;
6. the date benefits end for failure to comply with the terms and conditions of the Policy.

Disability Benefits will be payable to an Employee who is entitled to receive Disability Benefits when the Policy terminates, if he or she remains disabled and meets the requirements of the Policy. Any period of Disability, regardless of cause, that begins when the Employee is eligible under another group disability coverage provided by any employer, will not be covered.

TL-007505.00

## **CONTINUATION OF INSURANCE**

This Continuation of Insurance provision modifies the Termination of Insurance provision to allow insurance to continue under certain circumstances if the Insured Employee is no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the Termination of Insurance provisions.

Disability Insurance continues if an Employee's Active Service ends due to a Disability for which benefits under the Policy are or may become payable. If the Employee does not return to Active Service, this insurance ends when the Disability ends or when benefits are no longer payable, whichever comes first.

If an Employee's Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of his or her approved FMLA leave or the leave period required by law in the state in which he or she is employed. Premiums are required for this coverage.

If an Employee's Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date the Employee ceases work, insurance will continue for an Employee until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If an Employee's Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, insurance for an Employee will continue until the earlier of:

- a. the date the Employee's employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if an Employee's Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and Continuation of Insurance under this provision will not apply.

If an Employee's insurance is continued pursuant to this Continuation of Insurance provision, and he or she becomes Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date he or she is scheduled to return to Active Service.

TL-009970.00

## **TAKEOVER PROVISION**

This provision applies only to Employees covered for short term disability coverage on the day prior to the effective date of this Policy under a group disability plan provided by the Policyholder.

- A. The Insurance Company will insure an Employee to which this Takeover Provision applies if he or she would be eligible under the Policy, except for requirements of Active Service, and if required premium is paid.

The Policy will provide coverage as follows:

1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.

2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while the Employee is insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which weekly benefits were payable under the Prior Plan;
  2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
  3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
  4. The Employee was in Active Service for more than 14 consecutive days while covered under this Policy; and
  5. The Disability begins within 14 days of the Employee's return to Active Service and the Employee's insurance under this Policy is continuous from this Policy's Effective Date.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply to an Employee covered under a Prior Plan who satisfied the pre-existing condition limitation, if any, under that plan. If an Employee, covered under a Prior Plan, did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

TL-008900

## **DESCRIPTION OF BENEFITS**

The following provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits to each class of Insureds.

### **Disability Benefits**

The Insurance Company will pay Disability Benefits if an Employee becomes Disabled while covered under this Policy. The Employee must satisfy the Elimination Period, be under the Appropriate Care of a Physician, and meet all the other terms and conditions of the Policy. He or she must provide the Insurance Company, at his or her own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

The Insurance Company will require continued proof of the Employee's Disability for benefits to continue.

### **Elimination Period**

The Elimination Period is the period of time an Employee must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.



**Disability Benefit Calculation**

The Disability Benefit Calculation is shown in the Schedule of Benefits. Weekly Disability Benefits are based on the number of days in a normally scheduled work week for the Employee immediately before the onset of Disability. They will be prorated if payable for any period less than a week. If an Employee is working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

**Return to Work Incentive**

The Return to Work Incentive is shown in the Schedule of Benefits. An Employee may work for wage or profit while Disabled. In any week in which the Employee works and a Disability Benefit is payable, the Return to Work Incentive applies.

The Insurance Company will, from time to time, review the Employee's status and will require satisfactory proof of earnings and continued Disability.

**Minimum Benefit**

The Insurance Company will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. When Disability Benefits are reduced in order to recover any overpayment, any minimum payment will be applied to any overpayment due to the Insurance Company.

**Other Income Benefits**

An Employee for whom Disability Benefits are payable under this Policy may be eligible for benefits from Other Income Benefits. If so, the Insurance Company may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received\*) by the Employee or his or her dependents under:
  - the Canada and Quebec Pension Plans;
  - the Railroad Retirement Act;
  - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
  - any sick leave or salary continuation plan of the Employer;
  - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits the Employee or any third party receives (or is assumed to receive\*) on his or her own behalf or for his or her dependents; or which his or her dependents receive (or are assumed to receive\*) because of his or her entitlement to such benefits.
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Insurance Company will pay for its pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

Dependents include any person who receives (or is assumed to receive\*) benefits under any applicable law because of an Employee's entitlement to benefits.

\*See the Assumed Receipt of Benefits provision.

#### *Increases in Other Income Benefits*

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating the Employee's Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

#### *Lump Sum Payments*

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

#### *Assumed Receipt of Benefits*

The Insurance Company will assume the Employee (and his or her dependents, if applicable) are receiving benefits for which they are eligible from Other Income Benefits. The Insurance Company will reduce the Employee's Disability Benefits by the amount from Other Income Benefits it estimates are payable to the Employee and his or her dependents.

The Insurance Company will waive Assumed Receipt of Benefits, except for Disability Earnings for work the Employee performs while Disability Benefits are payable, if the Employee:

1. provides satisfactory proof of application for Other Income Benefits;
2. signs a Reimbursement Agreement;
3. provides satisfactory proof that all appeals for Other Income Benefits have been made unless the Insurance Company determines that further appeals are not likely to succeed; and
4. submits satisfactory proof that Other Income Benefits were denied.

The Insurance Company will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until the Employee actually receives them.

#### *Social Security Assistance*

The Insurance Company may help the Employee in applying for Social Security Disability Income (SSDI) Benefits, and may require the Employee to file an appeal if it believes a reversal of a prior decision is possible.

The Insurance Company will reduce Disability Benefits by the amount it estimates the Employee will receive, if the Employee refuses to cooperate with or participate in the Social Security Assistance Program.

#### **Recovery of Overpayment**

The Insurance Company has the right to recover any benefits it has overpaid. The Insurance Company may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to it.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when the Employee dies, any benefits payable under the Policy will be reduced to recover the overpayment.

### **Successive Periods of Disability**

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, the Employee returns to work in his or her Regular Job for less than 14 days; and
3. if the Employee earns less than the percentage of Covered Earnings that would still qualify him or her to meet the definition of Disability/Disabled during at least one week.

Any later period of Disability, regardless of cause, that begins when the Employee is eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, the Employee must satisfy a new Elimination Period.

## **LIMITATIONS**

### **Pre-Existing Condition Limitation**

The Insurance Company will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before his or her most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after an Employee is covered for at least 6 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits.

TL-007500.10

## **ADDITIONAL BENEFITS**

### **Rehabilitation During a Period of Disability**

If the Insurance Company determines that a Disabled Employee is a suitable candidate for rehabilitation, the Insurance Company may require the Employee to participate in a Rehabilitation Plan. The Insurance Company has the sole discretion to approve the Employee's participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. The Insurance Company will work with the Employee, the Employer and the Employee's Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at the Insurance Company's discretion, allow for payment of the Employee's medical expense, education expense, moving expense, accommodation expense or family care expense while he or she participates in the program.

If an Employee fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.10

## **TERMINATION OF DISABILITY BENEFITS**

Benefits will end on the earliest of the following dates:

1. the date the Employee earns more than the percentage of earnings that would still qualify him or her to meet the definition of Disability/Disabled;
2. the date the Insurance Company determines he or she is not Disabled;
3. the end of the Maximum Benefit Period;
4. the date the Employee dies;
5. the date the Employee refuses, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
6. the date the Employee is no longer receiving Appropriate Care;
7. the date the Employee fails to cooperate with the Insurance Company in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Benefits may be resumed if the Employee begins to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

TL-007502.10

## **EXCLUSIONS**

The Insurance Company will not pay any Disability Benefits for a Disability that results, directly or indirectly, from:

1. suicide, attempted suicide, or self-inflicted injury while sane or insane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
6. any cosmetic surgery or surgical procedure that is not Medically Necessary; "Medically Necessary" means the surgical procedure is: (a) prescribed by a Physician as required treatment of the Injury or Sickness; and (b) appropriate according to conventional medical practice for the Injury or Sickness in the locality in which the surgery is performed. (The Insurance Company will pay benefits if the Disability is caused by the Employee donating an organ in a non-experimental organ transplant procedure.)
7. Injury or Sickness for which benefits are paid or payable to the Employee from Workers' Compensation or occupational disease law.

In addition, the Insurance Company will not pay Disability Benefits for any period of Disability during which the Employee is incarcerated in a penal or correctional institution.

TL-007503.10

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's Name, the Policy Number and the claimant's name and address.

### **Claim Forms**

When the Insurance Company receives notice of claim, the Insurance Company will send claim forms for filing proof of loss. If claim forms are not sent within 15 days after notice is received by the Insurance Company, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by the Insurance Company, of the nature and extent of the loss.

### **Claimant Cooperation Provision**

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### **Insurance Data**

The Employer is required to cooperate with the Insurance Company in the review of claims and applications for coverage. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

### **Proof of Loss**

Written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given not more than one year after that 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is provided outside of these time limits, the claim will be denied. These time limits will not apply while the person making the claim lacks legal capacity.

Written proof, or proof by any other electronic/telephonic means authorized by the Insurance Company, that the loss continues must be furnished to the Insurance Company at intervals required by us. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to the Insurance Company.

### **Time of Payment**

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which the Insurance Company is liable, will be paid at that time.

**To Whom Payable**

Disability Benefits will be paid to the Employee. If any person to whom benefits are payable is a minor or, in the opinion of the Insurance Company, is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, the Insurance Company may, at its option, make payment to the person or institution appearing to have assumed custody and support.

If an Employee dies while any Disability Benefits remain unpaid, the Insurance Company may, at its option, make direct payment to any of the following living relatives of the Employee: spouse, mother, father, children, brothers or sisters; or to the executors or administrators of the Employee's estate. The Insurance Company may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release the Insurance Company from all liability for any payment made.

**Physical Examination and Autopsy**

The Insurance Company, at its expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. The Insurance Company may, at its expense, require an autopsy unless prohibited by law.

**Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

**Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the Employee lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

**Physician/Patient Relationship**

The Insured will have the right to choose any Physician who is practicing legally. The Insurance Company will in no way disturb the Physician/patient relationship.

TL-004724

**ADMINISTRATIVE PROVISIONS****Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

**Changes in Premium Rates**

The premium rates may be changed by the Insurance Company from time to time with at least 45 days advance written notice. No change in rates will be made until 24 months after the Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, the Insurance Company reserves the right to change the rates even during a period for which the rate is guaranteed, if any of the following events take place.

1. The Policy terms change.
2. A division, subsidiary, eligible company, or class is added or deleted.
3. There is a change of more than 10% in the number of Insureds.
4. Federal or state laws or regulation affecting benefit obligations change.

5. Other changes occur in the nature of the risk that would affect the Insurance Company's original risk assessment.
6. The Insurance Company determines the Employer fails to furnish necessary information.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

### **Reporting Requirements**

The Employer must, upon request, give the Insurance Company any information required to determine who is insured, the amount of insurance in force and any other information needed to administer the plan of insurance.

### **Payment of Premium**

The first premium is due on the Policy Effective Date. After that, premiums will be due monthly unless the Employer and the Insurance Company agree on some other method of premium payment.

If any premium is not paid when due, the plan will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

### **Notice Of Cancellation**

The Employer or the Insurance Company may cancel the policy as of any Premium Due Date by giving 45 days advance written notice. If a premium is not paid when due, the Policy will automatically be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

### **Policy Grace Period**

A Policy Grace Period of 31 days will be granted for the payment of the required premiums under this Policy. This Policy will be in force during the Policy Grace Period. The Employer is liable to the Insurance Company for any unpaid premium for the time this Policy was in force.

### **Grace Period for the Insured**

If the required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

### **Reinstatement of Insurance**

An Employee's insurance may be reinstated if it ends because he or she is on an unpaid leave of absence. If an Employee's Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, an Employee's insurance may be reinstated at the conclusion of the FMLA leave.

If an Employee's Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. An Employee must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. The Insurance Company must receive a written request for reinstatement within 31 days from the date an Employee returns to Active Service.

Reinstated insurance will be effective on the date the Employee returns to Active Service. If an Employee did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.00

## **GENERAL PROVISIONS**

### **Entire Contract**

The entire contract will be made up of the Policy, the application of the Employer, a copy of which is attached to the Policy, and the applications, if any, of the Insureds.

### **Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for coverage.

### **Misstatement of Age**

If an Insured's age has been misstated, the Insurance Company will adjust all benefits to the amounts that would have been purchased for the correct age.

### **Policy Changes**

No change in the Policy will be valid until approved by an executive officer of the Insurance Company. This approval must be endorsed on, or attached to, the Policy. No agent may change the Policy or waive any of its provisions.

### **Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

### **Certificates**

A certificate of insurance will be delivered to the Employer for delivery to Insureds. Each certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

### **Assignment of Benefits**

The Insurance Company will not be affected by the assignment of an Insured's certificate until the original assignment or a certified copy of the assignment is filed with the Insurance Company. The Insurance Company will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

### **Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

### **Agency**

The Employer and Plan Administrator are agents of the Employee for transactions relating to insurance under the Policy. The Insurance Company is not liable for any of their acts or omissions.



**Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004726

**DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

**Accident**

An Accident is a sudden, unforeseeable external event that causes bodily Injury to an Insured while coverage is in force under the Policy.

**Active Service**

An Employee is in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. The Employee is performing his or her regular occupation for the Employer on a full-time basis. He or she must be working at one of the Employer's usual places of business or at some location to which the employer's business requires an Employee to travel.
2. The day is a scheduled holiday or vacation day and the Employee was performing his or her regular occupation on the preceding scheduled work day.

An Employee is in Active Service on a day which is not one of the Employer's scheduled work days only if he or she was in Active Service on the preceding scheduled work day.

**Appropriate Care**

Appropriate Care means the Employee:

1. Has received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continues to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adheres to the treatment plan prescribed by the Physician, including the taking of medications.

**Disability Earnings**

Any wage or salary for any work performed for any employer during the Employee's Disability, including commissions, bonus, overtime pay or other extra compensation.

**Employee**

For eligibility purposes, an Employee is an employee of the Employer in one of the "Classes of Eligible Employees." Otherwise, Employee means an employee of the Employer who is insured under the Policy.

**Employer**

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as an agent of the Insured for transactions relating to this insurance. The actions of the Employer shall not be considered the actions of the Insurance Company.

**Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in the Employee's eligibility class.

**Furlough**

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

**Good Cause**

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.

**Initial Open Enrollment Period**

The period in the calendar year when an eligible Employee who was hired on or before the Policy Effective Date may enroll for the first time for Insurance Benefits under this Policy. This period must be agreed upon by the Employer and the Insurance Company. Refer to Initial Open Enrollment under the Enrolling for Insurance section of the Policy shown in the Schedule of Benefits.

**Injury**

Any accidental loss or bodily harm which results directly and independently of all other causes from an Accident.

**Insurability Requirement**

An eligible person will satisfy the Insurability Requirement for an amount of coverage on the day the Insurance Company agrees in writing to accept him or her as insured for that amount. To determine a person's acceptability for coverage, the Insurance Company will require evidence of good health and may require it be provided at the Employee's expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on the Policy cover page.

**Insured**

A person who is eligible for insurance under the Policy, for whom insurance is elected, the required premium is paid and coverage is in force under the Policy.

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include an Employee, an Employee's spouse, the immediate family (including parents, children, siblings or spouses of any of the foregoing, whether the relationship derives from blood or marriage), of an Employee or spouse, or a person living in an Employee's household.

**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits sponsored by the Employer in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

**Regular Occupation**

The occupation the Employee routinely performs at the time the Disability begins. In evaluating the Disability, the Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

**Rehabilitation Plan**

A written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

**Sickness**

Any physical or mental illness.

**Temporary Layoff**

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.10 as modified by TL-009980

## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If an Employee resides in one of the following states, the provisions of the certificate are modified for residents of the following states. The modifications listed apply only to residents of that state.

### **Louisiana residents:**

The percentage of Covered Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

### **Massachusetts residents:**

#### **Continuation of Insurance after leaving the group**

If an Employee leaves the group covered under the Policy, insurance for such Employee will be continued until the earliest of the following dates:

1. 31 days from the date the Employee leaves the group;
2. The date the Employee becomes eligible for similar benefits.

#### **Continuation of Insurance due to a Plant Closing or Partial Closing**

If an Employee leaves the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for such Employee will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date the Employee becomes eligible for similar benefits.

**Definitions:** For purposes of this provision:

**Plant Closing** means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

**Partial Closing** means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

### **Minnesota residents:**

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

### **Texas residents:**

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

### **Washington residents:**

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means an Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
PHILADELPHIA, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number FLK-960792 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Florida Virtual School; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Returned To LIFE INSURANCE COMPANY OF NORTH AMERICA)

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
PHILADELPHIA, PA 19192-2235**

We, Florida Virtual School, whose main office address is Orlando, FL, hereby approve and accept the terms of Group Policy Number FLK-960792 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

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Florida Virtual School

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Retained By Florida Virtual School)

ATTACHMENT 19

**Group Short Term Disability  
Insurance Certificate**

Florida Virtual School



## IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

### **Arizona, Florida and Maryland residents:**

**The group policy is issued in the state of Florida and will be governed by its laws. If you reside in a state other than Florida, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.**

### **Texas residents:**

IMPORTANT NOTICE: To obtain information or make a complaint:

You may call Life Insurance Company of North America toll free telephone number for information or to make a complaint at:

**1-800-547-5515**

You may also write to Life Insurance Company of North America at:

ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Life Insurance Company of North America first. If the dispute is not resolved, you may contact the Texas Department of Insurance

AVISO IMPORTANTE: Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Connecticut General Life Insurance Company's para informacion o para someter una queja al: **1-800-547-5515**

Usted tambien puede escribir a Life Insurance Company of North America at:



ATT: Charlene Bush  
1601 Chestnut Street, TL16D  
Philadelphia, PA 19192

Puede comunicarse con el Departamento de Seguros de Teas para obtener informacion acerca de companies, coverturas, derechos o quejas al:

**1-800-252-3439**

Puesde escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Life Insurance Company of North America primero. Si no resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

## **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the Life Insurance Company of North America, Group Insurance Division's toll-free telephone number for information or to make a complaint at **1-800-441-1832**.



## **FOREWORD**

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. A portion of the cost of this coverage is provided by your Employer. You may need to contribute to the remaining cost of coverage through payroll deduction so that your benefit program is more comprehensive and responsive to your needs.

The following pages describe the main provisions of the disability insurance plan available to you.

Insurance benefits described in the following pages will apply to you if your Employer has made this coverage available to you at no cost or you have elected the benefit and authorized payroll deduction for the required premium.



**LIFE INSURANCE COMPANY OF NORTH AMERICA**

1601 CHESTNUT STREET

PHILADELPHIA, PA 19192-2235

(800) 732-1603 TDD (800) 336-2485

**A STOCK INSURANCE COMPANY**

**GROUP INSURANCE  
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, FLK-960792, to Florida Virtual School.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.

A handwritten signature in black ink, reading "Matthew G. Manders". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Matthew G. Manders, President



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## SCHEDULE OF BENEFITS

**Policy Effective Date:** July 1, 2014

**Policy Anniversary Date:** July 1

**Policy Number:** FLK-960792

### **Eligible Class Definition:**

All active, Full-time Employees of Florida Virtual School regularly working a minimum of 40 hours per week.

### **Eligibility Waiting Period**

If you were hired on or  
before the Policy Effective Date: After 60 days of Active Service

If you were hired after  
the Policy Effective Date: After 60 days of Active Service

### **Elimination Period**

Core Benefit	For Accident: 0 days
	For Sickness: 7 days

Optional Benefit	For Accident: 0 days
	For Sickness: 7 days

### **Gross Disability Benefit**

Core Benefit:	66.67%
Optional Benefit:	66.67%

The lesser of the percent of your weekly Covered Earnings listed above, rounded to the nearest dollar, or the Maximum Disability Benefit.

### **Maximum Disability Benefit**

Core Benefit:	\$250 per week
Optional Benefit:	\$1,000 per week

**Minimum Disability Benefit** \$25 per week

### **Disability Benefit Calculation**

The Weekly Benefit payable to you for any week you are Disabled is the Gross Disability Benefit minus Other Income Benefits.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf or for your dependents, or which your dependents receive because of your entitlement to Other Income Benefits.

#### *Return to Work Incentive*

You may work for wage or profit while Disabled. In any week in which you work and a Disability Benefit is payable, the Return to Work Incentive Benefit Calculation applies.

During any week you have Disability Earnings, your benefits will be calculated as follows:

1. Add your Gross Disability Benefit and Disability Earnings.

2. Compare the sum from 1. to your Covered Earnings.
3. If the sum from 1. exceeds 100% of your Covered Earnings, then subtract the Covered Earnings from the sum in 1.
4. Your Gross Disability Benefit will be reduced by the difference from 3., as well as by Other Income Benefits.
5. If the sum from 1. does not exceed 100% of your Covered Earnings, your Gross Disability Benefit will be reduced by Other Income Benefits.

No Disability Benefits will be paid, and insurance will end if we determine you are able to work under a modified work arrangement and you refuse to do so without Good Cause.

#### **Maximum Benefit Period**

##### **Core Benefit:**

For Accident: The date the 26th Disability Benefit is payable.

For Sickness: The date the 25th Disability Benefit is payable.

##### **Optional Benefit:**

For Accident: The date the 26th Disability Benefit is payable.

For Sickness: The date the 25th Disability Benefit is payable

TL-004774

## **WHO IS ELIGIBLE**

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

TL-004710

## **WHEN COVERAGE BEGINS**

You will be insured on the date you become eligible, if you are not required to contribute to the cost of this insurance.

If you are required to contribute to the cost of your insurance you may elect to be insured only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of your insurance depends on the date coverage is elected.

If you elect coverage within 31 days after you become eligible, your insurance is effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date you authorized payroll deduction.
3. The date the completed enrollment form is received by the Employer or us.

If your enrollment form is received more than 31 days after you are eligible for insurance, you must satisfy the Insurability Requirement before your insurance is effective. If approved, your insurance is effective on the date we agree in writing to insure you.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

TL-004712

## **WHEN COVERAGE ENDS**

Your coverage ends on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date you are no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date you are no longer in Active Service;
6. the date benefits end because you did not comply with the terms and conditions of the insurance coverage.

If you are entitled to receive Disability Benefits when the Policy terminates, Disability Benefits will be payable to you if you remain disabled and meet the requirements for the insurance. Any later period of Disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

TL-007505.00

## **WHEN COVERAGE CONTINUES**

This provision modifies the When Coverage Ends provision to allow insurance to continue under certain circumstances if you are no longer in Active Service. Insurance that is continued under this provision is subject to all other terms of the When Coverage Ends provisions.

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue up to the later of the period of your approved FMLA leave or the leave period required by law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to any other leave of absence approved in writing by the Employer prior to the date you cease work, insurance will continue for you until the end of the month in which the leave begins. Premiums are required for this coverage. An approved leave of absence does not include Furlough, Temporary Layoff or termination of employment.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to layoff, termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date you are scheduled to return to Active Service.

TL-009970.00

## **TAKEOVER PROVISION**

This provision applies to you only if you were covered for short term disability coverage on the day prior to the effective date of this Policy under a group disability plan provided by the Policyholder.

- A. We will insure an Employee to whom this Takeover Provision applies if he or she would be eligible under the Policy, except for requirements of Active Service, and if required premium is paid.

The Policy will provide coverage as follows:

1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
  2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which weekly benefits were payable under the Prior Plan;
  2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
  3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
  4. You were in Active Service for more than 14 consecutive days while covered under this Policy; and
  5. The Disability begins within 14 days of your return to Active Service.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

## **DESCRIPTION OF BENEFITS WHAT IS COVERED**

### **Disability Benefits**

We will pay Disability Benefits if you become Disabled while covered under this Policy. You must satisfy the Elimination Period, be under the Appropriate Care of a Physician, and meet all the other terms and conditions of the Policy. You must provide to us, at your own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

We will require continued proof of your Disability for benefits to continue.

### **Elimination Period**

The Elimination Period is the period of time you must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

### **Disability Benefit Calculation**

The Disability Benefit Calculation is shown in the Schedule of Benefits. Weekly Disability Benefits are based on the number of days in a normally scheduled work week for you immediately before the onset of Disability. They will be prorated if payable for any period less than a week. If you are working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

### **Return to Work Incentive**

The Return to Work Incentive is shown in the Schedule of Benefits. You may work for wage or profit while Disabled. In any week in which you work and a Disability Benefit is payable, the Return to Work Incentive applies.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

### **Minimum Benefit**

We will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. When Disability Benefits are reduced in order to recover any overpayment, any minimum payment will be applied to any overpayment due to us.

### **Other Income Benefits**

If Disability Benefits are payable to you under this Policy, you may be eligible for benefits from Other Income Benefits. If so, we may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received (or assumed to be received\*) by you or your dependents under:
  - the Canada and Quebec Pension Plans;
  - the Railroad Retirement Act;
  - any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
  - any sick leave or salary continuation plan of the Employer;
  - any work loss provision in mandatory "No-Fault" auto insurance.
2. any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive\*) on your own behalf or for your dependents; or which your dependents receive (or are assumed to receive\*) because of your entitlement to such benefits.

3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan.
4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, we will pay for our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

Dependents include any person who receives (or is assumed to receive\*) benefits under any applicable law because of your entitlement to benefits.

\*See the Assumed Receipt of Benefits provision.

#### *Increases in Other Income Benefits*

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating your Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

#### *Lump Sum Payments*

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

#### *Assumed Receipt of Benefits*

We will assume you (and your dependents, if applicable) are receiving benefits for which you are eligible from Other Income Benefits. We will reduce your Disability Benefits by the amount from Other Income Benefits we estimate are payable to you and your dependents.

We will waive Assumed Receipt of Benefits, except for Disability Earnings for work you perform while Disability Benefits are payable, if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a Reimbursement Agreement;
3. provide satisfactory proof that all appeals for Other Income Benefits have been made unless we determine that further appeals are not likely to succeed; and
4. submit satisfactory proof that Other Income Benefits were denied.

We will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until you actually receive them.



### *Social Security Assistance*

We may help you in applying for Social Security Disability Income (SSDI) Benefits, and may require you to file an appeal if we believe a reversal of a prior decision is possible.

We will reduce Disability Benefits by the amount we estimate you will receive, if you refuse to cooperate with or participate in the Social Security Assistance Program.

### **Recovery of Overpayment**

We have the right to recover any benefits we have overpaid. We may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to us.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when you die, any benefits payable under the Policy will be reduced to recover the overpayment.

### **Successive Periods of Disability**

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, you return to work in your Regular Job for less than 14 days; and
3. if you earn less than the percentage of Covered Earnings that would still qualify you to meet the definition of Disability/Disabled during at least one week.

Any later period of Disability, regardless of cause, that begins when you are eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, you must satisfy a new Elimination Period.

## **LIMITATIONS**

### **Pre-Existing Condition Limitation**

We will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after you are covered for at least 6 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

## **ADDITIONAL BENEFITS**

### **Rehabilitation During a Period of Disability**

If we determine that you are a suitable candidate for rehabilitation, we may require you to participate in a Rehabilitation Plan. We have the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. We will work with you, the Employer and your Physician and others, as appropriate, to perform the assessment, develop a Rehabilitation Plan, and discuss return to work opportunities.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, no Disability Benefits will be paid, and insurance will end.

TL-007501.10

## **TERMINATION OF DISABILITY BENEFITS**

Benefits will end on the earliest of the following dates:

1. the date you earn more than the percentage of earnings that would still qualify you to meet the definition of Disability/Disabled;
2. the date we determine you are not Disabled;
3. the end of the Maximum Benefit Period;
4. the date you die;
5. the date you refuse, without Good Cause, to fully cooperate in all required phases of the Rehabilitation Plan and assessment;
6. the date you are no longer receiving Appropriate Care;
7. the date you fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Benefits may be resumed if you begin to cooperate fully in the Rehabilitation Plan within 30 days of the date benefits terminated.

TL-007502.10

## **WHAT IS NOT COVERED**

We will not pay any Disability Benefits for a Disability that results, directly or indirectly, from:

1. suicide, attempted suicide, or self-inflicted injury while sane or insane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of a felony.
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
6. any cosmetic surgery or surgical procedure that is not Medically Necessary; "Medically Necessary" means the surgical procedure is: (a) prescribed by a Physician as required treatment of the Injury or Sickness; and (b) appropriate according to conventional medical practice for the Injury or Sickness in the locality in which the surgery is performed. (We will pay benefits if your disability is caused by your donating an organ in a non-experimental organ transplant procedure.)

7. Injury or Sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law.

In addition, we will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution.

TL-007503.10

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

### **Claim Forms**

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

### **Claimant Cooperation Provision**

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

### **Insurance Data**

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

### **Proof of Loss**

You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof that the loss continues, or proof by any other electronic/telephonic means authorized by us, must be furnished to us at intervals we require. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to us.

### **Time of Payment**

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which we are liable, will be paid at that time.

**To Whom Payable**

Disability Benefits will be paid to you. If any person to whom benefits are payable is a minor or, in our opinion is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, we may, at our option, make payment to the person or institution appearing to have assumed custody and support.

If you die while any Disability Benefits remain unpaid, we may, at our option, make direct payment to any of your following living relatives: your spouse, your mother, your father, your children, your brothers or sisters; or to the executors or administrators of your estate. We may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release us from all liability for any payment made.

**Physical Examination and Autopsy**

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

**Legal Actions**

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

**Time Limitations**

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

**Physician/Patient Relationship**

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

**ADMINISTRATIVE PROVISIONS****Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

**Your Grace Period**

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

**Reinstatement of Insurance**

Your insurance may be reinstated if it ends because you are on an unpaid leave of absence. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an Employer approved unpaid leave of absence, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within 12 weeks from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
3. We must receive a written request for reinstatement within 31 days from the date you return to Active Service.

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to an unpaid leave of absence, credit will be given for any time that was satisfied.

TL-009960.00

## **GENERAL PROVISIONS**

### **Incontestability**

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

### **Misstatement of Age**

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

### **Workers' Compensation Insurance**

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

### **Assignment of Benefits**

We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

### **Clerical Error**

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

### **Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

## **DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

### **Accident**

The term Accident means a sudden, unforeseeable external event that causes you bodily Injury and occurs while your coverage is in force under the Policy.

### **Active Service**

If you are an Employee, you are in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled work day.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

### **Appropriate Care**

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continue to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adhere to the treatment plan prescribed by the Physician, including the taking of medications.

### **Covered Earnings**

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include any amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

**Disability/Disabled**

You are considered Disabled if, solely because of Injury or Sickness, you are either:

1. unable to perform any or all of the material and substantial duties of your Regular Occupation; or
2. unable to earn 80% or more of your Covered Earnings from working in your Regular Occupation.

Disability benefits may be payable to health care practitioners who have tested positive for human immunodeficiency virus and whose ability to perform his or her occupation has been restricted because of action taken by the applicable state licensing board as a result of such positive test, provided that actual loss of income has occurred.

We will require proof of earnings and continued Disability.

**Disability Earnings**

Any wage or salary for any work performed for any employer during your Disability, including commissions, bonus, overtime pay or other extra compensation.

**Employee**

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

**Employer**

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

**Full-time**

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

**Furlough**

Furlough means a temporary suspension or alteration of Active Service initiated by the Employer, for a period of time specified in advance not to exceed 30 days at a time.

**Good Cause**

A medical reason preventing participation in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to us.

**Injury**

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

**Insurability Requirement**

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

**Insurance Company**

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

**Insured**

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

**Physician**

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

**Prior Plan**

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

**Regular Occupation**

The occupation you routinely perform at the time the Disability begins. In evaluating the Disability, we will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

**Rehabilitation Plan**

A written plan designed to enable you to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which we may provide, arrange or authorize education, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

**Sickness**

The term Sickness means a physical or mental illness.

**Temporary Layoff**

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer, other than a Furlough as defined. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.10 as modified by TL-009980



## **IMPORTANT CHANGES FOR STATE REQUIREMENTS**

If you reside in one of the following states, please read the important changes below. The provisions of your certificate are modified for residents of the following states. The modifications listed apply only to residents of that state, and only when the underlying provision is included in the certificate.

### **Louisiana residents:**

The percentage of Covered Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.

### **Massachusetts residents:**

#### **Continuation of Insurance after leaving the group**

If you leave the group covered under the Policy, insurance for you will be continued until the earliest of the following dates:

1. 31 days from the date you leave the group;
2. The date you become eligible for similar benefits.

#### **Continuation of Insurance due to a Plant Closing or Partial Closing**

If you leave the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for you will be continued until the earliest of the following dates:

1. 90 days from the date of the Plant Closing or Partial Closing;
2. The date you become eligible for similar benefits.

**Definitions :** For purposes of this provision:

**Plant Closing** means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

**Partial Closing** means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

### **Minnesota residents:**

The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.

### **Texas residents:**

Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.

### **Washington residents:**

The following definition of "Children" as stated under the Survivor Benefit is applicable to Washington residents.

"Children" means as Employee's children under age 26 who are chiefly dependent upon the Employee for support and maintenance.



**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a Cigna company**

Class 1  
06/2014



# Florida Virtual School

## 2019 Life and Disability Insurance Pricing Workbook

Responding Carrier:

INSTRUCTIONS: Complete the pricing workbook below and include your carrier name above this line. The cells highlighted in light blue are editable; all others are locked to prevent modification. This sheet must be returned electronically.

Coverage	Current					Quoted						
	Lives	Volume	Monthly Rate	Monthly Premium	Annual Premium	Monthly Rate	Monthly Premium	Annual Premium	% Change	Commission (please enter for all lines)	Rate Guarantee (please enter for all lines)	Notes
Basic Life	2,157	\$85,962,000	\$0.047	\$4,040.21	\$48,482.57		\$0.00	\$0.00	-100%			
Retiree Life	36	\$360,000	\$0.470	\$169.20	\$2,030.40		\$0.00	\$0.00	-100%			
AD&D	2,157	\$85,962,000	\$0.015	\$1,289.43	\$15,473.16		\$0.00	\$0.00	-100%			
Optional Life: EE	Total	915	\$110,553,000		\$20,792.51	\$249,510.12		\$0.00	\$0.00	-100%		
	(<20)	0	\$0	\$0.068	\$0.00	\$0.00		\$0.00	\$0.00			
	(20-24)	2	\$350,000	\$0.068	\$23.80	\$285.60		\$0.00	\$0.00			
	(25-29)	45	\$4,400,000	\$0.068	\$299.20	\$3,590.40		\$0.00	\$0.00			
	(30-34)	139	\$16,460,000	\$0.080	\$1,316.80	\$15,801.60		\$0.00	\$0.00			
	(35-39)	245	\$33,780,000	\$0.102	\$3,445.56	\$41,346.72		\$0.00	\$0.00			
	(40-44)	204	\$24,100,000	\$0.161	\$3,880.10	\$46,561.20		\$0.00	\$0.00			
	(45-49)	142	\$18,030,000	\$0.263	\$4,741.89	\$56,902.68		\$0.00	\$0.00			
	(50-54)	76	\$8,420,000	\$0.399	\$3,359.58	\$40,314.96		\$0.00	\$0.00			
	(55-59)	39	\$3,380,000	\$0.595	\$2,011.10	\$24,133.20		\$0.00	\$0.00			
	(60-64)	19	\$1,520,000	\$0.986	\$1,498.72	\$17,984.64		\$0.00	\$0.00			
	(65-69)	3	\$65,000	\$1.776	\$115.44	\$1,385.28		\$0.00	\$0.00			
	(70-74)	1	\$48,000	\$2.090	\$100.32	\$1,203.84		\$0.00	\$0.00			
	(75-79)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
	(80-84)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
	(85-89)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
Optional Life: SP	Total	403	\$18,870,400		\$3,554.14	\$42,649.70		\$0.00	\$0.00	-100%		
	(<20)	0	\$0	\$0.068	\$0.00	\$0.00		\$0.00	\$0.00			
	(20-24)	1	\$75,000	\$0.068	\$5.10	\$61.20		\$0.00	\$0.00			
	(25-29)	19	\$805,000	\$0.068	\$54.74	\$656.88		\$0.00	\$0.00			
	(30-34)	54	\$2,635,000	\$0.080	\$210.80	\$2,529.60		\$0.00	\$0.00			
	(35-39)	101	\$5,185,000	\$0.102	\$528.87	\$6,346.44		\$0.00	\$0.00			
	(40-44)	97	\$4,585,000	\$0.161	\$738.19	\$8,858.22		\$0.00	\$0.00			
	(45-49)	70	\$3,482,000	\$0.263	\$915.77	\$10,989.18		\$0.00	\$0.00			
	(50-54)	32	\$1,225,000	\$0.399	\$488.78	\$5,865.30		\$0.00	\$0.00			
	(55-59)	20	\$658,000	\$0.595	\$391.51	\$4,698.12		\$0.00	\$0.00			
	(60-64)	7	\$216,500	\$0.986	\$213.47	\$2,561.63		\$0.00	\$0.00			
	(65-69)	2	\$3,900	\$1.776	\$6.93	\$83.12		\$0.00	\$0.00			
	(70-74)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
	(75-79)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
	(80-84)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
	(85-89)	0	\$0	\$2.090	\$0.00	\$0.00		\$0.00	\$0.00			
Optional Life: CH		362	\$3,400,000	\$0.320	\$1,088.00	\$13,056.00		\$0.00	\$0.00	-100%		
STD (WI): Core		2,157	\$539,250	\$0.080	\$4,314.00	\$51,768.00		\$0.00	\$0.00	-100%		
STD (WI): Buy-Up		545	\$374,229	\$0.156	\$5,837.98	\$70,055.72		\$0.00	\$0.00	-100%		
LTD		2,157	\$9,759,383	\$0.0760	\$7,417.13	\$89,005.58		\$0.00	\$0.00	-100%		