

**COST PROPOSAL
RFP 120084 O5 BAFO
STD AND LTD INSURANCE PLAN OPTIONS**

Bidder Name: MetLife

Bidders shall fill in proposed premium amounts for each column provided below.

Prices submitted on the cost sheet, once accepted by the State, shall remain fixed for the first two (2) years of the contract. Any request for a price increase subsequent to the first two (2) years of the contract shall not exceed four percent (4 %) of the price proposed for the period. Increases shall not be cumulative and will only apply to that period of the contract. The request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

This is the rate an employee will pay for 60% of basic gross monthly pay.

SHORT TERM DISABILITY INSURANCE, 1ST DAY ACCIDENT, 8TH DAY ILLNESS	Estimated # of Employees	Initial Period Year One	Initial Period Year Two	Optional Renewal One	Optional Renewal Two	Optional Renewal Three
Rate per \$10 of Weekly Benefit						
Under 25	202	\$0.28	\$0.28	\$0.28	\$0.29	\$0.29
25-29	330	\$0.26	\$0.26	\$0.26	\$0.27	\$0.27
30-34	358	\$0.28	\$0.28	\$0.28	\$0.29	\$0.29
35-39	361	\$0.22	\$0.22	\$0.22	\$0.23	\$0.23
40-44	433	\$0.24	\$0.24	\$0.24	\$0.25	\$0.25
45-49	362	\$0.24	\$0.24	\$0.24	\$0.25	\$0.25
50-54	412	\$0.28	\$0.28	\$0.28	\$0.29	\$0.29
55-59	357	\$0.34	\$0.34	\$0.34	\$0.35	\$0.35
60-64	249	\$0.42	\$0.42	\$0.42	\$0.44	\$0.44
65 & Over	86	\$0.48	\$0.48	\$0.48	\$0.50	\$0.50
LONG TERM DISABILITY INSURANCE, 6 MONTH ELIMINATION PERIOD						
Estimated # of Employees	Initial Period Year One	Initial Period Year Two	Optional Renewal One	Optional Renewal Two	Optional Renewal Three	
Rate per \$100 of Monthly Covered Payroll						
Under 25	221	\$0.04	\$0.04	\$0.04	\$0.04	\$0.04
25-29	478	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06
30-34	551	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10
35-39	627	\$0.12	\$0.12	\$0.12	\$0.12	\$0.12
40-44	749	\$0.14	\$0.14	\$0.14	\$0.15	\$0.15
45-49	669	\$0.20	\$0.20	\$0.20	\$0.21	\$0.21
50-54	749	\$0.30	\$0.30	\$0.30	\$0.31	\$0.31
55-59	747	\$0.34	\$0.34	\$0.34	\$0.35	\$0.35
60-64	715	\$0.36	\$0.36	\$0.36	\$0.37	\$0.37
65-69	248	\$0.38	\$0.38	\$0.38	\$0.40	\$0.40
70 & Over	43	\$0.40	\$0.40	\$0.40	\$0.42	\$0.42

Please note that if MetLife's Voluntary Benefit package is bundled with the STD and LTD,