



April 1, 2022

**County of Marshall**

Attn: North Risk Partners

[Sent Electronically]

**RE: 2022 Sourcewell Employee Benefits Program Renewal**

Dear Sourcewell Program Member:

As a valued member of the Sourcewell Employee Benefits Program, we want to thank you for your participation. The Program continues to successfully provide its members with cost stability and wholesale discounts.

Your **Life/AD&D, Long Term and Short Term Disability** benefits are scheduled to renew July 1, 2022 for a period of one (1) year, until June 30, 2023.

To finalize this renewal, please sign and return the attached Renewal Confirmation. Plan change requests are due by May 1<sup>st</sup>. Confirmation of your renewal with or without plan changes is due no later than June 1, 2022. If we do not receive your renewal confirmation notice by June 1<sup>st</sup>, we will assume that you agree with the renewal and we will continue your coverage with no plan changes.

Thank you for the opportunity to meet your employee benefit needs.

Sincerely,

A handwritten signature in cursive script that reads "Cathy Huynh".

Cathy Huynh  
Programs Service Manager  
Alliant Employee Benefits

cc: Ryan Donovan, Sourcewell  
Laura Dwyer, Sourcewell  
Pat Moore, Alliant Employee Benefits



## Renewal rates from Sun Life

Renewal Effective Date	7/1/2022		
Group Policy Name	County of Marshall		
Group Policy Number	231842		

### Basic Life and AD&D

Coverage	Current Rate	Renewal Rate	Rate Guarantee
Basic Life	0.140	0.154	12 Month
Basic AD&D	0.017	0.017	12 Month

Rate Basis: Per \$1,000 of Coverage

### Voluntary Life Smoker Rates

Employee & Spouse Coverage	Current Rate	Renewal Rate	Rate Guarantee
0-24	0.111	0.111	12 Month
25-29	0.111	0.111	12 Month
30-34	0.120	0.120	12 Month
35-39	0.176	0.176	12 Month
40-44	0.292	0.292	12 Month
45-49	0.489	0.489	12 Month
50-54	0.782	0.782	12 Month
55-59	1.227	1.220	12 Month
60-64	1.415	1.450	12 Month
65-69	1.993	1.993	12 Month
70-74	3.730	3.730	12 Month
75+	3.730	3.730	12 Month
Child Optional Life	0.160	0.160	12 Month

Rate Basis: Per \$1,000 of Coverage

### Voluntary Life Non-Smoker Rates

Employee & Spouse Coverage	Current Rate	Renewal Rate	Rate Guarantee
0-24	0.066	0.066	12 Month
25-29	0.066	0.066	12 Month
30-34	0.060	0.060	12 Month
35-39	0.084	0.084	12 Month
40-44	0.135	0.135	12 Month
45-49	0.226	0.226	12 Month
50-54	0.371	0.371	12 Month
55-59	0.653	0.653	12 Month
60-64	0.858	0.858	12 Month
65-69	1.346	1.346	12 Month
70-74	2.722	2.722	12 Month
75+	2.722	2.722	12 Month
Child Optional Life	0.160	0.160	12 Month

Rate Basis: Per \$1,000 of Coverage

### Basic STD

Coverage	Current Rate	Renewal Rate	Rate Guarantee
Employee STD	0.318	0.318	12 Month

### Basic LTD

Coverage	Current Rate	Renewal Rate	Rate Guarantee
Employee LTD	0.116	0.116	12 Month

## Renewal Confirmation

Renew with no plan changes

We would like to confirm our renewal with the following plan changes:\_\_\_\_\_

\_\_\_\_\_

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

Printed Name:\_\_\_\_\_ Date:\_\_\_\_\_