

Solicitation 175-9699
Group Life, AD&D Insurance

City of Fort Lauderdale

Bid 175-9699 Group Life, AD&D Insurance

Bid Number 175-9699
Bid Title Group Life, AD&D Insurance

Bid Start Date In Held
Bid End Date Jan 24, 2007 2:00:00 PM EST
Question &
Answer End Jan 17, 2007 5:00:00 PM EST
Date

Bid Contact Michael F Walker
Procurement & Contracts Manager
Procurement
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Description

The City of Fort Lauderdale, Florida (City) is seeking proposals from qualified firms, hereinafter referred to as the Proposer, to provide Group Life and AD&D Insurance Services for the Finance Department, in accordance with the terms, conditions, and specifications contained in this Request for Proposal (RFP).

Request for Proposal

175-9699

GROUP LIFE AND AD&D INSURANCE

Opens: Wednesday, January 24, 2007



City of Fort Lauderdale

***Issued for Finance Department/Benefits Division
by the Procurement Services Department***

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(954) 828-5677**

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**City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D Insurance**

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**City of Fort Lauderdale
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1. INTRODUCTION

The City of Fort Lauderdale, Florida (City) is seeking proposals from qualified firms, hereinafter referred to as the Proposer, to provide Group Life and AD&D Insurance Services for the Finance Department, in accordance with the terms, conditions, and specifications contained in this Request for Proposal (RFP).

1.1 Objectives of Request for Proposals

- Maintain or improve existing benefit provisions
- Minimize the cost of providing
 - basic life and AD&D
 - voluntary life
 - dependent life
- Consider changing the existing benefits for Management & Confidential Employees to a benefit more competitive with the local public sector market.

1.2 Scope of Requests for Proposals

This Request for Proposals (hereinafter called RFP) is for

- basic life
- basic accidental death and dismemberment
- voluntary life & accidental death & dismemberment
- dependent life

The proposed effective date is April 1, 2007.

1.3 Agent of Record – Agent Participation

The City of Fort Lauderdale has designated Lloyd F. Rhodes of The Rhodes Insurance Group through an RFP process to act as consultant in reference to the City's Group Insurance Plans. The City of Fort Lauderdale remunerates The Rhodes Insurance Group directly for services rendered and no commissions are payable to the firm. While the services of other agents are not necessary, other Florida licensed insurance agents may submit proposals for consideration. Agents proposing must disclose all commission and/or bonus arrangements that are included in the proposed rates. In addition, a list of services offered as well as the agent's resume and references must also be included.

1.4 Tentative Time Schedule

<u>Date</u>	<u>Event</u>
Friday, January 12, 2007	Release RFP
Wednesday, January 17, 2007	Last date to submit questions
Wednesday, January 24, 2007	Proposals due in Purchasing office no later than 2:00 p.m. EST.
Tuesday, February 20, 2007	Recommendation of award to City Commission (Estimated)
April 1, 2007	Effective date of coverage

1.5 General Information

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The City of Fort Lauderdale provides basic life and AD&D coverage in the amount of \$10,000 to all management and confidential employees only. All employees have the ability to elect to participate in the voluntary life insurance plan with amounts of \$10,000, \$25,000, \$50,000, \$100,000 or \$150,000. The voluntary insurance is age rated and the basic life and AD&D is a flat rate of \$2.64 per \$1,000. Current participation in the voluntary plan is approximately 55% of those eligible.

Employees may also elect to cover dependents as follows:

- Guaranteed issue coverage for an employee's spouse is available in increments of \$5,000, subject to a maximum of \$20,000, not to exceed 50% of supplemental amount in force for employee;

OR

- With evidence of good health, coverage for an employee's spouse is available in increments of \$5,000 subject to maximum of \$75,000, not to exceed 50% of supplemental amount in force for employee.

Coverage for dependent children is also available. Children age 15 days to 6 months can be covered for \$1,000; children age 6 months or older can be covered for \$10,000.

Spouse life pricing is based on age. Coverage for dependent children is \$0.93 per child. These benefits have been subject to collective bargaining. Hartford has underwritten this plan since 1997.

Retirees are eligible to purchase coverage in the amount of \$10,000.

The City is looking to improve existing benefit provisions to include portability of the voluntary life insurance and the inclusion of tuition reimbursement for dependent children in the event of an accidental death as examples.

The City would like to receive an alternative proposal for management and confidential only of one times annual earnings rounded to the next higher thousand dollars to a maximum of \$250,000.

A description of the current Hartford benefits can be found in the attached files, *Hartford group life plan.pdf*, *Hartford contract.pdf*, *life contribution.pdf*, *life endorsement.pdf*, and *life provision endorsement.pdf*.

2. GENERAL PROVISIONS

2.1 Term of Contract

The contract will be based on a minimum of thirty-six months with two additional annual

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renewals thereafter based on the mutual consent of both parties. Proposals which extend fixed rate guarantees beyond thirty-six months are encouraged. Renewals after the initial guarantee period must be communicated no later than 120 days in advance.

2.2 Prices, Terms, Conditions Firm

Bidder warrants that the prices, terms and conditions quoted in the bid will be firm for a period of one hundred twenty (120) days from the date of the bid opening unless otherwise stated by the bidder. Incomplete, unresponsive, irresponsible, vague, or ambiguous responses to the invitations to bid will be cause for rejection as determined by the City.

2.3 Convicted Vendor List

Pursuant to the provisions of paragraph (2)(a) of section 287.133, Florida Statutes - "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 to 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 287.17, for Category Two(\$25,000.00) for a period of 36 months from the date of being placed on the convicted vendor list.

3. FORM OF VENDOR RESPONSE - CONTACT WITH THE CITY

3.1 Number of Copies

Proposers should submit nine (9) complete proposals, one original and eight (8) copies, which are organized as described in Section 4 of this RFP. The complete proposals must include all of the required information and documentation included in Section 4.

3.2 Proposal Deadline

Sealed proposal responses shall be submitted to the Procurement Services Department, City of Fort Lauderdale, 100 North Andrews Avenue, Fort Lauderdale, FL 33301, before the opening time of 2 p.m. on Wednesday, January 24, 2007. Proposals received after 2 p.m. on January 24, 2007, will be returned to the proposer unopened. The time of receipt of the proposal will be based on the time kept in the Procurement Services Department. Proposals are to be labeled RFP # 175-9699. Delivery of the proposals to the City's mailroom or to any other location other than the Procurement Services Department is not considered to meet the requirements for delivery. It is the sole responsibility of the proposer to assure that the proposal is delivered according to the terms of this section. **No copies of the response to the RFP shall be submitted to any other office or department of the City.**

3.3 Questions & Additional Information

For additional questions concerning technical specifications contained in this Request for Proposals or for information concerning the RFP response procedures, contact Michael F.

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Walker, Procurement and Contracts Manager at (954) 828-5677 or via e-mail to mwalker@fortlauderdale.gov, and to no other person or department at the City. Such contact is for clarification purposes only. Material changes, if any, must be in writing and must be received no later than Wednesday, January 17, 2007, before 5:00 pm EST. All questions will be reviewed by the Procurement Services Department which will determine whether an addendum should be issued as a result of any questions or other matters raised. If issued, the addendum will be incorporated into the Request for Proposal and will become part of the resulting contract.

The last date to submit requests for information is Wednesday, January 17, 2007. No plea of ignorance or delay or required need of additional information shall exempt a bidder from submitting a proposal on the required date and time as publicly noted.

Any questions Proposers wish to address and which might require an addendum must be submitted in writing to the City's Procurement Services Department. The City shall accept written questions of a material nature until the date and time shown in the RFP Schedule. All questions will be reviewed and an addendum issued, if applicable to all proposers who have been issued a copy of the RFP. To expedite receipt and response to these questions, Proposers are requested and **HIGHLY ENCOURAGED to use the Question/Answer function of the RFP DEPOT site, available to registered vendors of RFP Depot. (REGISTRATION IS FREE).** Visit www.rfpdepot.com

All inquiries should include the RFP number, and specify RFP Section number, page and paragraph reference for each question. It is anticipated that an addendum, if needed, will be issued within 2 days of the Last Date for Receipt of Questions.

3.4 Contact with City Personnel

Contacting other members of the Evaluation Committee, other City personnel either directly or indirectly, requesting the proposer's interest in being selected will result in the firms proposal being disqualified. The Procurement Services Department will determine whether an addendum should be issued as a result of any questions or other matters that are raised.

3.5 Withdrawal of Proposal

Should the proposer desire to change or withdraw the proposal they shall do so in writing. This communication is to be received by the Procurement Services Department, 100 North Andrews Avenue, Fort Lauderdale, FL 33301, prior to the date and hour of the proposal opening. The proposer's name and the RFP # 175-9699 must appear on the envelope.

3.6 Modification of Proposal

Should a proposer desire to modify their proposal prior to the opening date and time, the proposer must do so in writing. This communication must be received in the Procurement Services Department prior to the date and time of the proposal opening date. The proposer's name and RFP # 175-9699 must appear on the envelope. No unsolicited modifications to proposals will be permitted after the date and time of the proposal opening.

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3.7 Erasures or Corrections

Proposals having an erasure or corrections must be initialed by the bidder in ink. Bids shall be signed in ink. All quotations shall be typewritten or filled in with ink.

4. REQUIRED INFORMATION AND INSTRUCTIONS

Proposers must organize their proposals as follows:

- I Proposal Form
- II Proposed Benefit Summary - Life and AD&D
- III Proposed Premiums Form
- IV Responses to Interrogatories
- V Deviations to Plan Benefits
- VI References
- VII Additional Required Forms and Documentation
(Required forms are enclosed in Section 6 of this RFP)

4.1 Required Proposal Form and Cover Letter (optional)

Proposers must completely fill in all information requested on the proposal form and include this in Section I of the proposal. A cover letter may also be included in this section.

4.2 Benefit Summary

Proposers must provide a benefit summary outlining the benefits proposed. This summary is to be included in Section II of the proposal.

4.3 Premiums and Costs

All proposers must include the premiums for the coverages proposed in section III of the proposal. A premium form has been provided and must be completed for the benefits proposed and included in Section III of your proposal.

4.4 Interrogatories

All proposers must answer the Interrogatories enclosed in Section 7 of this RFP and include in Section IV of their proposal.

4.5 Deviations

Deviations to the existing plan benefits that represent either an improved benefit or a reduced benefit must be listed in Section V of the proposal. If the proposal has no deviations, a signed statement to that effect must be provided in Section IV of the proposal.

4.6 References

Proposers must provide a list of group clients including municipalities with more than 500 covered employees. Also include names of persons and phone numbers who may be contacted for references. A form has been provided in Section 6 of this RFP. The completed form(s) should be placed in Section VI of the proposal.

4.7 Conversion Policy

Please provide a sample conversion policy in Section VII of the proposal.

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4.8 Additional Required Forms and Documentation

The forms and documentation outlined below must be furnished in Section VII of the proposal.

Required Forms

- Proposer's Warranty
- Drug-Free Workplace Statement

Documentation

- Copy of State of Florida Corporate Certificate of Authority
- Sample contract(s) for the plans proposed including complete benefit description with exclusions and limitations
- Most current annual report

5. Evaluation Criteria

In the evaluation of the responses to this RFP and in making a recommendation for award, a number of factors will be considered. These factors will include, but may not be limited to, the criteria as listed in this section. Information submitted in response to Section 4 of this RFP, Required Information, as well as information obtained from references and/or interviews with the firms (if required) will be used during the evaluation process.

Criteria	Maximum Points
A. The level of benefits & provisions	25
B. Financial strength of the underwriting company	15
C. Premium cost	30
D. The ability to provide efficient service for claims and billing	20
E. The satisfaction level of existing employer clients	10
Total	100

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6. REQUIRED FORMS

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6.1 Bid/Proposal Signature Page

How to submit bids/proposals: It will be the sole responsibility of the Bidder to ensure that his bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Submitted by:

(signature)

(date)

Name (printed)

Title: _

Company: (Legal Registration)

CONTRACTOR, IF FOREIGN CORPORATION, SHALL BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/doc/>).

Address:

City

State:

Zip

Telephone No.

FAX No.

E-MAIL:

Does your firm qualify for MBE or WBE status (section 1.08):

MBE WBE

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ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in his proposal:

Addendum No.

Date Issued

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation.

Variations:

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6.2 Proposer's Identification

Proposer's Identification

Name of Organization:

Address:

Contact Person:

Telephone Numbers

Daytime:

After Hours/Mobile:

Fax:

E-Mail:

PROPOSER'S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE

Name of Firm:

Address:

Group Representative or
Account Executive:

Telephone Numbers

Daytime:

After Hours/Mobile:

Fax:

E-Mail:

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Name of Proposer

6.3 Proposer's Warranty

The undersigned person by the undersigned's signature affixed hereon warrants that:

- A. The undersigned is an officer, partner or a sole proprietor of the firm and the enclosed proposal is submitted on behalf of the firm;
- B. The undersigned has carefully reviewed all the materials and data provided on the firm's proposal on behalf of the firm, and, after specific inquiry, believes all the material and data to be true and correct;
- C. The firm authorizes the City, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing any appropriate data with respect to the firm offering this proposal;
- D. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions as set forth in the RFP other than the deviations noted ;
- E. If this proposal is accepted, the contract will be issued as proposed.

Name of Firm

Signature of Authorized Representative

Title of Authorized Representative

Date Signed by Authorized Representative

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Name of Proposer

6.4 Premium Form

	Rates Current Coverage*	Rates One Times Annual Earnings*
Basic Life		
Benefit volume	2,110,000	18,371,000
Proposed monthly rate per \$1,000 of benefit	_____	_____
Total monthly premium	_____	_____
 Basic Accidental Death and Dismemberment		
Benefit volume	2,110,000	18,371,000
Proposed monthly rate	_____	_____
Total monthly premium	_____	_____

Length of rate guarantee (requested 3 years) _____

* These rates apply only to the management & confidential employee census

Voluntary Life		(no AD&D)	
Age	Monthly Rates per \$1,000 of benefit	Age	Monthly Rates per \$1,000 of benefit
under 30	_____	60-64	_____
30-34	_____	65-69	_____
35-39	_____	70-74	_____
40-44	_____	75-79	_____
45-49	_____	80-84	_____
50-54	_____	85-89	_____
55-59	_____		

Voluntary AD&D
Rate per \$1,000 of benefit _____

Length of rate guarantee (requested 3 years) _____

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Name of Proposer _____

6.5 Dependent Life Premium Form

**Spouse (no AD&D)
Dependent Life**

Spouse's Age	Monthly Rates per \$1,000 of benefit	Spouse's Age	Monthly Rates per \$1,000 of benefit
under 30	_____	60-64	_____
30-34	_____	65-69	_____
35-39	_____	70-74	_____
40-44	_____	75-79	_____
45-49	_____	80-84	_____
50-54	_____	85-89	_____
55-59	_____		

Children Monthly Life Rates

Per Child Per Month Rate

age 2 weeks to 6 months	_____
age 6 months to 19 years	_____

Length of rate guarantee (requested 3 years) _____

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Name of Proposer

6.6 Reference Form

This form is to be included in Section V of your proposal.

1. Name of Company
Total Number of Full-Time Employees
Name & Title of Contact
Email Address
Telephone Number
Fax Number
Type of Benefits Provided
Number of Employees Covered
Plan Inception Date

2. Name of Company
Total Number of Full-Time Employees
Name & Title of Contact
Email Address
Telephone Number
Fax Number
Type of Benefits Provided
Number of Employees Covered
Plan Inception Date

3. Name of Company
Total Number of Full-Time Employees
Name & Title of Contact
Email Address
Telephone Number
Fax Number
Type of Benefits Provided
Number of Employees Covered
Plan Inception Date

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Name of Proposer

Reference Form, continued

4. Name of Company

Total Number of Full-Time Employees

Name & Title of Contact

Email Address

Telephone Number

Fax Number

Type of Benefits Provided

Number of Employees Covered

Plan Inception Date

5. Name of Company

Total Number of Full-Time Employees

Name & Title of Contact

Email Address

Telephone Number

Fax Number

Type of Benefits Provided

Number of Employees Covered

Plan Inception Date

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Name of Proposer

6.7 No Bid Form

NO BID COMMENTS: If you are unable to respond to our Request for Proposal, we would appreciate your comments as to your reason for submitting a NO BID. Please insert your comments in the space that follows and return this form to

Procurement & Contract Division
City of Fort Lauderdale
100 North Andrews Avenue
Fort Lauderdale, FL 33301

Your response will assist us in future solicitations.

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6.8 NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

<u>NAME</u>	<u>RELATIONSHIPS</u>
-	
-	
-	

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7. interrogatories

7.1 General Interrogatories – Insurance Companies

1. Provide the following ratings:

	Rating	Date of Rating
AM Best	_____	_____
Duff & Phelps	_____	_____
Moody's	_____	_____
Standard & Poors	_____	_____

2. What enrollment forms and/or start-up procedures will you require? Will you accept the current plan enrollment forms for Basic Life & Voluntary Life?

3. If an employee is not “actively at work” on the effective date and this individual is not covered under the prior carrier’s extension of benefit or waiver of premium provision, will you cover this individual?

4. What is your timetable for producing a master contract and benefits booklets.

7.2 Life and AD&D Interrogatories – Insurance Companies

1. Do you agree to cover all presently insured employees, retirees and others, whether at work, disabled or otherwise on approved absence on the effective date of coverage? _____

2. In terms of funding, have you proposed a fully insured, experience rated contract?

3. Does your proposal include a life waiver of premium provision? If so, for how many months must an employee be “totally disabled” to be eligible for premium waiver?

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4. Please describe your actuarial methodology for “booking” waiver of premium claims against the group’s experience. What is the impact on renewal rates?

5. Please provide a description of your conversion policy including rates.

6. Is your accelerated death benefit calculated on both the basic and optional benefit? How is this calculated and is there a maximum benefit?

7. Does your company include interest on claims incurred but not yet paid to beneficiaries? If yes, please provide an explanation of how the interest is calculated.

8. Please describe the settlement options available to beneficiaries.

9. Is the voluntary life plan schedule available to all eligible employees on a guarantee issue basis? If not please provide a detailed explanation including any participation requirements.

10. Is there a minimum participation requirement for the voluntary life? If so, what is it?

11. Please provide the address and phone number and name of the service representative

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that would be servicing this account.

- 12. Do your benefits include any value added riders such as Worldwide Travel Emergency Assistance? If so, please include a description with your benefit descriptions.

- 13. Is the voluntary term life portable upon termination of employment? _____. If yes, please describe the provisions, rates and terms.

- 14. In the event of an insured's death, does the policy provide benefits such as tuition reimbursement or educational assistance for survivors? If yes, please provide a description of the benefits.

- 15. The City is requesting that experience reports include summaries of paid claims and premiums by coverage by plan year in addition to detail reports including waiver of premium claims. Is your Company capable of providing this information? _____
Please provide sample reports in Section VII of your response.

- 16. If domestic partner coverage is included at a later date, is there a cost impact to offering dependent life coverage to those who qualify?

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8. LIFE and AD&D UNDERWRITING INFORMATION

8.1 Life Experience

**Hartford Life Liability Report
7/1/03 through 11/30/06**

Supplemental AD&D

Gender	Date of Birth	Date of Death	Date of Disability	Process Date	Rated Amount	Pooled Amount	Interest Amount	Total Amount
M	5/14/1950	5/31/2005	5/31/2005	2/21/2006	0.00	10,000.00	0.00	10,000.00

Voluntary Life

Gender	Date of Birth	Date of Death	Date of Disability	Process Date	Rated Amount	Pooled Amount	Interest Amount	Total Amount
M	8/30/1944	5/24/2005	12/7/2004	6/27/2005	0.00	50,000.00	0.00	50,000.00
M	11/8/1942	6/22/2005	6/8/2005	8/2/2005	0.00	10,000.00	0.00	10,000.00
M	6/29/1966	9/20/2003	9/16/2003	10/24/2003	0.00	50,000.00	0.00	50,000.00
M	11/13/1952	11/18/2004	11/17/2004	12/23/2004	0.00	25,000.00	0.00	25,000.00
M	11/8/1953	7/31/2003	7/30/2003	9/9/2003	0.00	50,000.00	295.92	50,295.92
M	4/26/1929	9/18/2003	7/1/1997	12/21/2003	0.00	6,500.00	0.00	6,500.00
M	7/14/1945	1/29/2006	7/1/1997	2/23/2006	0.00	10,000.00	0.00	10,000.00
F	8/14/1946	11/25/2003	6/20/2003	1/30/2004	0.00	10,000.00	0.00	10,000.00
M	8/14/1938	5/28/2004	5/21/2004	9/10/2004	0.00	10,000.00	0.00	10,000.00
M	5/22/1959	5/30/2004	10/21/2003	8/2/2004	0.00	100,000.00	0.00	100,000.00
M	1/9/1939	5/12/2004	1/1/2004	6/8/2004	0.00	10,000.00	0.00	10,000.00
M	5/14/1950	5/31/2005	5/27/2005	7/20/2005	0.00	10,000.00	0.00	10,000.00
M	5/27/1954	6/15/2005	4/1/2004	9/1/2005	0.00	50,000.00	0.00	50,000.00

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8.2 Billed Premium – Life

Hartford premium information can be found in the attached files, *Premium paid-detail.pdf* and *premium paid-summary.pdf*.

8.3 Census Data

See attached Excel file *RFP census.xls*.

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EXHIBIT "A"

**City of Fort Lauderdale
GENERAL CONDITIONS**

These instructions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Department. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

- 1.01 **BIDDER ADDRESS:** The City uses automated vendor address lists that been generated for each specific Commodity Class item through our bid issuing service, RFP Depot. Notices of Invitations to Bid (ITB'S) are sent by e-mail or fax to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with RFP Depot in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact RFP Depot. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.
- 1.02 **DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.
- 1.03 **PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 30 days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the office specified, whichever occurs last. Bidder may offer cash discounts for prompt payment but they will not be considered in determination of award. If a Bidder offers a discount, it is understood that the discount time will be computed from the date of satisfactory delivery, at the place of acceptance, and receipt of correct invoice, at the office specified, whichever occurs last.
- 1.04 **TOTAL BID DISCOUNT:** If Bidder offers a discount for award of all items listed in the bid, such discount shall be deducted from the total of the firm net unit prices bid and shall be considered in tabulation and award of bid.
- 1.05 **BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that his bid and the prices quoted in his bid will be firm for acceptance by the City for a period of ninety (90) days from the date of bid opening unless otherwise stated in the ITB.
- 1.06 **VARIANCES:** For purposes of bid evaluation, Bidder's must indicate any variances, no matter how slight, from ITB General Conditions, Special Conditions, Specifications or Addenda in the space provided in the ITB. No variations or exceptions by a Bidder will be considered or deemed a part of the bid submitted unless such variances or exceptions are listed in the bid and referenced in the space provided on the bidder proposal pages. If variances are not stated, or referenced as required, it will be assumed that the product or service fully complies with the City's terms, conditions, and specifications.
- By receiving a bid, City does not necessarily accept any variances contained in the bid. All variances submitted are subject to review and approval by the City. If any bid contains material variances that, in the City's sole opinion, make that bid conditional in nature, the City reserves the right to reject the bid or part of the bid that is declared, by the City as conditional.
- 1.07 **NO BIDS:** If you do not intend to bid please indicate the reason, such as insufficient time to respond, do not offer product or service, unable to meet specifications, schedule would not permit, or any other reason,

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in the space provided in this ITB. Failure to bid or return no bid comments prior to the bid due and opening date and time, indicated in this ITB, may result in your firm being deleted from our Bidder's registration list for the Commodity Class Item requested in this ITB.

- 1.08 MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION AND BUSINESS DEFINITIONS:** The City of Fort Lauderdale wants to increase the participation of Minority Business Enterprises (MBE), Women Business Enterprises (WBE), and Small Business Enterprises (SBE) in its procurement activities. If your firm qualifies in accordance with the below definitions please indicate in the space provided in this ITB.

Minority Business Enterprise (MBE) "A Minority Business" is a business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

The term 'Minority Business Enterprise' means a business at least 51 percent of which is owned by minority group members or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. For the purpose of the preceding sentence, minority group members are citizens of the United States who include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

Women Business Enterprise (WBE) a "Women Owned or Controlled Business is a business enterprise at least 51 percent of which is owned by females or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by females.

Small Business Enterprise (SBE) "Small Business" means a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than \$1,000,000 in annual gross receipts.

BLACK, which includes persons having origins in any of the Black racial groups of Africa.

WHITE, which includes persons whose origins are Anglo-Saxon and Europeans and persons of Indo-European decent including Pakistani and East Indian.

HISPANIC, which includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN, which includes persons whose origins are American Indians, Eskimos, Aleuts, or Native Hawaiians.

ASIAN AMERICAN, which includes persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

1.09 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION

It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms. Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal. If a proposer is considered for award, he will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

- 1.09(a) CERTIFICATION BY BROWARD COUNTY, FL:** If awarded a contract or purchase order as a result of this solicitation, and if the awarded contractor/vendor is claiming minority status in accordance with

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Section 1.08 of the General Conditions, then said awarded contractor/vendor shall apply for certification by Broward County, Florida, Division of Equal Employment and Small Business Opportunity. Contractor/vendor shall provide documentation of application status, and once approved or disapproved by Broward County, must also provide that documentation to the Procurement Services Department of the City of Fort Lauderdale.

Part II DEFINITIONS/ORDER OF PRECEDENCE:

- 2.01 **BIDDING DEFINITIONS** The City will use the following definitions in it's general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:

INVITATION TO BID (ITB) when the City is requesting bids from qualified Bidders.

REQUEST FOR PROPOSALS (RFP) when the City is requesting proposals from qualified Proposers.

BID – a price and terms quote received in response to an ITB.

PROPOSAL – a proposal received in response to an RFP.

BIDDER – Person or firm submitting a Bid.

PROPOSER – Person or firm submitting a Proposal.

RESPONSIVE BIDDER – A person whose bid conforms in all material respects to the terms and conditions included in the ITB.

RESPONSIBLE BIDDER – A person who has the capability in all respects to perform in full the contract requirements, as stated in the ITB, and the integrity and reliability that will assure good faith performance.

FIRST RANKED PROPOSER – That Proposer, responding to a City RFP, whose Proposal is deemed by the City, the most advantageous to the City after applying the evaluation criteria contained in the RFP.

SELLER – Successful Bidder or Proposer who is awarded a Purchase Order or Contract to provide goods or services to the City.

CONTRACTOR – Successful Bidder or Proposer who is awarded a Purchase Order, award Contract, Blanket Purchase Order agreement, or Term Contract to provide goods or services to the City.

CONTRACT – A deliberate verbal or written agreement between two or more competent parties to perform or not to perform a certain act or acts, including all types of agreements, regardless of what they may be called, for the procurement or disposal of equipment, materials, supplies, services or construction.

CONSULTANT – Successful Bidder or Proposer who is awarded a contract to provide professional services to the City.

The following terms may be used interchangeably by the City: ITB, or RFP; Bid or Proposal; Bidder, Proposer, or Seller; Contractor or Consultant; Contract, Award, Agreement or Purchase Order.

- 2.02 **SPECIAL CONDITIONS:** Any and all Special Conditions contained in this ITB that may be in variance or conflict with these General Conditions shall have precedence over these General Conditions. If no changes or deletions to General Conditions are made in the Special Conditions, then the General Conditions shall prevail in their entirety,

PART III BIDDING AND AWARD PROCEDURES:

- 3.01 **SUBMISSION AND RECEIPT OF BIDS:** To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidder's should use the proposal forms provided by the City. These forms may be duplicated, but failure to use the forms may cause the bid to be rejected. Any erasures or corrections on the bid must be made in ink and initialed by Bidder in ink. All information submitted by the Bidder shall be printed, typewritten or filled in with pen and ink. Bids shall be signed in ink. Separate bids must be submitted for each ITB issued by the City in separate sealed envelopes properly marked. When a particular ITB or RFP requires multiple copies of bids or proposals they may be included in a single envelope or package properly sealed and identified. Only send bids via facsimile transmission (FAX) if the ITB specifically states that bids sent via FAX will be considered. If

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such a statement is not included in the ITB, bids sent via FAX will be rejected. Bids will be publicly opened in the Procurement Office, or other designated area, in the presence of Bidder's, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.

- 3.02 **MODEL NUMBER CORRECTIONS:** If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.
- 3.03 **PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.
- 3.04 **TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption **number for Federal Excise taxes is 59-74-0111K, and State Sales tax exemption number is 16-03-196479-54C.**
- 3.05 **WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.
- 3.06 **APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in his bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in his bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.
- 3.07 **MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet, or exceed these items, and feels that the technical specifications are overly restrictive, he must notify the Procurement Division immediately. Such notification must be received by the Procurement Services Department prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.
- 3.08 **MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle him to any relief from the conditions imposed in the contract.
- 3.09 **SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after

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the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.

- 3.10 **LIFE CYCLE COSTING:** If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact, and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.
- 3.11 **BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically stated in the ITB, the City may give preference to bids containing items manufactured with recycled material or packaging that is able to be recycled.
- 3.12 **USE OF OTHER GOVERNMENTAL CONTRACTS:** The City reserves the right to reject any part or all of any bids received and utilize other available governmental contracts, if such action is in its best interest.
- 3.13 **QUALIFICATIONS/INSPECTION:** Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The Procurement Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform.
- 3.14 **BID SURETY:** If Special Conditions require a bid security, it shall be submitted in the amount stated. A bid security can be in the form of a bid bond, postal money order, cashiers check, or irrevocable letter of credit. Bid security will be returned to the unsuccessful bidders as soon as practicable after opening of bids. Bid security will be returned to the successful bidder after acceptance of the performance bond or irrevocable letter of credit, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions.
- 3.15 **PUBLIC RECORDS:** Florida law provides that municipal records shall at all times be open for personal inspection by any person. Section 119.01, F.S., The Public Records Law. Information and materials received by City in connection with an ITB response shall be deemed to be public records subject to public inspection upon award, recommendation for award, or 10 days after bid opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in Section 119.07, F.S. If the Proposer believes any of the information contained in his or her response is exempt from the Public Records Law, then the Proposer, must in his or her response, specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption. The City's determination of whether an exemption applies shall be final, and the Proposer agrees to defend, indemnify, and hold harmless the City and the City's officers, employees, and agents, against any loss or damages incurred by any person or entity as a result of the City's treatment of records as public records.

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- 3.15 **PROHIBITION OF INTEREST:** No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City.
- 3.16 **RESERVATIONS FOR AWARD AND REJECTION OF BIDS:** The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid.

If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.

- 3.17 **LEGAL REQUIREMENTS:** Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof.

PART IV BONDS AND INSURANCE

- 4.01 **PERFORMANCE BOND/IRREVOCABLE LETTER OF CREDIT:** If a performance bond or irrevocable letter of credit is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond or an Unconditional Irrevocable Letter of Credit payable to the City of Fort Lauderdale, Florida, in the face amount specified in Special Conditions as surety for faithful performance under the terms and conditions of the contract. If the bond is on an annual coverage basis, renewal for each succeeding year shall be submitted to the City thirty (30) days prior to the termination date of the existing Performance Bond. The Performance Bond must be executed by a surety company of recognized standing, authorized to do business in the State of Florida and having a resident agent. If a Letter of Credit is chosen, it must be in a form acceptable to the City, drawn on a local (Broward, Dade or Palm Beach Counties) bank acceptable to the City and issued in favor of the City of Fort Lauderdale, Florida. If a Bidder wishes to use a non-local bank, he must have prior City approval of the requirements to draw against the Letter of Credit.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond or Irrevocable Letter of Credit is not intended to be nor shall be deemed to be in the nature of liquidated damages nor is it intended to limit the liability of the Contractor to the City in the event of a

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material breach of this Agreement by the Contractor.

- 4.02 **INSURANCE:** If the Contractor is required to go on to City property to perform work or services as a result of ITB award, the Contractor shall assume full responsibility and expense to obtain all necessary insurance as required by City or specified in Special Conditions.

The Contractor shall provide to the Procurement Services Department original certificates of coverage and receive notification of approval of those certificates by the City's Risk Manager prior to engaging in any activities under this contract. The Contractor's insurance is subject to the approval of the City's Risk Manager. The certificates must list the City as an ADDITIONAL INSURED and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting his bid, agrees to abide by such modifications.

PART V PURCHASE ORDER AND CONTRACT TERMS:

- 5.01 **COMPLIANCE TO SPECIFICATIONS, LATE DELIVERIES/PENALTIES:** Items offered may be tested for compliance to bid specifications. Items delivered which do not conform to bid specifications may be rejected and returned at Contractor's expense. Any violation resulting in contract termination for cause or delivery of items not conforming to specifications, or late delivery may also result in:
- Bidder's name being removed from the City's bidder's mailing list for a specified period and Bidder will not be recommended for any award during that period.
 - All City Departments being advised to refrain from doing business with the Bidder.
 - All other remedies in law or equity.
- 5.02 **ACCEPTANCE, CONDITION, AND PACKAGING:** The material delivered in response to ITB award shall remain the property of the Seller until a physical inspection is made and the material accepted to the satisfaction of the City. The material must comply fully with the terms of the ITB, be of the required quality, new, and the latest model. All containers shall be suitable for storage and shipment by common carrier, and all prices shall include standard commercial packaging. The City will not accept substitutes of any kind. Any substitutes or material not meeting specifications will be returned at the Bidder's expense. Payment will be made only after City receipt and acceptance of materials or services.
- 5.03 **SAFETY STANDARDS:** All manufactured items and fabricated assemblies shall comply with applicable requirements of the Occupational Safety and Health Act of 1970 as amended, and be in compliance with Chapter 442, Florida Statutes. Any toxic substance listed in Section 38F-41.03 of the Florida Administrative Code delivered as a result of this order must be accompanied by a completed Material Safety Data Sheet (MSDS).
- 5.04 **ASBESTOS STATEMENT:** All material supplied must be 100% asbestos free. Bidder, by virtue of bidding, certifies that if awarded any portion of the ITB he will supply only material or equipment that is 100% asbestos free.
- 5.05 **OTHER GOVERNMENTAL ENTITIES:** If the Bidder is awarded a contract as a result of this ITB, he will, if he has sufficient capacity or quantities available, provide to other governmental agencies, so requesting, the products or services awarded in accordance with the terms and conditions of the ITB and resulting contract. Prices shall be F.O.B. delivered to the requesting agency.
- 5.06 **VERBAL INSTRUCTIONS PROCEDURE:** No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any City employee. Only those communications which are in writing from an authorized City representative may be considered. Only

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written communications from Contractors, which are assigned by a person designated as authorized to bind the Contractor, will be recognized by the City as duly authorized expressions on behalf of Contractors.

- 5.07 **INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor under this Agreement. Personal services provided by the Proposer shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, procurement policies unless otherwise stated in this ITB, and other similar administrative procedures applicable to services rendered under this contract shall be those of the Contractor.
- 5.08 **INDEMNITY/HOLD HARMLESS AGREEMENT:** The Contractor agrees to protect, defend, indemnify, and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorney fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to the bidding process. Without limiting the foregoing, any and all such claims, suits, or other actions relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violations of any applicable Statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.
- 5.09 **TERMINATION FOR CAUSE:** If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the provisions of this Agreement, the City may upon written notice to the Contractor terminate the right of the Contractor to proceed under this Agreement, or with such part or parts of the Agreement as to which there has been default, and may hold the Contractor liable for any damages caused to the City by reason of such default and termination. In the event of such termination, any completed services performed by the Contractor under this Agreement shall, at the option of the City, become the City's property and the Contractor shall be entitled to receive equitable compensation for any work completed to the satisfaction of the City. The Contractor, however, shall not be relieved of liability to the City for damages sustained by the City by reason of any breach of the Agreement by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the amount of damages due to the City from the Contractor can be determined.
- 5.10 **TERMINATION FOR CONVENIENCE:** The City reserves the right, in its best interest as determined by the City, to cancel contract by giving written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.
- 5.11 **CANCELLATION FOR UNAPPROPRIATED FUNDS:** The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.
- 5.12 **RECORDS/AUDIT:** The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The form of all records and reports shall be subject to the approval of the City's Internal Auditor. The Contractor agrees to make available to the City's Internal Auditor, during normal business hours and in Broward, Dade or Palm Beach Counties, all books of account, reports and records relating to this contract for the duration of the contract and retain them for a minimum period of one (1) year beyond the last day of the contract term.
- 5.13 **PERMITS, TAXES, LICENSES:** The successful Contractor shall, at his own expense, obtain all

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necessary permits, pay all licenses, fees and taxes, required to comply with all local ordinances, state and federal laws, rules and regulations applicable to business to be carried on under this contract.

- 5.14 **LAWS/ORDINANCES:** The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.
- 5.15 **NON-DISCRIMINATION:** There shall be no discrimination as to race, sex, color, creed, age or national origin in the operations conducted under this contract.
- 5.16 **UNUSUAL CIRCUMSTANCES:** If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party to the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:
1. The contract can be canceled by the City upon giving thirty (30) days written notice to the Contractor with no penalty to the City or Contractor. The Contractor shall fill all City requirements submitted to the Contractor until the termination date contained in the notice.
 2. The City requires the Contractor to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.
 3. If the City, in its interest and in its sole opinion, determines that the Contractor in a capricious manner attempted to use this section of the contract to relieve themselves of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a state period of time.

If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.

- 5.17 **ELIGIBILITY:** If applicable, the Contractor must first register with the Department of State of the State of Florida, in accordance with Florida State Statutes, prior to entering into a contract with the City.
- 5.18 **PATENTS AND ROYALTIES:** The Contractor, without exception, shall indemnify and save harmless the City and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.
- 5.19 **ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Manager or selected designee.

**City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D**

- 5.20 **LITIGATION VENUE:** The parties waive the privilege of venue and agree that all litigation between them in the state courts shall take place in Broward County, Florida and that all litigation between them in the federal courts shall take place in the Southern District in and for the State of Florida.

Form G-107 Rev. 06/06

City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D

EXHIBIT "B" Special Conditions

GENERAL CONDITIONS:

RFP General Conditions Form G-107 Rev 11/98 (GC) are included and made a part of this RFP as Exhibit "A".

VARIANCES:

While the City allows Proposers to take variances to the RFP terms, conditions, and specifications, the number and extent of variances taken will be considered in determining proposal responsiveness and in allocating proposal evaluation points. See Section 1.06 of GC.

NEWS RELEASES/PUBLICITY:

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project shall not be made without prior City approval.

RFP DOCUMENTS:

The Contractor shall examine the RFP carefully. Ignorance of the requirements will not relieve the Contractor from liability and obligations under the Contract.

ADDITIONAL INFORMATION: For information concerning procedures for responding to this RFP, technical specifications, etc., utilize the question / answer feature provided by RFP Depot. Such contact shall be for clarification purposes only. Material changes, if any, to the scope of services or bidding procedures will only be transmitted by written addendum (See addendum section of RFP Depot Site). No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the proposer has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required.

PROPOSERS' COSTS: The City shall not be liable for any costs incurred by proposers in responding to this RFP.

TRANSACTION FEES: The City of Fort Lauderdale uses RFP Depot (www.rfpdepot.com) to distribute proposals. There is no charge to vendors/contractors to register and participate in the solicitation process, nor will any fees be charged to the awarded vendor. Refer to www.rfpdepot.com for further information.

RULES AND PROPOSALS:

The signer of the proposal must declare that the only person(s), company or parties interested in the proposals as principals are named therein; that the proposal is made without collusion with any other person(s), company or parties submitting a proposal; that it is in all respects fair and in good faith, without collusion or fraud; and that the signer of the proposal has full authority to bind the principal proposal.

CONFIDENTIAL INFORMATION:

**City of Fort Lauderdale
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Florida law provides that municipal records shall at all times be open for personal inspection by any person. Section 119.01, F.S., The Public Records Law. Information and materials received by City in connection with all Proposer's response shall be deemed to be public records subject to public inspection upon award, recommendation for award or 10 days after bid opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in Section 119.07, F.S. Therefore, if the Proposer believes any of the information contained in his or her response is exempt from the Public Records Law, then the Proposer must in his or her response specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption, otherwise, the City will treat all materials received as public records.

MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION:

It is the desire of the City of Ft. Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside program in place, it is committed to a policy of equitable participation for these firms. **Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal.** If proposers are considered for award, they may be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

Certification by Broward County, Florida: If awarded a contract or purchase order as a result of this solicitation, and if the awarded contractor/vendor is claiming minority status in accordance with Section 1.08 of the general Conditions, then said awarded contractor/vendor will apply for certification by Broward County, Florida, Division of Equal Employment and Small Business Opportunity. Contractor/vendor will provide documentation of application status, and once approved or disapproved by Broward County, will also provide that documentation to the Procurement Division of the City of Fort Lauderdale.

See General Conditions Section 1.08 for MBE and WBE definitions.

APPROVED EQUAL OR ALTERNATE PRODUCT PROPOSALS:

The Technical Specifications contained in this RFP are to be used as a reference only and are not to be considered of a proprietary nature. These specifications represent a level of quality and features are desired by the City. The City is receptive to any product, which would be considered by qualified City personnel as an equivalent.

The proposer must state clearly in his proposal pages any variance to the specifications. If proposing an approved equal or alternate product or service, it will be the proposer's responsibility to provide adequate information in his proposal to enable the City to ensure that the proposal meets the required criteria. If adequate information is not submitted with the proposal, it may be rejected.

The City of Fort Lauderdale will be the sole judge in determining if the product or services proposed

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qualifies as approved equal. The City reserves the right to award to that proposal which will best serve the interest of the City as determined by the City. The City further reserves the right to waive minor variations to specifications and in the RFP process.

CONTRACT PERIOD:

The initial contract term shall commence upon final execution of the contract by the City and shall be for a THREE (3) YEAR period, subject to annual rate review and mutual approval and acceptance by the City and Contractor. Such annual rate reviews shall be based on the contract cost adjustment terms as outlined in paragraph 13. It is anticipated the contract term will begin on or about April 1, 2007. The City is interested in establishing a long-term relationship and will consider equitable price proposals that contain guaranteed multi-year terms, where such pricing is shown to be in the City's best interests.

The City reserves the right to extend the contract for up to two (2) additional one (1) year terms providing all terms conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City.

In the event services are scheduled to end because of the expiration of this contract, the Contractor shall continue the services upon the request of the Purchasing Director. The extension period shall not extend for more than ninety (90) days beyond the expiration date of the existing contract. The Contractor shall be compensated for the service at the rate in effect when this extension clause is invoked by the City.

INVOICES/PAYMENT

The City will accept invoices no more frequently than once per month. Each invoice shall fully detail related costs and shall specify the status of the particular task or project as of the date of the invoice as regards the accepted schedule for that task or project, IF APPLICABLE.

The City will endeavor to make payment on a correct invoice within thirty (30) days after receipt of an invoice acceptable to the City. If, at any time during the contract, the City shall not approve or accept the Contractor's work product, and an agreement cannot be reached between the City and the Contractor to resolve the problem to the City's satisfaction, the City shall negotiate with the Contractor on a payment for the work completed and usable to the City. This negotiated payment shall be based on the overall task or project breakdown, relative to the projected number of hours for each task element, and the percentage of work completed.

CONTRACT COST ADJUSTMENTS:

The costs as proposed and accepted by the City shall be firm for a minimum of three years from the initial contract start date. The costs for the subsequent contract years shall be subject to mutually agreed upon pricing based on the applicable medical cost index or indices for the State of Florida and actuarial review of the claims experience for the coverages provided for the preceding contract year. **Any requested cost adjustment shall be submitted to the City at least NINETY (90) days prior to the contract anniversary date.** Any approved cost adjustments shall become effective on the beginning date of the approved contract extension.

The City may, after examination, refuse to accept the adjusted costs if, they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs, and the matter cannot be resolved to the satisfaction of the City, the City reserves the right to cancel the contract upon giving thirty (30) days notice to the Contractor.

City of Fort Lauderdale
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NO EXCLUSIVE CONTRACT/ADDITIONAL SERVICES:

Contractor agrees and understands that the contract shall not be construed as an exclusive arrangement and further agrees that the City may, at any time, secure similar or identical services at its sole option.

DELETION OR MODIFICATION OF SERVICES:

The City reserves the right to delete any portion of this Contract at any time without cause, and if such right is exercised by the City, the total fee shall be reduced in the same ratio as the estimated cost of the work deleted bears to the estimated cost of the work originally planned. If work has already been accomplished on the portion of the Contract to be deleted, the Contractor shall be paid for the deleted portion on the basis of the estimated percentage of completion of such portion.

If the Contractor and the City agree on modifications or revisions to the task elements, after the City has approved work to begin on a particular task or project, and a budget has been established for that task or project, the Contractor will submit a revised budget to the City for approval prior to proceeding with the work.

ADDITIONAL ITEMS/SERVICES:

The City may require additional items or services of a similar nature, but not specifically listed in the contract. The contractor agrees to propose such items or services, and shall provide the City prices on such additional items or services based upon a formula or method which is the same or similar to that used in establishing the prices in his proposal. If the price(s) offered are not acceptable to the City, and the situation cannot be resolved to the satisfaction of the City, the City reserves the right to procure those items or services from other vendors, or to cancel the contract upon giving the Contractor thirty (30) days written notice.

WARRANTIES OF USAGE:

Anticipated services, which may be listed, are for information and tabulation purposes only. No warranty or guarantee of any specific volume of services is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.

SUBCONTRACTING:

The Contractor shall be capable of performing all the work as detailed in the Scope of Services without subcontracting. **In the event the Contractor wished to use a subcontractor this information shall be included as a part of the RFP response.** The Contractor shall be held fully responsible for the subcontractor's work and for complete compliance with the RFP specifications. The City reserves the right to approve or disapprove of any subcontractor candidate in its best interest.

INDEPENDENT CONTRACTOR:

The Contractor is an independent contractor under this Agreement. Personal services provided by the Contractor shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personal policies, tax responsibilities, social security, health insurance, employee benefits, purchasing policies and other similar administrative procedures applicable to services rendered under this Contract shall be those of the Contractor.

INSURANCE:

City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D

INSURANCE REQUIREMENTS: The Contractor shall furnish proof of Worker's Compensation Insurance, General Liability Insurance and Comprehensive Automobile Liability Insurance. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The City is to be added as an "additional insured" with relation to General Liability and Automobile Insurance. Any costs for adding the City as "additional insured" will be at the contractor's expense.

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE

Limits: Worker's Compensation – Statutory 440.055
 Employer's Liability - \$500,000

Any firm performing work on behalf of the City of Fort Lauderdale must provide Worker's Compensation insurance. Exceptions and exemptions can only be made if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Worker's Compensation Division at (850) 413-1601 or on the web at www.fldfs.com.

COMMERCIAL GENERAL LIABILITY INSURANCE

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage - \$1,000,000.

This coverage must include:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for hazards commonly referred to as "explosion, collapse and underground", exclusions – on contract contracts only.

AUTOMOBILE LIABILITY INSURANCE

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily injury	\$250,000 each person
	\$500,000 each occurrence
Property damage	\$100,000 each occurrence

A copy of **ANY** current Certificate of Insurance should be included with your proposal.

PROFESSIONAL LIABILITY

Limits: \$1,000,000 per occurrence \$2,000,000 aggregate with defense costs in addition to limits.

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In the In the event that you are the successful bidder, you will be required to provide a certificate naming the City as an “additional insured” for both General Liability and Automobile.

Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement and Materials Management
100 N. Andrews Avenue, Room 619
Ft. Lauderdale, FL 33301

RECORDS/AUDITS:

The accounts and financial records, with respect to the services performed under the Contract, shall be kept separate or identifiable from those relating to the contractor’s other activities. The Contractor shall, with reasonable prior notice, make available, during reasonable business hours, to the City’s Representative or Internal Auditor for inspection and audit all records and files relative to this Contract. The Contractor shall maintain and make available such records and files for the duration of the Contract, including any extension terms plus two (2) years. Such records shall be maintained, as an independent certified public accountant would need to examine in order to certify a statement of contractor’s operations according to generally accepted auditing standards.

UNCONTROLLABLE CIRCUMSTANCES (“Force Majeure”):

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including: fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or services from a public utility needed for their performance, provided that;

- A. the non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;
- B. the excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;
- C. no obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and
- D. the non-performing party uses its best efforts to remedy its inability to perform.

City of Fort Lauderdale
RFP # 175-9699 Group Life, AD&D

Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Contractor will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

NON-COLLUSION CLAUSE

By offering a submission in response to the RFP, the proposer certifies that the proposer has not divulged to, discussed or compared his/her proposal with other proposers and has not colluded with any other proposers or parties to this competitive proposal. Also, the proposer certifies, and in the case of a joint competitive proposal each party thereto certifies as to its own organization, that in connection with the competitive proposal:

- Any prices and/or cost data submitted have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices and/or cost data, with any other proposer or with any competitor;
- Any prices and/or cost data quoted for this competitive proposal have not been knowingly disclosed by the competitive proposer and will not knowingly be disclosed by the proposer, directly or indirectly to any other proposer or to any competition, prior to the scheduled award of the contract;
- No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit a competitive proposal for the purpose of restricting competition;
- The only person or persons interested in this competitive proposal is/are the principal or principals named herein and that no person other than herein mentioned has any interest in this competitive proposals or in the Agreement to be entered into.

CONFLICT OF INTEREST

The award of contract is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee of the City. Further, all proposers must disclose the name of any employee of the City who owns, directly or indirectly, an interest of 5% or more in the proposer's firm or any of its branches.

BID TABULATIONS/INTENT TO AWARD

(Notice of Intent to Award Contract/Bid, resulting from the City's Formal solicitation process may be found at http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm. Tabulations of receipt of those parties responding to a formal solicitation may be found at <http://www.fortlauderdale.gov/purchasing/bidresults.htm> , or any interested party may call the Procurement Office at 954-828-5933.

**GROUP
BENEFIT
PLAN**

CITY OF FORT LAUDERDALE

**Supplemental Life, Supplemental Accidental Death
and Dismemberment and Supplemental Dependent
Life**

The following provisions are applicable to residents of Florida.

**THE BENEFITS OF THE POLICY PROVIDING YOUR
COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A
STATE OTHER THAN FLORIDA.**

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut
(Herein called Hartford Life)

CERTIFICATE OF INSURANCE
under Master Group Insurance Policy
Effective August 1, 1989

Issued by

Hartford Life

to

TRUSTEE OF

THE GROUP VOLUNTARY LIFE AND DISABILITY INSURANCE
TRUST

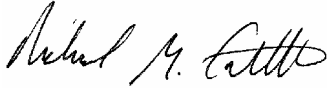
(Herein called the Policyholder)

This is to certify that We have issued and delivered the above named Group Insurance Policy (Policy) to The Policyholder. The Policy provides group insurance benefits to the Participant Employer's employees who:

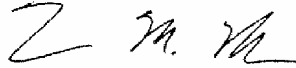
- are eligible for the insurance;
- become insured; and
- continue to be insured,

according to the terms of the Policy.

The terms of the Policy which affect an employee's insurance are contained in the following pages. This Certificate of Insurance and the following pages will become Your Booklet-certificate. This Booklet-certificate is a part of the Policy. This Booklet-certificate replaces any other which We may have issued to the Participant Employer to give to You under the Policy specified herein.



Richard G. Costello, Secretary



Thomas M. Marra, President

Some of the terms used within this Booklet-certificate are capitalized and have special meanings. Please refer to the definitions at the end of this Booklet-certificate when reading about Your benefits.

SCHEDULE OF INSURANCE

Final interpretation of all provisions and coverages will be governed by the Group Insurance Policy on file with Hartford Life at its home office.

The Participant Employer: CITY OF FORT LAUDERDALE

Account Number: 302119

Policy Effective Date: July 1, 1997

THE BENEFITS DESCRIBED HEREIN ARE THOSE IN EFFECT AS OF MAY 1, 2005.

Anniversary Date: July 1 of each year, beginning in 2006.

Who is eligible for coverage?

Eligible Class(es): All Active Full-time Management Employees, Confidential Employees, and Employees as Designated by the City who are U.S. citizens or U.S. residents, excluding seasonal employees

All persons who are insured for employee coverage will be eligible for coverage for Dependents.

With respect to Supplemental Life:**When will You become eligible? (Eligibility Waiting Period)**

If You are working for the Employer prior to the Policy Effective Date and are covered under the Prior Plan, You are eligible for coverage on the later of the Policy Effective Date or the date You enter an eligible class.

If You start working for the Employer after the Policy Effective Date, You are eligible for coverage on the first day of the month following the date on which You complete a waiting period of 30 days of continuous service.

The waiting period will be reduced by the period of time You were an Active Full-time Employee with the Employer under the Prior Plan.

With respect to Supplemental Dependent Life:**When will You become eligible? (Eligibility Waiting Period)**

If You are working for the Employer prior to the Policy Effective Date and were covered under the Prior Plan, You are eligible on the first day of the month following the date on which You complete a waiting period of 30 days of continuous service.

If You start working for the Employer after the Policy Effective Date, You will be eligible for coverage on the first day of the month following the date on which You complete a waiting period of 30 days of continuous service.

When will You become eligible for Dependent Coverage?

You will become eligible for Dependent coverage on the later of:

1. the date You become eligible for employee coverage; or
2. the date You acquire Your first Dependent.

What is the Guaranteed Issue Amount?

This is the Amount of Insurance for which We do not require Evidence of Good Health. The Guaranteed Issue Amount is shown in the Schedule of Insurance.

What is Evidence of Good Health?

Evidence of Good Health is information about a person's health from which We can determine if coverage or increases in coverage will be effective. Information may include questionnaires, physical exams, or written documentation as required by Us.

Inquiries as to the status of Your submission of Evidence of Good Health should be addressed to Your Employer and/or Benefit Administrator. We, Your Employer and/or Benefit Administrator will notify You of approvals. We will notify You, in writing, of any disapprovals.

When will Evidence of Good Health be required?

Evidence of Good Health is required if:

1. You enroll for coverage more than 31 days after the date You are first eligible to do so for any amount of Life Insurance for Yourself or Your Spouse; or for an Amount of Life Insurance in excess of \$15,000 for a Dependent child; or
2. You elect no coverage when eligible to do so and later opt for coverage for any Amount of Life Insurance for Yourself or Your Spouse; or for an Amount of Life Insurance in excess of \$15,000 for a Dependent child.

Evidence of Good Health must be provided at Your own expense.

If Evidence of Good Health is not approved in the situation(s) described above, no coverage, including the Guaranteed Issue Amount, will become effective.

Evidence of Good Health is also required if You elect to increase coverage for Yourself or Your Dependents to any higher option or increment level. This requirement is waived for each of Your Dependent children whose new Amount of Life Insurance is \$15,000 or less.

Evidence of Good Health is also required if the Amount of Insurance You request for Your Dependents exceeds the Guaranteed Issue Amount for any coverage.

If Evidence of Good Health is not approved in this situation, Your Dependents are eligible for the amount You requested for which Evidence of Good Health was not required.

Additionally, once approved, Evidence of Good Health will be required again only if Your or Your Dependents Amount of Life Insurance is greater than the Guarantee Issue Amount and You increase Your or Your Dependents coverage election.

Are there exceptions to the Evidence of Good Health requirement for late enrolling Dependents?

This Evidence of Good Health requirement will be waived for Your Dependent spouse and/or Dependent children, if:

1. You do not elect coverage for Your spouse when first eligible to do so, but, within 31 days following the date You acquire Your first child, You elect spouse coverage; or
2. Your spouse and children were previously covered for life benefits provided by Your spouse's employer group plan; and
 - a) Your spouse and children have ceased to be covered under the employer's group plan due to Your spouse's loss of employment or cancellation of that group plan;
 - b) Your spouse and children provide Us with proof of prior coverage, including the date of termination, when applying for Dependent Coverage; and
 - c) coverage with Us is requested within 31 days of Your spouse's loss of coverage.

This Evidence of Good Health requirement will be waived for Dependent children whose Amount of Life Insurance is \$15,000 or less.

Dependents who qualify for this waiver will be subject to all other conditions, restrictions and limitations of the Policy.

**AMOUNT OF LIFE INSURANCE
Employee Only**

What Life benefits are available to You?

Supplemental Amount of Life Insurance:

An amount equal to one of the following Options but not exceeding 3 times your annual rate of basic Earnings:

Option 1:

An amount equal to \$10,000

Option 2:

An amount equal to \$25,000

Option 3:

An amount equal to \$50,000

Option 4:

An amount equal to \$100,000

Option 5:

An amount equal to \$150,000

The Amount You elect is indicated on Your group enrollment form.

Your Amount of Life Insurance will be reduced by any life benefit:

1. paid to You under an accelerated death benefit in the Prior Plan; and
2. in force for You under any disability extension provision of the Prior Plan.

If You convert, does it affect the Amount of Life Insurance benefit payable?

The Amount of Life Insurance under the Policy will be reduced by the amount of the individual life insurance issued in accordance with the Conversion Privilege for reasons other than reductions in coverage.

**ACCIDENTAL DEATH, DISMEMBERMENT
AND LOSS OF SIGHT BENEFIT (AD&D)****Employee Only****What AD&D Benefits are available to You?****Supplemental Principal Sum:**

An amount equal to one of the following Options but not exceeding 3 times your annual rate of basic Earnings:

Option 1:

An amount equal to \$10,000

Option 2:

An amount equal to \$25,000

Option 3:

An amount equal to \$50,000

Option 4:

An amount equal to \$100,000

Option 5:

An amount equal to \$150,000

Although Evidence of Good Health is not required for AD&D benefits, the Principal Sum will not exceed the Amount of Life Insurance for which You are insured.

The Amount You elect is indicated on Your group enrollment form.

REDUCED AMOUNTS OF INSURANCE**What reductions in Your coverage will occur due to Your age?**

Your Amount of Life Insurance will decrease by 35% on the Anniversary Date which occurs on or next follows the date You attain age 70.

Additionally, if:

1. You become insured under the Policy; or
2. Your coverage increases,

on or after the date You attain age 70, We reduce the amount of coverage for which You would otherwise be eligible in the same manner.

Reduced amounts of Life Insurance will be rounded to the next higher multiple of \$500, if not already such a multiple.

AMOUNT OF LIFE INSURANCE Dependent Only

What Life benefits are available to Your Dependents?

Supplemental Dependent Spouse:

- a) a Guaranteed Issue amount You elect in increments of \$5,000, subject to a maximum of \$20,000 without Evidence of Good Health, not to exceed 50% of the Supplemental Amount of Life Insurance in force for the employee; or
- b) a maximum amount You elect in increments of \$5,000, subject to a maximum of \$75,000 with Evidence of Good Health, not to exceed 50% of the Supplemental Amount of Life Insurance in force for the employee.

Supplemental Dependent Children:

15 day(s) but less than 6 month(s) of age:	\$1,000
6 month(s) of age or older:	\$10,000

The Amount You elect is indicated on Your group enrollment form.

What reductions in Your Dependent spouse's coverage will occur due to Your age?

Your spouse's Amount of Life Insurance will be reduced in the same manner as Your Amount of Life Insurance.

ELIGIBILITY AND ENROLLMENT

Must You contribute toward the cost of coverage?

With respect to Supplemental Life Insurance, Supplemental Dependent Life Insurance and Supplemental AD&D coverage, You must contribute toward the cost.

How do You request coverage for Yourself?

If You must contribute toward the cost of coverage, You are required to enroll for coverage. To do so You must complete and sign a group insurance enrollment form acceptable to Us and deliver it to the Employer.

When does coverage start?

If You must contribute toward the cost of coverage, You will become insured for the amount of coverage for which We do not require Evidence of Good Health on the first to occur of:

1. the date You are eligible, if You enroll on or before that date;
2. the date You enroll, if You enroll within 31 days after the date You become eligible.

If You enroll more than 31 days after the date You first become eligible to do so, no coverage will be available without Evidence of Good Health.

Coverage for which We require Evidence of Good Health will become effective on the later of:

1. the date You become eligible; or
2. the date approved by Us.

All effective dates of coverage are subject to the Deferred Effective Date provision.

What is the Deferred Effective Date provision for employees?

If You are absent from work due to a physical or mental condition on the date Your insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of Your insurance, any increase in insurance or the additional benefit will be deferred until the date You return to work as an Active Full-time Employee.

Are there exceptions to the Deferred Effective Date provision?

If You were actively at work or on an approved leave of absence in conformity with the Family or Medical Leave Act of 1993, and insured under the Prior Plan on the day before the Policy Effective Date and You would be eligible for coverage on the Policy Effective Date except that You are not able to meet the requirements of the Deferred Effective Date provision, then:

1. the Deferred Effective Date provision will not apply to the original effective date of coverage; and
2. the coverage amount shown in the Schedule of Insurance will not apply to You.

Instead, You will be considered to be insured and your coverage amount will be the lesser of:

1. the Amount of Life Insurance and Principal Sum under the Prior Plan; or
2. the Amount of Life Insurance and Principal Sum shown in the Schedule of Insurance,

reduced by:

1. any coverage amount in force or otherwise payable due to any disability benefit extension under the Prior Plan; or
2. any coverage amount that would have been in force due to any disability benefit extension under the Prior Plan had timely election for the disability provision been made.

You will remain insured under this provision until the first to occur of:

1. the date You return to work as an Active Full-time Employee;
2. the date Your insurance terminates for a reason stated under the Termination provision;
3. the last day of a period of 12 consecutive months which begins on the Policy Effective Date; or
4. the last day You would have been covered under the Prior Plan, had the Prior Plan not terminated.

When does coverage for Your Dependent(s) start?

You are required to enroll for contributory Dependent coverage. To do so You have to complete and sign a group insurance enrollment form acceptable to Us and deliver it to the Employer.

Your spouse will become insured for coverage for which We do not require Evidence of Good Health on the first to occur of:

1. the date You are eligible for Dependent Coverage, if You enroll or have enrolled for spouse coverage by then; or
2. the date You enroll for Dependent Coverage, if You do so within 31 days after the date You are eligible.

If You enroll for Dependent Coverage more than 31 days after You are first eligible to do so, no coverage will be available without Evidence of Good Health.

Coverage for which We require Evidence of Good Health will be effective on the later of:

1. the date You become eligible; or
2. the date approved by Us.

Each child will become insured for coverage for which We do not require Evidence of Good Health on the first to occur of:

1. the date You are eligible for Dependent Coverage, if You enroll or have enrolled for child coverage by then; or
2. the date You enroll for coverage for Your child, if You do so within 31 days after the date You acquire the child.

If You enroll for Dependent Coverage more than 31 days after You are first eligible to do so, no coverage will be available without Evidence of Good Health.

Coverage for which We require Evidence of Good Health will be effective once approved by Us.

In no event will Dependent Coverage become effective before the date You become insured.

All effective dates of coverage are subject to the Deferred Effective Date provision for Dependents.

What is the Deferred Effective Date provision for Dependents?

If a Dependent, other than a newborn, is confined at home, in a hospital or elsewhere because of a physical or mental condition on the date insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of insurance, any increase or additional benefit will be deferred until the Dependent is discharged from the hospital or no longer confined and has engaged in substantially all the normal activities of a healthy person of the same age for a period of at least 15 days in a row.

"Confined elsewhere" means the individual is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

When are changes effective?

The provisions, terms and conditions of the Schedule of Insurance or this Booklet-certificate may be modified, amended or changed at any time; consent from any covered individual is not required.

If there is any type of change in Your class, Earnings, the Schedule of Insurance or the Booklet-certificate which:

1. decreases an amount of coverage or deletes, limits or restricts the availability of a benefit or provision, then that decrease, deletion, limitation or restriction will be effective on the date the change in class, Earnings, the Schedule of Insurance or the Booklet-certificate is effective;
2. increases an amount of coverage or adds, improves or increases availability of a benefit or provision, then that increase, addition or improvement will be effective on the date the change in class, Earnings, the Schedule of Insurance or the Booklet-certificate is effective, subject to application of the Deferred Effective Date provision and Our approval where Evidence of Good Health is required.

BENEFITS**Life Insurance Benefit****To whom and how are benefits paid?**

A completed claim form, a certified copy of the death certificate and Your enrollment form must be sent to the Employer or Us. When the required claim papers are received and approved by Us, the Amount of Life Insurance will be paid.

Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

Your death benefit will be paid in a lump sum to the beneficiary(ies) designated by You in writing and on file with the Employer.

Unless You have requested something different, payment will be made as follows:

1. If more than one beneficiary is named, each will be paid an equal share.
2. If any named beneficiary dies before You, His share will be divided equally among the named surviving beneficiaries.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

1. up to \$500 of Your life insurance to any party that We deem is entitled because of their payment of burial expenses. We will be released from further liability for any amount so paid; and/or
2. the executors or administrators of Your estate; or
3. Your surviving relatives in the following order:
 - a) all to Your surviving spouse; or
 - b) if Your spouse does not survive You, in equal shares to Your surviving children; or
 - c) if no child survives You, in equal shares to Your surviving parents.

If a minor does not have a legal guardian, We may, until such a guardian is appointed, pay the person We deem to be caring for and supporting him. Such payment will be in monthly installments of not more than \$200.

If a death benefit payable meets Our guidelines, then the benefit is payable into a checking account. In the case of a Dependent death benefit, You own the checking account. In the case of Your death benefit, Your beneficiary owns the checking account. A lump sum payment may be elected by writing a check for the full amount in the checking account.

What benefit is payable if Your death results from suicide?

No Supplemental Life or Supplemental Dependent Life benefit will be payable if death results from suicide, whether sane or insane, within 2 years of the effective date of Your coverage. Additionally, if death resulting from suicide, whether sane or insane, occurs within 2 years of the effective date of an increase in Your coverage, the death benefit payable is limited to the amount of coverage in force prior to the increase. The 2 year period includes the time coverage was in force under a Prior Plan.

Accelerated Death Benefit

What is the benefit?

If You are or Your Dependent is diagnosed as being Terminally Ill and proof of such diagnosis is provided by an attending physician licensed to practice in the United States, and that person is:

1. less than age 60; and
2. insured for at least \$10,000,

then You may request that a portion of that person's Amount of Life Insurance be paid to You prior to death.

The request cannot exceed 80% of the in force Amount of Life Insurance, and is subject to a minimum of \$3,000 and a maximum of \$500,000. You may exercise this option only once per person.

For example, if You have an Amount of Life Insurance equal to \$20,000 and You are Terminally Ill, You can request any portion of the life insurance between \$3,000 to \$16,000 to be paid to You now instead of to Your beneficiary at Your death. However, if You decide to request only \$3,000 now, You cannot request the additional \$13,000 in the future.

What does Terminal Illness/Terminally Ill mean?

Terminally Ill or Terminal Illness means that an individual has a life expectancy of 12 months or less.

RECEIPT OF ANY BENEFITS IN ACCORDANCE WITH THIS PROVISION WILL REDUCE LIFE INSURANCE BENEFITS PAYABLE UPON DEATH.

What if an individual is no longer Terminally Ill?

If diagnosed as no longer Terminally Ill, coverage may or may not remain in force. Coverage which remains in force will be reduced by any amount of Accelerated Death Benefits received and premium is due for this reduced amount. If coverage does not remain in force, then the reduced amount of coverage may be converted.

What limitations apply to this benefit?

The Accelerated Death Benefit provision will be subject to all applicable terms and conditions of the Policy.

No Accelerated Death Benefit will be paid if You are required by law to accelerate benefits to meet the claims of creditors, or if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement.

What if You made an assignment under this plan?

If You have executed an assignment of rights and interest with respect to Your Amount of Life Insurance, in order to pay benefits to You under this provision, We must receive a release from the individual to whom the assignment was made before any benefits are payable.

**Accidental Death and Dismemberment (AD&D) Benefit
Employee Only**

What conditions are necessary for benefits to become payable?

We will pay a benefit if You suffer an accidental injury while insured and:

1. a Loss results directly from such injury, independent of all other causes; and
2. such Loss occurs within 90 days after the date of the accident causing the injury.

When should We be notified of a claim?

A claimant must give Us, or Our appropriate representative, written notice of a claim within 20 days after the loss happens or starts. If notice cannot be given within that time, it must be given as soon as possible after that.

Such notice must include:

1. the claimant's name and address; and
2. the Policy or account number.

Are special forms required to file a claim?

Within 15 days of receiving a notice of claim, We or Our appropriate representative will send forms to the claimant for providing proof of loss. If the forms are not provided within 15 days, the claimant may submit any other written proof which fully describes the nature and extent of claim.

When must Proof of Loss be given?

Satisfactory written proof of loss must be sent to Us or Our appropriate representative, within 90 days after the date of such loss. However, all claims must be submitted to Us within 90 days of the date any individual's insurance terminates.

If proof is not given by the time it is due, it will not affect the claim if:

1. it was not possible to give proof within the required time; and
2. proof is given as soon as possible, but no later than a year after it is due unless the claimant is not legally competent.

When and to whom will Your claim be paid?

Benefits for Loss of life will be paid in accordance with Your life insurance beneficiary designation. Unless otherwise specified, benefits for all other Losses are payable to You.

Benefits for all other Losses will be paid as soon as due written proof is received. Benefits for all other Losses will be paid not more than 60 days after written proof is received.

Any payments, other than for Loss of life, which are owing at Your death may be paid to Your estate. If any payment is owed to:

1. Your estate;
2. a person who is a minor; or
3. a person who is not legally competent,

then We may pay up to \$1,000 to Your relative who is entitled to it in Our opinion. Any such payment shall fulfill Our responsibility for the amount paid.

What types of injuries are excluded from coverage?

No benefit will be paid for a Loss caused or contributed to by:

1. sickness;
2. disease;
3. any medical treatment for items (1) or (2);
4. any infection, except a pus-forming infection of an accidental cut or wound;
5. war or any act of war, whether war is declared or not;
6. any injury received while in any armed service of a country which is at war or engaged in armed conflict;
7. any intentionally self-inflicted injury, suicide, or suicide attempt, whether sane or insane;
8. taking drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed for or administered by a licensed physician; or
9. the injured person's intoxication.

Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place.

What is the benefit payable?

The benefit payable for any Loss is that which is shown opposite the Loss in the following schedule. The Principal Sum is shown in the Schedule of Insurance. No benefit is payable for any Loss which is not shown in the schedule below.

DESCRIPTION OF LOSS

Loss of life
 Loss of a hand
 Loss of a foot
 Loss of an eye
 More than one of the above
 resulting from one accident

BENEFIT

Principal Sum
 One-half the Principal Sum
 One-half the Principal Sum
 One-half the Principal Sum
 Principal Sum or the sum of
 the Benefits payable for each
 Loss, whichever is lesser.

Loss means the following:

1. Loss of a hand or foot means that it is completely cut off at or above the wrist or ankle joint.
2. Loss of an eye means that sight in the eye is completely lost and cannot be recovered or restored.

TERMINATION Employee Coverage

When does Your coverage terminate?

Unless continued in accordance with the Exceptions to Termination section, Your insurance will terminate on the first to occur of:

1. the date the Policy terminates;
2. the last day of the period for which You made any required premium contribution, if You fail to make any further required contribution;
3. the date You are no longer in a class eligible for coverage;
4. the date Your Employer terminates Your employment;
5. the date You are absent from work as an Active Full-time Employee; or
5. the date on which Your Employer ceases to be a Participant Employer.

EXCEPTIONS TO TERMINATION

Under what conditions can Your insurance be continued under the continuation provisions?

If You are absent from work as an Active Full-time Employee, Your insurance may be continued up to the maximum period of time stated. In each instance, such continuation shall be at the Employer's option, but must be according to a plan which applies to all employees in the same way. Continued coverage:

1. is subject to any reductions in the Policy;
2. is subject to payment of premium by the Employer; and
3. terminates when the Policy terminates or Your Employer ceases to be a Participant Employer.

If You are on a documented leave of absence, other than Family or Medical Leave, all of Your coverages (including Dependent Life coverage) may be continued until the last day of the month following the month in which the leave of absence commenced.

If You are laid off due to lack of work, all of Your coverages (including Dependent Life coverage) may be continued until the last day of the month following the month in which the layoff commenced.

If Your employment status changes from Full-time to Part-time, all of Your coverages (including Dependent Life coverage) may be continued for 3 consecutive month(s) following the date of such change in employment status.

If You are granted a leave of absence according to the Family and Medical Leave Act of 1993, all of Your coverages (including Dependent Life coverage) may be continued for up to 12 weeks, or longer if required by state law, following the date Your insurance would have terminated, subject to the following:

1. the leave authorization must be in writing;
2. the required premium for You must be paid;
3. Your benefit level will be that which was in effect on the day before said leave started, subject to any reductions included in the Policy;
4. the amount of Earnings upon which Your benefit may be based, will be that which was in effect on the day before said leave started; and
5. continued coverage will cease immediately if one of the following events should occur:
 - a) the leave terminates prior to the agreed upon date;
 - b) the Policy terminates or Your Employer ceases to be a Participant Employer;
 - c) You or the Policyholder fail to pay premium when due; or
 - d) the Policy no longer insures Your class.

In all other respects, the terms of Your insurance remain unchanged.

If You are absent from work due to sickness or injury, all of Your coverages (including Dependent Life coverage) may be continued until the last day of a period of 12 month(s) which begins on the date You were first absent from work as an Active Full-time Employee. If You feel that Your condition may continue for an extended period of time, You should request that Your Employer file a waiver of premium claim.

What is Waiver of Premium?

Waiver of premium is a provision which allows for continued employee or Dependent life insurance, without payment of premium, while You are Disabled.

To what coverages does the Waiver of Premium apply?

These provisions apply only to Your Supplemental Life Insurance and Dependent Life Insurance.

Waiver of Premium does not apply to any AD&D Insurance.

What conditions must be satisfied before You qualify for Waiver of Premium?

1. You must be less than age 60, insured and Disabled; and
2. acceptable proof of Your condition must be furnished to Us within one year of Your last day of work as an Active Full-time Employee.

What does Disabled mean?

Disabled means that You have a condition that prevents You from doing any work for which You are or could become qualified by education, training or experience and it is expected that this condition will last for at least nine consecutive months from Your last day of work as an Active Full-time Employee; or You have been diagnosed with a life expectancy of 12 months or less.

When will We waive premium?

We will waive premium after proof that You are Disabled is provided by an attending physician licensed to practice in the United States and We approve the proof. You will be notified by Us of the date We will begin to waive premium.

Continued coverage will be subject to any age reductions provided by any part of the Policy.

What if You or Your Dependent die before You qualify for Waiver of Premium?

If:

1. You or Your Dependent should die within one year of Your last day of work as an Active Full-time Employee but prior to qualifying for waiver of premium; and
2. You were Disabled,

We will pay the Amount of Life Insurance which is in force for You or Your Dependent. Your Dependent Life coverage will terminate on the date You die. They may be eligible for conversion as of that date.

Can We have You examined for proof that You continue to be Disabled?

During the first two years following the date You qualify as Disabled, We may have You examined at reasonable intervals. Thereafter, We will only require an annual examination to confirm that You continue to be Disabled. If You fail to submit any required proof or refuse to be examined as required by Us, then Your coverage will terminate.

What if You are no longer Disabled?

If, for any reason, You are no longer Disabled, Your premium will no longer be waived. On that date, You may or may not return to work.

If You return to work in an Eligible Class, then all of Your coverages will be reinstated subject to the terms of the Policy in effect on the reinstatement date.

If You do not return to work within an Eligible Class, and You are not eligible for any other group life insurance, then You are entitled to the Conversion Privilege. You may convert the Amount of Life Insurance that is in force for You and Your Dependent on the date it is determined that You are no longer Disabled.

How long will premiums be waived?

Your premium will be waived and Your coverage will be continued until You attain age 65.

The premium for Dependent Life coverage will be waived and subject to all Policy provisions, Dependent Life coverage will continue until the first to occur of the date:

1. You die;
2. You no longer qualify for Waiver of Premium;
3. the date the Policy terminates or Your Employer ceases to be a Participant Employer; or
4. You attain age 65.

On the date waiver of premium terminates, if You do not return to work, You will be entitled to convert Your coverage. You may convert no more than Your Amount of Life Insurance that is in force on the date waiver of premium terminates. On the date the waiver of premium terminates for Dependent Life coverage, Your Dependents may be eligible to convert.

What if the Policy terminates before You qualify for waiver of premium?

If the Policy terminates or an Employer ceases to be a Participant Employer, before You qualify for waiver of premium, You may be eligible to convert. Additionally, You may later be approved for waiver of premium.

What if the Policy terminates after You qualify for waiver of premium?

Termination of the Policy, or an Employer ceasing to be a Participant Employer, will not affect Your coverage under the terms of this provision.

DEPENDENT COVERAGE

When does Dependent Coverage terminate?

Unless continued in accordance with the Exception to Termination section, a covered Dependent's insurance will terminate on the earliest of:

1. the date Your coverage terminates;
2. the last day of the period for which any required premium contribution is made, if You fail to make any further required contribution;
3. the date You are no longer eligible for Dependent Coverage;
4. the date the Dependent no longer meets the definition of Dependent;
or
5. the date We or the Employer terminate Dependent Coverage.

EXCEPTIONS TO TERMINATION

Under what conditions can Dependent child insurance be continued?

If a covered Dependent child reaches the age at which He would otherwise cease to be a Dependent as defined, and the Dependent child is:

1. disabled and incapable of earning His own living; and
2. unmarried and primarily dependent on You for support and maintenance,

then Dependent coverage will not terminate solely due to age if You submit satisfactory proof of the Dependent child's disability to Us within 31 days of the date the Dependent child reaches such age.

Coverage will continue while the Policy remains in force as long as:

1. the child continues to meet the required conditions; and
2. any required premium is paid.

We will have the right to require satisfactory proof that the child continues to meet the required conditions as often as necessary during the first two years of continuation, but not more than once a year after that.

CONVERSION PRIVILEGE

The following does not apply to any AD&D Benefits.

When can an individual convert?

If insurance, or any portion thereof, terminates, then any individual covered under the Policy may convert his life insurance to a conversion policy without providing Evidence of Good Health.

If the qualifying event is policy termination, termination of coverage for a class, or Your Employer is no longer a Participant Employer then the individual must have been insured for at least 5 years under the Policy in order to be eligible for this conversion privilege.

What is the conversion policy?

The conversion policy will:

1. be on one of the life insurance policy forms, except term insurance, then customarily issued by Us for conversion purposes;
2. contain no disability, supplementary or AD&D benefits; and
3. be effective on the 32nd day after group life insurance terminates.

How much can be converted?

If the qualifying event is policy termination, termination of coverage for a class, or Your Employer is no longer a Participant Employer then the amount which may be converted is limited to the lesser of:

1. the amount of group coverage in force prior to the qualifying event, reduced by the amount of any other group coverage for which the individual becomes covered within 31 days of termination of group coverage; or
2. \$2,000.

If conversion is due to retirement or any other qualifying event, the full amount of coverage lost may be converted.

How does an individual convert coverage?

To convert life insurance, the individual must, within 31 days of the date group coverage terminates, make written application to the Us and pay the premium required for his age and class of risk.

What if death occurs during the conversion election period?

If the individual should die within the 31 day conversion election period, We will, upon receipt of acceptable proof of His death, pay the Amount of Life Insurance He was entitled to convert.

GENERAL PROVISIONS**When can this plan be contested?**

Except for non-payment of premium, the Policy cannot be contested after two years from the Policy Effective Date.

No statement relating to insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the individual's lifetime. In order to be used, the statement must be in writing and signed by the affected individual.

Who interprets policy terms and conditions?

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy.

Are there any rights of assignment?

Except for the dismemberment benefits under the AD&D Benefit, You have the right to absolutely assign all of Your rights and interest under the Policy including, but not limited to, the following:

1. the right to make any contributions required to keep the insurance in force;
2. the privilege of converting; and
3. the right to name and change a beneficiary.

No absolute assignment of rights and interest shall be binding on Us until and unless:

1. the original of the form documenting the absolute assignment; or
2. a true copy of it,

is received and acknowledged by Us at our home office.

We have no responsibility:

1. for the validity or effect of any assignment; or
2. to provide any assignee with notices which We may be obligated to provide to You.

How do You designate or change Your beneficiary?

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a Power of Attorney.

Can We have a claimant examined or request an autopsy?

We reserve the right to have a claimant examined and to have an autopsy performed, if not forbidden by law. Any such examinations will be as reasonably required by Us and at Our expense.

What notification will You receive if Your claim is denied?

If a claim for benefits is wholly or partly denied, the claimant will be furnished with written notification of the decision. This written decision will:

1. give the specific reason(s) for the denial;
2. make specific reference to the provisions upon which the denial is based; and
3. provide an explanation of the review procedure.

What recourse do You have if Your claim is denied?

On any denied claim, the claimant or His representative may appeal to Us for a full and fair review.

The claimant may:

1. request a review upon written application within 60 days of receipt of claim denial;
2. review pertinent documents; and
3. submit issues and comments in writing.

A request for an appeal will not be denied if not submitted within 60 days if it is not reasonably possible to make such request within 60 days. In this case, the request must be submitted as soon as reasonably possible thereafter.

A decision will be made by Us no more than 60 days after the receipt of the request, except in special circumstances (such as the need to hold a hearing), but in no event more than 120 days after the request for review is received.

DEFINITIONS

Active Full-time Employee – An employee who works for the Employer on a regular basis in the usual course of the Employer's business. An employee must work at least the number of hours in the Employer's normal work week. This must be at least 40 hours. You will be considered actively at work with Your Employer on a day which is one of Your Employer's scheduled work days if You are performing, in the usual way, all of the regular duties of Your job on a Full-time basis on that day. You will also be considered actively at work on a paid vacation day or a day which is not one of Your Employer's scheduled work days only if You were actively at work on the preceding scheduled work day.

Anniversary Date – The date occurring in each calendar year which is an anniversary of the Policy Effective Date.

Dependent

1. Your spouse; and
2. Your unmarried child who is:
 - a) at least 15 day(s) old but not yet 19 years old; or
 - b) 19, but has not yet attained age 25, is primarily dependent upon You for financial support and attends an accredited school (other than a correspondence school) on a regular and Full-time student basis as his principal activity; or
 - c) 19 years old or older, and is disabled and primarily dependent upon You for financial support.

The term "Full-time student" shall mean registered for not less than 12 course credit hours per semester. If the institution establishes Full-time student status by a method other than semester credit hours, We reserve the right to determine whether the student qualifies as a Dependent.

The term "child", shall also include You:

1. stepchild;
2. legally adopted child; and
3. any other child related to You by blood or marriage and who lives with You in a regular parent-child relationship, provided that You claim such child as a dependent on Your most current federal income tax return Form 1040.

You may not elect coverage for Your Dependent if Your Dependent is covered as an employee under the Policy. Any person who is in Full-time military, naval or air force service cannot be a Dependent. No person can be insured as a Dependent of more than one employee under the Policy.

Earnings - Regular pay, not counting:

1. commissions;
2. bonuses;
3. overtime pay; or
4. any other pay or fringe benefits.

Employer – The Participant Employer named in the Schedule of Insurance.

He/His – He or she. His or her.

Participant Employer – An Employer who agrees to participate in the Trust, pays the required contribution for His employees and is a Participant in accordance with the provisions of the Policy.

Policy Effective Date – The effective date of the Participant Employer's plan of insurance shown in the Schedule of Insurance.

Prior Plan – A plan of group term life insurance sponsored by the Employer which was in force on the day before the Policy Effective Date.

Trust – The Group Voluntary Life and Disability Insurance Trust.

We/Us/Our – The Hartford Life and Accident Insurance Company.

You/Your – The employee to whom this Booklet-certificate is issued.

STATUTORY PROVISIONS**FLORIDA****LIFE**

The following provision is applicable to residents of Florida and is included to bring Your Booklet-certificate into conformity with Florida state law.

Conversion Privilege

The amount of \$2,000 appearing in the Life Conversion Privilege is amended to read \$10,000.

**The Plan Described in this Booklet
is Insured by the**

Hartford Life and Accident Insurance Company
Hartford, Connecticut

Member of The Hartford Insurance Group



This GVL Trust is attached to and made a part of Group Policy No. GVL-302119 issued by the HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY to the POLICYHOLDER,

TRUSTEE OF THE GROUP VOLUNTARY LIFE AND DISABILITY INSURANCE TRUST

It is understood and agreed that the policy is amended to include the following:

Participant: CITY OF FORT LAUDERDALE

Account Number: 302119

Participation Requirements:

The Participant shall meet and maintain the following minimum participation requirements, in order to become a Participant and remain a Participant under the policy:

1. 20 or more eligible employees;
2. 50% minimum employee participation.

The initial monthly premium rates are as follows:

Retiree Life Insurance
Supplemental Life Insurance

\$ 2.64 for each \$1,000 of Supplemental Life Insurance
*for each \$1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

*Less than age 30	\$.08
30 years of age but less than 35 years of age	\$.10
35 years of age but less than 40 years of age	\$.16
40 years of age but less than 45 years of age	\$.23
45 years of age but less than 50 years of age	\$.40
50 years of age but less than 55 years of age	\$.59
55 years of age but less than 60 years of age	\$1.10
60 years of age but less than 65 years of age	\$1.19
65 years of age but less than 70 years of age	\$1.88
70 years of age but less than 75 years of age	\$3.31
75 years of age or more	\$5.51

Supplemental Dependent Life Insurance

\$.093 per \$1000 child

*for each \$1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

*Less than age 30	\$.08
30 years of age but less than 35 years of age	\$.10
35 years of age but less than 40 years of age	\$.16
40 years of age but less than 45 years of age	\$.23
45 years of age but less than 50 years of age	\$.40
50 years of age but less than 55 years of age	\$.59
55 years of age but less than 60 years of age	\$1.10
60 years of age but less than 65 years of age	\$1.19

65 years of age but less than 70 years of age	\$1.88
70 years of age but less than 75 years of age	\$3.31
75 years of age or more	\$5.51
\$.03 for each \$1,000 of Principal Sum	

Supplemental Accidental Death,
Dismemberment and Loss of Sight Benefit

RATE GUARANTEE PERIOD:

<u>Supplemental Life Insurance</u>	36 months
<u>Supplemental Accidental Death, Dismemberment and Loss of Sight Insurance</u>	36 months

PREMIUM DUE DATES:

Monthly on the first of each month.

Subject to the Rate Guarantee period shown above, Hartford Life has the right to change premium rates on any premium due date if:

1. written notice is delivered to the Participant's last address on record; and
2. the change is effective at least 45 days after the date of notice.

The rate guarantee described above (the "Rate Guarantee") supersedes only those provisions appearing elsewhere in this policy which give Hartford Life the right to change the premium rates, and then, only for the period of time stated for the Rate Guarantee. However, Hartford Life may change the premium rates during the Rate Guarantee period if there is a change in the policy, or if there is a 10% increase or decrease in the number of Insured Persons, or if the Policyholder adds or deletes a subsidiary or affiliated business entity. Hartford Life may also change the premium rates during the Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee in no way affects, amends or supersedes any other provision in this policy.

Grace Period

Hartford Life will allow the Participant a 45 day grace period for the payment of all premiums after the first. During this 45 day period, the policy will stay in force. If the owed premium is not paid by the 45th day, participation in the policy will automatically terminate. Premium is due for each day the policy is in force under the terms of this Grace Period. If the Participant gives Hartford Life written advance notice of an earlier cancellation date, termination will occur on the earlier date. Premium is due for each day the policy is in force for each Participant.

Calculation

Premiums may be calculated by multiplying the rate times the applicable numbers of units of coverage.

If any insurance is added, increased or becomes effective after a Participant's inclusion in the policy, premium charges will begin on:

1. the day the coverage is effective, if it is also the first day of a month; or if not
2. the first day of the next month.

For insurance which is terminated, premium charges will stop as of the first day of the next month. Premiums may be calculated by any other method which both Hartford Life and the Participant agree to in writing.

Experience Rating

Any credit amount due the Participant because of experience rating will be allowed him on the Participant Anniversary Date and, at the Participant's request, will be:

1. paid to him in cash; or
2. used to reduce his premiums; or
3. used to provide additional insurance for covered persons.

Any credit amount shall be determined by the rating plan or plans used by Hartford Life.

Termination Date for Participants

Coverage for a Participant will terminate on the first to occur of:

1. if applicable to such Participant's insurance coverage(s), the day following the Grace Period if a premium is due but unpaid;
2. the date a premium is due but unpaid;
3. the date such Participant withdraws from the Trust by giving written notice to Hartford Life;
4. the date such Participant elects to terminate coverage, by giving written notice to Hartford Life;
5. the date such Participant fails to maintain the applicable participation requirements; or

GBD-1000 G.2 (302119)

6. the date Hartford Life terminates the policy in its entirety or with respect to any Participant in accordance with the provisions of the policy.

Hartford Life may also terminate the Participant's coverage on any premium due date after such coverage has been in force for 12 months by giving the Participant 31 days written notice.

Policy Termination

Hartford Life may terminate the policy on any premium due date after the policy has been in force for 12 months by giving the Policyholder 31 days written notice.

Incorporation Provision

The Booklet-certificate(s) attached to this GVL Trust and which is (are) listed below, is (are) hereby incorporated in and made a part of the policy. The terms found in the Booklet-certificate(s) will control the benefit amounts and provisions; rules of eligibility for individual employees and dependents; termination of insurance rules; exclusions; and other general policy provisions pertaining to ERISA, claims and state insurance law requirements.

The following Booklet-certificate(s) and Endorsement(s) attached to this GVL Trust.

Booklet Form(s):

GBD-1100 A.1 (302119) GL 1.0 (FNC)

Endorsement Form(s):

GBD Rider A (302119) 1.0 (FNC)

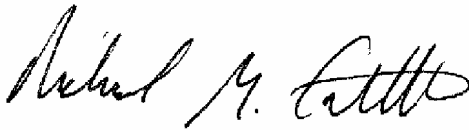
GBD Rider A (302119) 2.0 (FNC)

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions or provisions of the policy, other than as herein stated.

This GVL Trust is signed by the HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY corrected on November 11, 2005, with any changes between this GVL Trust and the previously issued GVL Trust to take effective as of May 1, 2005.

This Gvl Trust replaces the previously issued GVL Trust in effect on July 1, 1997.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY



Richard G. Costello, Secretary



Thomas M. Marra, President



**HARTFORD LIFE AND ACCIDENT INSURANCE
COMPANY**
Hartford, Connecticut
Endorsement

Policyholder: Trustee of the Group Voluntary Life and
Disability Insurance Trust

Participant: CITY OF FORT LAUDERDALE

Group Policy No.: GVL-302000

Account No: 302119

Effective Date: July 1, 1997

This endorsement forms a part of Your Booklet-certificate which describes the provisions of the group policy specified above.

With respect to All Active Full-time Management and Confidential Employees, Your Booklet-certificate is amended as follows:

1. **Must You contribute toward the cost of coverage** shown in the **ELIGIBILITY AND ENROLLMENT** section of the Life Insurance portion of Your Booklet-certificate is amended to read as follows:

Must You contribute toward the cost of coverage?

GBD Rider A (302119) 1.0 (FNC)

With respect to Supplemental Life Insurance and Supplemental AD&D coverage, You do not contribute for the first \$10,000 of coverage. You must contribute toward the cost of any amount over \$10,000.

2. **How do You enroll?** shown in the **ELIGIBILITY AND ENROLLMENT** section of the Life insurance portion of Your Booklet-certificate is amended to read as follows:

How do You enroll?

For the first \$10,000 of coverage, enrollment will be automatic. However You will be required to complete a beneficiary election form.

For any amount of coverage over \$10,000 You must enroll.

To enroll You must:

1. complete and sign a group insurance enrollment form which is satisfactory to Us; and
2. deliver it to the Employer.

If You do not enroll within 31 days after becoming eligible, the following limitations will apply to a later enrollment:

1. You must submit Evidence of Good Health; and
2. You may not enroll until:
 - a) an Annual Enrollment Period; or
 - b) You have a Change in Family Status.

Any such enrollment must be made during the Annual Enrollment Period or within 31 days of the Change in Family Status.

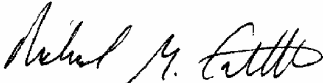
The Annual Enrollment Period is May 15th through June 15th.

3. The definition of **Earnings** shown in the **DEFINITIONS** section of the Life Insurance portion of Your Booklet-certificate is amended to read as follows:


GBD Rider A (302119) 1.0 (FNC)

Earnings -- Regular pay, not counting:

1. commissions;
2. bonuses;
3. overtime pay; or
4. any other pay or fringe benefits.



Richard G. Costello, *Secretary*



Thomas M. Marra, *President*

GBD Rider A (302119) 1.0 (FNC)



**HARTFORD LIFE AND ACCIDENT INSURANCE
COMPANY**
Hartford, Connecticut
Endorsement

Policyholder: Trustee of the Group Voluntary Life and
Disability Insurance Trust

Participant: CITY OF FORT LAUDERDALE

Group Policy No.: GVL-302000

Account No: 302119

Effective Date: August 1, 2003

This endorsement forms a part of Your Booklet-certificate which describes the provisions of the group policy specified above.

With respect to All Active Full-time Employees who retired prior to July 1, 1997, Your Booklet-certificate is amended as follows:

1. The **AMOUNT OF LIFE INSURANCE** shown in the **SCHEDULE OF INSURANCE** of the Life Insurance portion of Your Booklet-certificate is amended to read as follows:

AMOUNT OF LIFE INSURANCE
Employee and Retiree Only

GBD Rider A (302119) 2.0 (FNC)

What Life benefits are available to You?**Supplemental Amount of Life Insurance:**

An amount equal to one of the following Options but not exceeding 3 times your annual rate of basic Earnings:

Option 1:

An amount equal to \$10,000

Option 2:

An amount equal to \$25,000

Option 3:

An amount equal to \$50,000

Option 4:

An amount equal to \$100,000

Option 5:

An amount equal to \$150,000

The Amount You elect is indicated on Your group enrollment form.

Your Amount of Life Insurance will be reduced by any life benefit:

1. paid to You under an accelerated death benefit in the Prior Plan; and
2. in force for You under any disability extension provision of the Prior Plan.

What Life benefits are available to Retirees?

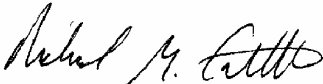
Amount of Life Insurance: \$10,000.

GBD Rider A (302119) 2.0 (FNC)

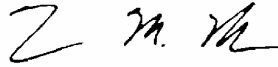
2. The following provisions found in the Life Insurance portion of Your Booklet-certificate will not apply to You:
 1. the Eligibility Waiting Period;
 2. the Reduced Amounts of Insurance;
 3. the Accidental Death, Dismemberment and Loss of Sight Benefit;
 4. the Accidental Death Benefit; or
 5. Waiver of Premium.
3. The provision **Are there exceptions to the Deferred Effective Date provision?** shown in the **ELIGIBILITY AND ENROLLMENT** section of the Life Insurance portion of Your Booklet-certificate will not apply to You.
4. The **TERMINATION** section of the Life Insurance portion of Your Booklet-certificate will apply to You.
5. The definition of **Earnings** shown in the **DEFINITIONS** section of the Life Insurance portion of Your Booklet-certificate will not apply to You.
6. The **DEFINITIONS** section of the Life Insurance portion of Your Booklet-certificate is amended to include the following:

Retiree –An Employee of the Employer who retired prior to July 1, 1997 and that qualifies for The City of Fort Lauderdale's Retiree Pension Plan.

GBD Rider A (302119) 2.0 (FNC)



Richard G. Costello, *Secretary*



Thomas M. Marra, *President*

GBD Rider A (302119) 2.0 (FNC)

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	1573132	JAN-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,705,000.00	1366	0.0300	PER \$1000	(2,121.15)	(2,121.15)	0.00
	1573132		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	150,000.00	15	2.6400	PER \$1000	(396.00)	(396.00)	0.00
	1573132		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,680,000.00	181	0.1000	PER \$1000	(1,168.00)	(1,168.00)	0.00
	1573132		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	12,910,000.00	219	0.1600	PER \$1000	(2,065.60)	(2,065.60)	0.00
	1573132		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	13,515,000.00	234	0.2300	PER \$1000	(3,108.45)	(3,108.45)	0.00
	1573132		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,645,000.00	232	0.4000	PER \$1000	(4,658.00)	(4,658.00)	0.00
	1573132		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,880,000.00	189	0.5900	PER \$1000	(4,649.20)	(4,649.20)	0.00
	1573132		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	4,030,000.00	118	1.1000	PER \$1000	(4,433.00)	(4,433.00)	0.00
	1573132		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,505,000.00	56	1.1900	PER \$1000	(1,790.95)	(1,790.95)	0.00
	1573132		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	130,000.00	9	1.8800	PER \$1000	(244.40)	(244.40)	0.00
	1573132		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	160,000.00	5	3.3100	PER \$1000	(529.60)	(529.60)	0.00
	1573132		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,250,000.00	126	0.0800	PER \$1000	(580.00)	(580.00)	0.00
	AO-142941		Sundry Adjustment		SAB	0.00	0	0.0000		(69.76)	(69.76)	0.00
Subtotal Revenue =										(25,814.11)	(25,814.11)	0.00
1594089		FEB-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,705,000.00	1366	0.0300	PER \$1000	(2,121.15)	(2,121.15)	0.00
1594089			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	150,000.00	15	2.6400	PER \$1000	(396.00)	(396.00)	0.00
1594089			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,680,000.00	181	0.1000	PER \$1000	(1,168.00)	(1,168.00)	0.00
1594089			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	12,910,000.00	219	0.1600	PER \$1000	(2,065.60)	(2,065.60)	0.00
1594089			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	13,515,000.00	234	0.2300	PER \$1000	(3,108.45)	(3,108.45)	0.00
1594089			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,645,000.00	232	0.4000	PER \$1000	(4,658.00)	(4,658.00)	0.00
1594089			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,880,000.00	189	0.5900	PER \$1000	(4,649.20)	(4,649.20)	0.00
1594089			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	4,030,000.00	118	1.1000	PER \$1000	(4,433.00)	(4,433.00)	0.00
1594089			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,505,000.00	56	1.1900	PER \$1000	(1,790.95)	(1,790.95)	0.00
1594089			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	130,000.00	9	1.8800	PER \$1000	(244.40)	(244.40)	0.00
1594089			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	160,000.00	5	3.3100	PER \$1000	(529.60)	(529.60)	0.00
1594089			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,250,000.00	126	0.0800	PER \$1000	(580.00)	(580.00)	0.00
	AU-101290		Sundry Adjustment		SAB	0.00	0	0.0000		498.59	498.59	0.00
Subtotal Revenue =										(25,245.76)	(25,245.76)	0.00
1614277		MAR-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,705,000.00	1366	0.0300	PER \$1000	(2,121.15)	(2,121.15)	0.00
1614277			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	150,000.00	15	2.6400	PER \$1000	(396.00)	(396.00)	0.00
1614277			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,680,000.00	181	0.1000	PER \$1000	(1,168.00)	(1,168.00)	0.00
1614277			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	12,910,000.00	219	0.1600	PER \$1000	(2,065.60)	(2,065.60)	0.00
1614277			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	13,515,000.00	234	0.2300	PER \$1000	(3,108.45)	(3,108.45)	0.00
1614277			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,645,000.00	232	0.4000	PER \$1000	(4,658.00)	(4,658.00)	0.00
1614277			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,880,000.00	189	0.5900	PER \$1000	(4,649.20)	(4,649.20)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	1614277	MAR-2004	SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	4,030,000.00	118	1.1000	PER \$1000	(4,433.00)	(4,433.00)	0.00
	1614277		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,505,000.00	56	1.1900	PER \$1000	(1,790.95)	(1,790.95)	0.00
	1614277		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	130,000.00	9	1.8800	PER \$1000	(244.40)	(244.40)	0.00
	1614277		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	160,000.00	5	3.3100	PER \$1000	(529.60)	(529.60)	0.00
	1614277		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,250,000.00	126	0.0800	PER \$1000	(580.00)	(580.00)	0.00
	AU-102152		Sundry Adjustment		SAB	0.00	0	0.0000		492.39	492.39	0.00
Subtotal Revenue =										(25,251.96)	(25,251.96)	0.00
1638917	APR-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,705,000.00	1366	0.0300	PER \$1000		(2,121.15)	(2,121.15)	0.00
1638917		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	150,000.00	15	2.6400	PER \$1000		(396.00)	(396.00)	0.00
1638917		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,680,000.00	181	0.1000	PER \$1000		(1,168.00)	(1,168.00)	0.00
1638917		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	12,910,000.00	219	0.1600	PER \$1000		(2,065.60)	(2,065.60)	0.00
1638917		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	13,515,000.00	234	0.2300	PER \$1000		(3,108.45)	(3,108.45)	0.00
1638917		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,645,000.00	232	0.4000	PER \$1000		(4,658.00)	(4,658.00)	0.00
1638917		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,880,000.00	189	0.5900	PER \$1000		(4,649.20)	(4,649.20)	0.00
1638917		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	4,030,000.00	118	1.1000	PER \$1000		(4,433.00)	(4,433.00)	0.00
1638917		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,505,000.00	56	1.1900	PER \$1000		(1,790.95)	(1,790.95)	0.00
1638917		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	130,000.00	9	1.8800	PER \$1000		(244.40)	(244.40)	0.00
1638917		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	160,000.00	5	3.3100	PER \$1000		(529.60)	(529.60)	0.00
1638917		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,250,000.00	126	0.0800	PER \$1000		(580.00)	(580.00)	0.00
	AU-103961		Sundry Adjustment		SAB	0.00	0	0.0000		468.57	468.57	0.00
Subtotal Revenue =										(25,275.78)	(25,275.78)	0.00
1669108R2	MAY-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	68,380,000.00	1276	0.0300	PER \$1000		(2,051.40)	(2,051.40)	0.00
1669108R2		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	130,000.00	13	2.6400	PER \$1000		(343.20)	(343.20)	0.00
1669108R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	10,960,000.00	160	0.1000	PER \$1000		(1,096.00)	(1,096.00)	0.00
1669108R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,545,000.00	214	0.1600	PER \$1000		(2,167.20)	(2,167.20)	0.00
1669108R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	12,843,000.00	229	0.2300	PER \$1000		(2,953.89)	(2,953.89)	0.00
1669108R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,871,000.00	221	0.4000	PER \$1000		(4,748.40)	(4,748.40)	0.00
1669108R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,421,000.00	172	0.5900	PER \$1000		(4,378.39)	(4,378.39)	0.00
1669108R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,568,000.00	98	1.1000	PER \$1000		(3,924.80)	(3,924.80)	0.00
1669108R2		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,336,000.00	50	1.1900	PER \$1000		(1,589.84)	(1,589.84)	0.00
1669108R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000		(216.20)	(216.20)	0.00
1669108R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000		(397.20)	(397.20)	0.00
1669108R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,836,000.00	117	0.0800	PER \$1000		(546.88)	(546.88)	0.00
	AO-152209		Adjustment		SAB	0.00	0	0.0000		(6.74)	(6.74)	0.00
Subtotal Revenue =										(24,420.14)	(24,420.14)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	1687531R1	JUN-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,560,000.00	1270	0.0300	PER \$1000	(2,116.80)	(2,116.80)	0.00
	1687531R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	1687531R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,031,000.00	160	0.1000	PER \$1000	(1,103.10)	(1,103.10)	0.00
	1687531R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,482,000.00	213	0.1600	PER \$1000	(2,157.12)	(2,157.12)	0.00
	1687531R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,892,000.00	229	0.2300	PER \$1000	(3,425.16)	(3,425.16)	0.00
	1687531R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,781,000.00	218	0.4000	PER \$1000	(4,712.40)	(4,712.40)	0.00
	1687531R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,381,000.00	172	0.5900	PER \$1000	(4,354.79)	(4,354.79)	0.00
	1687531R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00
	1687531R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	50	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00
	1687531R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000	(216.20)	(216.20)	0.00
	1687531R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00
	1687531R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,799,000.00	115	0.0800	PER \$1000	(543.92)	(543.92)	0.00
	AO-153430		Sundry Adjustment		SAB	0.00	0	0.0000		(0.70)	(0.70)	0.00
Subtotal Revenue =										(24,919.78)	(24,919.78)	0.00
1717408R1	JUL-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,716,000.00	1264	0.0300	PER \$1000	(2,121.48)	(2,121.48)	0.00	
1717408R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00	
1717408R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,044,000.00	160	0.1000	PER \$1000	(1,104.40)	(1,104.40)	0.00	
1717408R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,621,000.00	214	0.1600	PER \$1000	(2,179.36)	(2,179.36)	0.00	
1717408R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,815,000.00	226	0.2300	PER \$1000	(3,407.45)	(3,407.45)	0.00	
1717408R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,822,000.00	216	0.4000	PER \$1000	(4,728.80)	(4,728.80)	0.00	
1717408R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,344,000.00	172	0.5900	PER \$1000	(4,332.96)	(4,332.96)	0.00	
1717408R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00	
1717408R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	49	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00	
1717408R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	113,000.00	9	1.8800	PER \$1000	(212.44)	(212.44)	0.00	
1717408R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00	
1717408R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,878,000.00	115	0.0800	PER \$1000	(550.24)	(550.24)	0.00	
AO-155770		Sundry Adjustment		SAB	0.00	0	0.0000		(7.98)	(7.98)	0.00	
AO-155770		Sundry Adjustment		SAB	0.00	0	0.0000		7.98	7.98	0.00	
AO-155770		Sundry Adjustment		SAB	0.00	0	0.0000		(7.98)	(7.98)	0.00	
AO-155770		Sundry Adjustment		SAB	0.00	0	0.0000		7.98	7.98	0.00	
AO-156107		Adjustment		SAB	0.00	0	0.0000		(0.34)	(0.34)	0.00	
Subtotal Revenue =										(24,927.06)	(24,927.06)	0.00
1744301	AUG-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,560,000.00	1270	0.0300	PER \$1000	(2,116.80)	(2,116.80)	0.00	
1744301		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00	
1744301		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,031,000.00	160	0.1000	PER \$1000	(1,103.10)	(1,103.10)	0.00	

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JAN-2004 Through DEC-2006
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Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	1744301	AUG-2004	SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,482,000.00	213	0.1600	PER \$1000	(2,157.12)	(2,157.12)	0.00
	1744301		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,892,000.00	229	0.2300	PER \$1000	(3,425.16)	(3,425.16)	0.00
	1744301		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,781,000.00	218	0.4000	PER \$1000	(4,712.40)	(4,712.40)	0.00
	1744301		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,381,000.00	172	0.5900	PER \$1000	(4,354.79)	(4,354.79)	0.00
	1744301		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00
	1744301		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	50	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00
	1744301		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000	(216.20)	(216.20)	0.00
	1744301		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00
	1744301		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,799,000.00	115	0.0800	PER \$1000	(543.92)	(543.92)	0.00
	AU-111333		Sundry Adjustment		SAB	0.00	0	0.0000		183.50	183.50	0.00
Subtotal Revenue =										(24,735.58)	(24,735.58)	0.00
	1764355	SEP-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,560,000.00	1270	0.0300	PER \$1000	(2,116.80)	(2,116.80)	0.00
	1764355		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	1764355		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,031,000.00	160	0.1000	PER \$1000	(1,103.10)	(1,103.10)	0.00
	1764355		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,482,000.00	213	0.1600	PER \$1000	(2,157.12)	(2,157.12)	0.00
	1764355		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,892,000.00	229	0.2300	PER \$1000	(3,425.16)	(3,425.16)	0.00
	1764355		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,781,000.00	218	0.4000	PER \$1000	(4,712.40)	(4,712.40)	0.00
	1764355		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,381,000.00	172	0.5900	PER \$1000	(4,354.79)	(4,354.79)	0.00
	1764355		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00
	1764355		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	50	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00
	1764355		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000	(216.20)	(216.20)	0.00
	1764355		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00
	1764355		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,799,000.00	115	0.0800	PER \$1000	(543.92)	(543.92)	0.00
	AU-112767		Sundry Adjustment		SAB	0.00	0	0.0000		298.86	298.86	0.00
Subtotal Revenue =										(24,620.22)	(24,620.22)	0.00
	1792769	OCT-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,560,000.00	1270	0.0300	PER \$1000	(2,116.80)	(2,116.80)	0.00
	1792769		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	1792769		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,031,000.00	160	0.1000	PER \$1000	(1,103.10)	(1,103.10)	0.00
	1792769		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,482,000.00	213	0.1600	PER \$1000	(2,157.12)	(2,157.12)	0.00
	1792769		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,892,000.00	229	0.2300	PER \$1000	(3,425.16)	(3,425.16)	0.00
	1792769		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,781,000.00	218	0.4000	PER \$1000	(4,712.40)	(4,712.40)	0.00
	1792769		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,381,000.00	172	0.5900	PER \$1000	(4,354.79)	(4,354.79)	0.00
	1792769		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00
	1792769		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	50	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00
	1792769		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000	(216.20)	(216.20)	0.00

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Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	1792769	OCT-2004	SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00
	1792769		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,799,000.00	115	0.0800	PER \$1000	(543.92)	(543.92)	0.00
	AU-114258		Sundry Adjustment		SAB	0.00	0	0.0000		236.52	236.52	0.00
Subtotal Revenue =										(24,682.56)	(24,682.56)	0.00
1822281		NOV-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,560,000.00	1270	0.0300	PER \$1000	(2,116.80)	(2,116.80)	0.00
1822281			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
1822281			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,031,000.00	160	0.1000	PER \$1000	(1,103.10)	(1,103.10)	0.00
1822281			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,482,000.00	213	0.1600	PER \$1000	(2,157.12)	(2,157.12)	0.00
1822281			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,892,000.00	229	0.2300	PER \$1000	(3,425.16)	(3,425.16)	0.00
1822281			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,781,000.00	218	0.4000	PER \$1000	(4,712.40)	(4,712.40)	0.00
1822281			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,381,000.00	172	0.5900	PER \$1000	(4,354.79)	(4,354.79)	0.00
1822281			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00
1822281			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	50	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00
1822281			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000	(216.20)	(216.20)	0.00
1822281			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00
1822281			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,799,000.00	115	0.0800	PER \$1000	(543.92)	(543.92)	0.00
	AU-115917		Sundry Adjustment		SAB	0.00	0	0.0000		411.42	411.42	0.00
Subtotal Revenue =										(24,507.66)	(24,507.66)	0.00
1842166R2		DEC-2004	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	72,219,000.00	1233	0.0300	PER \$1000	(2,166.57)	(2,166.57)	0.00
1842166R2			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
1842166R2			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,882,000.00	156	0.1000	PER \$1000	(1,188.20)	(1,188.20)	0.00
1842166R2			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,626,000.00	210	0.1600	PER \$1000	(2,180.16)	(2,180.16)	0.00
1842166R2			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	16,045,000.00	226	0.2300	PER \$1000	(3,690.35)	(3,690.35)	0.00
1842166R2			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,393,000.00	211	0.4000	PER \$1000	(4,557.20)	(4,557.20)	0.00
1842166R2			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,425,000.00	164	0.5900	PER \$1000	(4,380.75)	(4,380.75)	0.00
1842166R2			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,768,000.00	91	1.1000	PER \$1000	(3,044.80)	(3,044.80)	0.00
1842166R2			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,238,000.00	45	1.1900	PER \$1000	(1,473.22)	(1,473.22)	0.00
1842166R2			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	95,000.00	8	1.8800	PER \$1000	(178.60)	(178.60)	0.00
1842166R2			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	153,000.00	5	3.3100	PER \$1000	(506.43)	(506.43)	0.00
1842166R2			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,594,000.00	122	0.0800	PER \$1000	(607.52)	(607.52)	0.00
	AO-166611		Adjustment		SAB	0.00	0	0.0000		(0.50)	(0.50)	0.00
Subtotal Revenue =										(24,291.10)	(24,291.10)	0.00
1884930		JAN-2005	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,560,000.00	1270	0.0300	PER \$1000	(2,116.80)	(2,116.80)	0.00
1884930			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00

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001032350001	1884930	JAN-2005	SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,031,000.00	160	0.1000	PER \$1000	(1,103.10)	(1,103.10)	0.00
	1884930		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,482,000.00	213	0.1600	PER \$1000	(2,157.12)	(2,157.12)	0.00
	1884930		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	14,892,000.00	229	0.2300	PER \$1000	(3,425.16)	(3,425.16)	0.00
	1884930		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,781,000.00	218	0.4000	PER \$1000	(4,712.40)	(4,712.40)	0.00
	1884930		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,381,000.00	172	0.5900	PER \$1000	(4,354.79)	(4,354.79)	0.00
	1884930		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,618,000.00	98	1.1000	PER \$1000	(3,979.80)	(3,979.80)	0.00
	1884930		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,341,000.00	50	1.1900	PER \$1000	(1,595.79)	(1,595.79)	0.00
	1884930		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	115,000.00	10	1.8800	PER \$1000	(216.20)	(216.20)	0.00
	1884930		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	120,000.00	5	3.3100	PER \$1000	(397.20)	(397.20)	0.00
	1884930		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,799,000.00	115	0.0800	PER \$1000	(543.92)	(543.92)	0.00
	AU-119301		Sundry Adjustment		SAB	0.00	0	0.0000		376.60	376.60	0.00
Subtotal Revenue =										(24,542.48)	(24,542.48)	0.00
	1916874	FEB-2005	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	72,219,000.00	1233	0.0300	PER \$1000	(2,166.57)	(2,166.57)	0.00
	1916874		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	1916874		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,882,000.00	156	0.1000	PER \$1000	(1,188.20)	(1,188.20)	0.00
	1916874		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,626,000.00	210	0.1600	PER \$1000	(2,180.16)	(2,180.16)	0.00
	1916874		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	16,045,000.00	226	0.2300	PER \$1000	(3,690.35)	(3,690.35)	0.00
	1916874		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,393,000.00	211	0.4000	PER \$1000	(4,557.20)	(4,557.20)	0.00
	1916874		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,425,000.00	164	0.5900	PER \$1000	(4,380.75)	(4,380.75)	0.00
	1916874		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,768,000.00	91	1.1000	PER \$1000	(3,044.80)	(3,044.80)	0.00
	1916874		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,238,000.00	45	1.1900	PER \$1000	(1,473.22)	(1,473.22)	0.00
	1916874		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	95,000.00	8	1.8800	PER \$1000	(178.60)	(178.60)	0.00
	1916874		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	153,000.00	5	3.3100	PER \$1000	(506.43)	(506.43)	0.00
	1916874		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,594,000.00	122	0.0800	PER \$1000	(607.52)	(607.52)	0.00
	AU-120598		Sundry Adjustment		SAB	0.00	0	0.0000		2.79	2.79	0.00
Subtotal Revenue =										(24,287.81)	(24,287.81)	0.00
	1942571	MAR-2005	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	72,219,000.00	1233	0.0300	PER \$1000	(2,166.57)	(2,166.57)	0.00
	1942571		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	1942571		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,882,000.00	156	0.1000	PER \$1000	(1,188.20)	(1,188.20)	0.00
	1942571		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,626,000.00	210	0.1600	PER \$1000	(2,180.16)	(2,180.16)	0.00
	1942571		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	16,045,000.00	226	0.2300	PER \$1000	(3,690.35)	(3,690.35)	0.00
	1942571		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,393,000.00	211	0.4000	PER \$1000	(4,557.20)	(4,557.20)	0.00
	1942571		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,425,000.00	164	0.5900	PER \$1000	(4,380.75)	(4,380.75)	0.00
	1942571		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,768,000.00	91	1.1000	PER \$1000	(3,044.80)	(3,044.80)	0.00
	1942571		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,238,000.00	45	1.1900	PER \$1000	(1,473.22)	(1,473.22)	0.00

City of Fort Lauderdale
 Hartford Life, Inc. - Group Benefits Division
 PeopleSoft AR/BILLING System
 Revenue Analysis Summary by Case ID Through ExpGroup
 CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
 JAN-2004 Through DEC-2006
 Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	1942571	MAR-2005	SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	95,000.00	8	1.8800	PER \$1000	(178.60)	(178.60)	0.00
	1942571		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	153,000.00	5	3.3100	PER \$1000	(506.43)	(506.43)	0.00
	1942571		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,594,000.00	122	0.0800	PER \$1000	(607.52)	(607.52)	0.00
	AU-122200		Sundry Adjustment		SAB	0.00	0	0.0000		130.21	130.21	0.00
Subtotal Revenue =										(24,160.39)	(24,160.39)	0.00
1980849	APR-2005		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	72,219,000.00	1233	0.0300	PER \$1000	(2,166.57)	(2,166.57)	0.00
1980849			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
1980849			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	11,882,000.00	156	0.1000	PER \$1000	(1,188.20)	(1,188.20)	0.00
1980849			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	13,626,000.00	210	0.1600	PER \$1000	(2,180.16)	(2,180.16)	0.00
1980849			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	16,045,000.00	226	0.2300	PER \$1000	(3,690.35)	(3,690.35)	0.00
1980849			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,393,000.00	211	0.4000	PER \$1000	(4,557.20)	(4,557.20)	0.00
1980849			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,425,000.00	164	0.5900	PER \$1000	(4,380.75)	(4,380.75)	0.00
1980849			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,768,000.00	91	1.1000	PER \$1000	(3,044.80)	(3,044.80)	0.00
1980849			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,238,000.00	45	1.1900	PER \$1000	(1,473.22)	(1,473.22)	0.00
1980849			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	95,000.00	8	1.8800	PER \$1000	(178.60)	(178.60)	0.00
1980849			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	153,000.00	5	3.3100	PER \$1000	(506.43)	(506.43)	0.00
1980849			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	7,594,000.00	122	0.0800	PER \$1000	(607.52)	(607.52)	0.00
	AU-123898		Sundry Adjustment		SAB	0.00	0	0.0000		69.27	69.27	0.00
Subtotal Revenue =										(24,221.33)	(24,221.33)	0.00
2015664R2	MAY-2005		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	74,205,000.00	1197	0.0300	PER \$1000	(2,226.15)	(2,226.15)	0.00
2015664R2			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
2015664R2			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	12,896,000.00	162	0.1000	PER \$1000	(1,289.60)	(1,289.60)	0.00
2015664R2			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	14,382,000.00	212	0.1600	PER \$1000	(2,301.12)	(2,301.12)	0.00
2015664R2			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	16,696,000.00	222	0.2300	PER \$1000	(3,840.08)	(3,840.08)	0.00
2015664R2			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,693,000.00	210	0.4000	PER \$1000	(4,677.20)	(4,677.20)	0.00
2015664R2			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,288,000.00	157	0.5900	PER \$1000	(4,299.92)	(4,299.92)	0.00
2015664R2			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,173,000.00	69	1.1000	PER \$1000	(2,390.30)	(2,390.30)	0.00
2015664R2			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	866,000.00	28	1.1900	PER \$1000	(1,030.54)	(1,030.54)	0.00
2015664R2			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	38,000.00	3	1.8800	PER \$1000	(71.44)	(71.44)	0.00
2015664R2			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	35,000.00	2	3.3100	PER \$1000	(115.05)	(115.05)	0.00
2015664R2			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	8,138,000.00	132	0.0800	PER \$1000	(651.04)	(651.04)	0.00
	2015664R2		Sundry Adjustment		SAB	0.00	0	0.0000		(0.80)	(0.80)	0.00
Subtotal Revenue =										(23,210.04)	(23,210.04)	0.00
2038169R2	JUN-2005		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	74,577,000.00	1200	0.0300	PER \$1000	(2,237.31)	(2,237.31)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
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JAN-2004 Through DEC-2006
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Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2038169R2	JUN-2005	SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	2038169R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	13,246,000.00	166	0.1000	PER \$1000	(1,324.60)	(1,324.60)	0.00
	2038169R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	14,366,000.00	210	0.1600	PER \$1000	(2,298.56)	(2,298.56)	0.00
	2038169R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	16,855,000.00	226	0.2300	PER \$1000	(3,876.65)	(3,876.65)	0.00
	2038169R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,686,000.00	212	0.4000	PER \$1000	(4,674.40)	(4,674.40)	0.00
	2038169R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,185,000.00	156	0.5900	PER \$1000	(4,239.15)	(4,239.15)	0.00
	2038169R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,144,000.00	70	1.1000	PER \$1000	(2,358.40)	(2,358.40)	0.00
	2038169R2		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	872,000.00	28	1.1900	PER \$1000	(1,037.68)	(1,037.68)	0.00
	2038169R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	38,000.00	3	1.8800	PER \$1000	(71.44)	(71.44)	0.00
	2038169R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	35,000.00	2	3.3100	PER \$1000	(115.85)	(115.85)	0.00
	2038169R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	8,150,000.00	133	0.0800	PER \$1000	(652.00)	(652.00)	0.00
	AO-181343		Adjustment		SAB	0.00	0	0.0000		(56.79)	(56.79)	0.00
Subtotal Revenue =										(23,259.63)	(23,259.63)	0.00
	2075690R2	JUL-2005	SUPP DEPENDENT LIFE	CITY OF FORT LA	SAB	80,000.00	8	0.0930	PER \$1000 CHILD	(7.44)	(7.44)	0.00
	2075690R2		SUPP DEPENDENT LIFE 35 - 39	CITY OF FORT LA	SAB	685,000.00	12	0.1600	PER \$1000 SPOUSE	(109.60)	(109.60)	0.00
	2075690R2		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	75,563,000.00	1217	0.0300	PER \$1000	(2,264.61)	(2,264.61)	0.00
	2075690R2		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	2075690R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	13,260,000.00	167	0.1000	PER \$1000	(1,326.00)	(1,326.00)	0.00
	2075690R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	14,842,000.00	215	0.1600	PER \$1000	(2,374.72)	(2,374.72)	0.00
	2075690R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	17,019,000.00	229	0.2300	PER \$1000	(3,914.37)	(3,914.37)	0.00
	2075690R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,386,000.00	207	0.4000	PER \$1000	(4,554.40)	(4,554.40)	0.00
	2075690R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,345,000.00	159	0.5900	PER \$1000	(4,333.55)	(4,333.55)	0.00
	2075690R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,095,000.00	68	1.1000	PER \$1000	(2,304.50)	(2,304.50)	0.00
	2075690R2		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	858,000.00	26	1.1900	PER \$1000	(1,021.02)	(1,021.02)	0.00
	2075690R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	38,000.00	3	1.8800	PER \$1000	(71.44)	(71.44)	0.00
	2075690R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	35,000.00	2	3.3100	PER \$1000	(115.85)	(115.85)	0.00
	2075690R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	8,685,000.00	141	0.0800	PER \$1000	(694.80)	(694.80)	0.00
	2075690R2		Sundry Adjustment		SAB	0.00	0	0.0000		(2.28)	(2.28)	0.00
Subtotal Revenue =										(23,411.38)	(23,411.38)	0.00
	2107738R1	AUG-2005	SUPP DEPENDENT LIFE	CITY OF FORT LA	SAB	80,000.00	8	0.0930	PER \$1000 CHILD	(7.44)	(7.44)	0.00
	2107738R1		SUPP DEPENDENT LIFE 35 - 39	CITY OF FORT LA	SAB	685,000.00	12	0.1600	PER \$1000 SPOUSE	(109.60)	(109.60)	0.00
	2107738R1		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	76,151,000.00	1216	0.0300	PER \$1000	(2,284.34)	(2,284.34)	0.00
	2107738R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	2107738R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	13,600,000.00	171	0.1000	PER \$1000	(1,360.00)	(1,360.00)	0.00
	2107738R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	14,774,000.00	215	0.1600	PER \$1000	(2,363.84)	(2,363.84)	0.00

PeopleSoft AR/BILLING System
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Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2107738R1	AUG-2005	SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	17,096,000.00	232	0.2300	PER \$1000	(3,932.08)	(3,932.08)	0.00
	2107738R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,556,000.00	209	0.4000	PER \$1000	(4,622.40)	(4,622.40)	0.00
	2107738R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,270,000.00	157	0.5900	PER \$1000	(4,289.30)	(4,289.30)	0.00
	2107738R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,016,000.00	55	1.1000	PER \$1000	(2,217.60)	(2,217.60)	0.00
	2107738R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	858,000.00	26	1.1900	PER \$1000	(1,021.02)	(1,021.02)	0.00
	2107738R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	38,000.00	3	1.8800	PER \$1000	(71.44)	(71.44)	0.00
	2107738R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	35,000.00	2	3.3100	PER \$1000	(115.85)	(115.85)	0.00
	2107738R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	8,908,000.00	146	0.0800	PER \$1000	(712.64)	(712.64)	0.00
	2107738R1		Sundry Adjustment		SAB	0.00	0	0.0000		(0.19)	(0.19)	0.00
Subtotal Revenue =										(23,424.54)	(23,424.54)	0.00
	2130245R2	SEP-2005	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,592,750.00	0	0.0800	PER \$1000 SPOUSE	(127.42)	(127.42)	0.00
	2130245R2		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	77,139,551.33	0	0.0300	PER \$1000	(2,314.19)	(2,314.19)	0.00
	2130245R2		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	2130245R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	13,812,384.62	172	0.1000	PER \$1000	(1,381.24)	(1,381.24)	0.00
	2130245R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	14,852,000.00	214	0.1600	PER \$1000	(2,376.32)	(2,376.32)	0.00
	2130245R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	17,351,538.46	234	0.2300	PER \$1000	(3,990.85)	(3,990.85)	0.00
	2130245R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,546,441.86	208	0.4000	PER \$1000	(4,618.58)	(4,618.58)	0.00
	2130245R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,423,737.71	156	0.5900	PER \$1000	(4,380.01)	(4,380.01)	0.00
	2130245R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,022,469.03	64	1.1000	PER \$1000	(2,224.72)	(2,224.72)	0.00
	2130245R2		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	874,352.46	26	1.1900	PER \$1000	(1,040.48)	(1,040.48)	0.00
	2130245R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000	(70.50)	(70.50)	0.00
	2130245R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	35,002.99	1	3.3100	PER \$1000	(115.86)	(115.86)	0.00
	2130245R2		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	6,030.68	0	5.5100	PER \$1000	(33.23)	(33.23)	0.00
	2130245R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	9,178,090.91	150	0.0800	PER \$1000	(734.25)	(734.25)	0.00
	AU-145108		Adjustment		SAB	0.00	0	0.0000		107.66	107.66	0.00
Subtotal Revenue =										(23,616.79)	(23,616.79)	0.00
	2167342R2	OCT-2005	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	2,389,125.00	14	0.0800	PER \$1000 SPOUSE	(191.13)	(191.13)	0.00
	2167342R2		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	76,483,475.65	1216	0.0300	PER \$1000	(2,294.50)	(2,294.50)	0.00
	2167342R2		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00
	2167342R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	13,966,076.92	207	0.1000	PER \$1000	(1,396.61)	(1,396.61)	0.00
	2167342R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,092,368.42	247	0.1600	PER \$1000	(2,414.78)	(2,414.78)	0.00
	2167342R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	17,637,538.46	280	0.2300	PER \$1000	(4,056.63)	(4,056.63)	0.00
	2167342R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,341,697.67	256	0.4000	PER \$1000	(4,536.68)	(4,536.68)	0.00
	2167342R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	5,813,131.15	176	0.5900	PER \$1000	(3,429.75)	(3,429.75)	0.00
	2167342R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,182,495.58	72	1.1000	PER \$1000	(2,400.75)	(2,400.75)	0.00

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Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2167342R2	OCT-2005	SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	952,631.15	31	1.1900	PER \$1000	(1,133.63)	(1,133.63)	0.00
	2167342R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	7	1.8800	PER \$1000	(70.50)	(70.50)	0.00
	2167342R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	10,002.99	2	3.3100	PER \$1000	(33.11)	(33.11)	0.00
	2167342R2		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	6,030.68	1	5.5100	PER \$1000	(33.23)	(33.23)	0.00
	2167342R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	9,444,000.00	146	0.0800	PER \$1000	(755.52)	(755.52)	0.00
	AU-133627		Sundry Adjustment		SAB	0.00	0	0.0000		452.46	452.46	0.00
	AU-133627		Sundry Adjustment		SAB	0.00	0	0.0000		(452.46)	(452.46)	0.00
	AU-133627		Sundry Adjustment		SAB	0.00	0	0.0000		452.46	452.46	0.00
	AU-133627		Sundry Adjustment		SAB	0.00	0	0.0000		(452.46)	(452.46)	0.00
	AU-145107		Adjustment		SAB	0.00	0	0.0000		91.54	91.54	0.00
Subtotal Revenue =										(22,972.08)	(22,972.08)	0.00
2199762R1	NOV-2005	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,685,000.00	14	0.0800	PER \$1000 SPOUSE	(134.80)	(134.80)	0.00	
2199762R1		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	78,554,947.58	1233	0.0300	PER \$1000	(2,356.65)	(2,356.65)	0.00	
2199762R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00	
2199762R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	14,266,307.69	247	0.1000	PER \$1000	(1,426.63)	(1,426.63)	0.00	
2199762R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,270,578.95	280	0.1600	PER \$1000	(2,443.29)	(2,443.29)	0.00	
2199762R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	17,626,807.69	300	0.2300	PER \$1000	(4,054.17)	(4,054.17)	0.00	
2199762R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,483,186.05	256	0.4000	PER \$1000	(4,593.27)	(4,593.27)	0.00	
2199762R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,257,758.07	176	0.5900	PER \$1000	(4,282.08)	(4,282.08)	0.00	
2199762R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,901,838.46	72	1.1000	PER \$1000	(2,092.02)	(2,092.02)	0.00	
2199762R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	939,270.49	31	1.1900	PER \$1000	(1,117.73)	(1,117.73)	0.00	
2199762R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	92,685.86	7	1.8800	PER \$1000	(174.25)	(174.25)	0.00	
2199762R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,491.01	2	3.3100	PER \$1000	(81.07)	(81.07)	0.00	
2199762R1		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,296.02	1	5.5100	PER \$1000	(78.77)	(78.77)	0.00	
2199762R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	9,677,727.27	207	0.0800	PER \$1000	(774.22)	(774.22)	0.00	
	AO-191317		Sundry Adjustment		SAB	0.00	0	0.0000		(317.02)	(317.02)	0.00
	AO-191317		Sundry Adjustment		SAB	0.00	0	0.0000		317.02	317.02	0.00
	AO-191317		Sundry Adjustment		SAB	0.00	0	0.0000		(317.02)	(317.02)	0.00
	AO-191317		Sundry Adjustment		SAB	0.00	0	0.0000		317.02	317.02	0.00
	AO-203597		Adjustment		SAB	0.00	0	0.0000		(8.06)	(8.06)	0.00
Subtotal Revenue =										(23,933.81)	(23,933.81)	0.00
2291955R1	DEC-2005	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,685,000.00	14	0.0800	PER \$1000 SPOUSE	(134.80)	(134.80)	0.00	
2291955R1		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	78,393,107.62	1233	0.0300	PER \$1000	(2,351.79)	(2,351.79)	0.00	
2291955R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	120,000.00	12	2.6400	PER \$1000	(316.80)	(316.80)	0.00	
2291955R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	14,266,307.69	247	0.1000	PER \$1000	(1,426.63)	(1,426.63)	0.00	

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2291955R1	DEC-2005	SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,270,578.95	280	0.1600	PER \$1000	(2,443.29)	(2,443.29)	0.00
	2291955R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	17,626,807.69	300	0.2300	PER \$1000	(4,054.17)	(4,054.17)	0.00
	2291955R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,483,186.05	256	0.4000	PER \$1000	(4,593.27)	(4,593.27)	0.00
	2291955R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,257,758.07	174	0.5900	PER \$1000	(4,282.08)	(4,282.08)	0.00
	2291955R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,901,838.46	72	1.1000	PER \$1000	(2,092.02)	(2,092.02)	0.00
	2291955R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	939,270.49	31	1.1900	PER \$1000	(1,117.73)	(1,117.73)	0.00
	2291955R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	92,685.86	7	1.8800	PER \$1000	(174.25)	(174.25)	0.00
	2291955R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,491.02	2	3.3100	PER \$1000	(81.07)	(81.07)	0.00
	2291955R1		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,296.02	1	5.5100	PER \$1000	(78.77)	(78.77)	0.00
	2291955R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	9,677,727.27	207	0.0800	PER \$1000	(774.22)	(774.22)	0.00
AO-193606			Sundry Adjustment		SAB	0.00	0	0.0000		(428.17)	(428.17)	0.00
AO-193606			Sundry Adjustment		SAB	0.00	0	0.0000		428.17	428.17	0.00
AO-193606			Sundry Adjustment		SAB	0.00	0	0.0000		(428.17)	(428.17)	0.00
AO-193606			Sundry Adjustment		SAB	0.00	0	0.0000		428.17	428.17	0.00
AO-203596			Adjustment		SAB	0.00	0	0.0000		(124.07)	(124.07)	0.00
Subtotal Revenue =										(24,044.96)	(24,044.96)	0.00
2494777R2	JAN-2006		SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,685,000.00	14	0.0800	PER \$1000 SPOUSE	(134.80)	(134.80)	0.00
2494777R2			SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	80,296,110.19	1255	0.0300	PER \$1000	(2,408.88)	(2,408.88)	0.00
2494777R2			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000	(290.40)	(290.40)	0.00
2494777R2			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	14,616,846.15	256	0.1000	PER \$1000	(1,461.68)	(1,461.68)	0.00
2494777R2			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,189,157.89	292	0.1600	PER \$1000	(2,430.27)	(2,430.27)	0.00
2494777R2			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,256,769.23	299	0.2300	PER \$1000	(4,199.06)	(4,199.06)	0.00
2494777R2			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,560,744.19	256	0.4000	PER \$1000	(4,624.30)	(4,624.30)	0.00
2494777R2			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,236,516.13	175	0.5900	PER \$1000	(4,269.54)	(4,269.54)	0.00
2494777R2			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,957,338.46	67	1.1000	PER \$1000	(2,153.07)	(2,153.07)	0.00
2494777R2			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	964,934.43	31	1.1900	PER \$1000	(1,148.27)	(1,148.27)	0.00
2494777R2			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	92,790.57	7	1.8800	PER \$1000	(174.45)	(174.45)	0.00
2494777R2			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,491.02	2	3.3100	PER \$1000	(81.07)	(81.07)	0.00
2494777R2			SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,296.03	3	5.5100	PER \$1000	(78.77)	(78.77)	0.00
2494777R2			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	10,044,545.45	220	0.0800	PER \$1000	(803.56)	(803.56)	0.00
AO-203593			Adjustment		SAB	0.00	0	0.0000		(31.72)	(31.72)	0.00
AU-140520			Adjustment		SAB	0.00	0	0.0000		1.33	1.33	0.00
AU-140520			Adjustment		SAB	0.00	0	0.0000		(1.33)	(1.33)	0.00
AU-140520			Adjustment		SAB	0.00	0	0.0000		1.33	1.33	0.00
AU-140520			Adjustment		SAB	0.00	0	0.0000		(1.33)	(1.33)	0.00
Subtotal Revenue =										(24,289.84)	(24,289.84)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
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Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2532884R2	FEB-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,730,000.00	14	0.0800	PER \$1000 SPOUSE	(138.40)	(138.40)	0.00
	2532884R2		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	80,943,682.51	1258	0.0300	PER \$1000	(2,428.31)	(2,428.31)	0.00
	2532884R2		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000	(290.40)	(290.40)	0.00
	2532884R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	14,866,000.00	256	0.1000	PER \$1000	(1,486.60)	(1,486.60)	0.00
	2532884R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,760,263.16	222	0.1600	PER \$1000	(2,521.64)	(2,521.64)	0.00
	2532884R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,305,000.00	299	0.2300	PER \$1000	(4,210.15)	(4,210.15)	0.00
	2532884R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,532,790.70	256	0.4000	PER \$1000	(4,613.12)	(4,613.12)	0.00
	2532884R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,267,080.65	175	0.5900	PER \$1000	(4,287.58)	(4,287.58)	0.00
	2532884R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,914,553.85	67	1.1000	PER \$1000	(2,106.01)	(2,106.01)	0.00
	2532884R2		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	960,598.36	31	1.1900	PER \$1000	(1,143.11)	(1,143.11)	0.00
	2532884R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	92,790.58	7	1.8800	PER \$1000	(174.45)	(174.45)	0.00
	2532884R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,491.01	2	3.3100	PER \$1000	(81.07)	(81.07)	0.00
	2532884R2		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,296.03	3	5.5100	PER \$1000	(78.77)	(78.77)	0.00
	2532884R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	10,205,818.18	220	0.0800	PER \$1000	(816.47)	(816.47)	0.00
AO-199541			Sundry Adjustment		SAB	0.00	0	0.0000		(93.57)	(93.57)	0.00
AO-199541			Sundry Adjustment		SAB	0.00	0	0.0000		93.57	93.57	0.00
AO-199541			Sundry Adjustment		SAB	0.00	0	0.0000		(93.57)	(93.57)	0.00
AO-199541			Sundry Adjustment		SAB	0.00	0	0.0000		93.57	93.57	0.00
AO-203592			Adjustment		SAB	0.00	0	0.0000		(8.66)	(8.66)	0.00
Subtotal Revenue =										(24,384.74)	(24,384.74)	0.00
2563458R1	MAR-2006		SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,775,000.00	14	0.0800	PER \$1000 SPOUSE	(142.00)	(142.00)	0.00
2563458R1			SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	82,391,381.73	1255	0.0300	PER \$1000	(2,471.74)	(2,471.74)	0.00
2563458R1			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000	(290.40)	(290.40)	0.00
2563458R1			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	15,285,307.69	256	0.1000	PER \$1000	(1,528.53)	(1,528.53)	0.00
2563458R1			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,901,947.37	292	0.1600	PER \$1000	(2,544.31)	(2,544.31)	0.00
2563458R1			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,663,115.38	299	0.2300	PER \$1000	(4,292.52)	(4,292.52)	0.00
2563458R1			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,884,302.33	256	0.4000	PER \$1000	(4,753.72)	(4,753.72)	0.00
2563458R1			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,289,967.74	175	0.5900	PER \$1000	(4,301.08)	(4,301.08)	0.00
2563458R1			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,876,846.15	67	1.1000	PER \$1000	(2,064.53)	(2,064.53)	0.00
2563458R1			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	935,590.16	31	1.1900	PER \$1000	(1,113.35)	(1,113.35)	0.00
2563458R1			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	92,790.58	7	1.8800	PER \$1000	(174.45)	(174.45)	0.00
2563458R1			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,491.02	2	3.3100	PER \$1000	(81.07)	(81.07)	0.00
2563458R1			SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,296.03	3	5.5100	PER \$1000	(78.77)	(78.77)	0.00
2563458R1			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	10,422,727.27	220	0.0800	PER \$1000	(833.82)	(833.82)	0.00
AO-201824			Sundry Adjustment		SAB	0.00	0	0.0000		(408.17)	(408.17)	0.00
AO-201824			Sundry Adjustment		SAB	0.00	0	0.0000		408.17	408.17	0.00

PeopleSoft AR/BILLING System
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JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	AO-201824	MAR-2006	Sundry Adjustment		SAB	0.00	0	0.0000		(408.17)	(408.17)	0.00
	AO-201824		Sundry Adjustment		SAB	0.00	0	0.0000		408.17	408.17	0.00
	AO-203591		Adjustment		SAB	0.00	0	0.0000		(29.05)	(29.05)	0.00
Subtotal Revenue =										(24,699.34)	(24,699.34)	0.00
2641440R1	APR-2006	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	83,545,250.76	1616	0.0300	PER \$1000		(2,506.36)	(2,506.36)	0.00
2641440R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000		(290.40)	(290.40)	0.00
2641440R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	15,678,000.00	261	0.1000	PER \$1000		(1,567.80)	(1,567.80)	0.00
2641440R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	15,908,157.89	291	0.1600	PER \$1000		(2,545.31)	(2,545.31)	0.00
2641440R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,611,076.92	296	0.2300	PER \$1000		(4,280.55)	(4,280.55)	0.00
2641440R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,863,674.42	253	0.4000	PER \$1000		(4,745.47)	(4,745.47)	0.00
2641440R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,397,442.62	173	0.5900	PER \$1000		(4,364.49)	(4,364.49)	0.00
2641440R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,159,203.54	68	1.1000	PER \$1000		(2,375.12)	(2,375.12)	0.00
2641440R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	949,754.10	31	1.1900	PER \$1000		(1,130.21)	(1,130.21)	0.00
2641440R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	92,790.58	7	1.8800	PER \$1000		(174.45)	(174.45)	0.00
2641440R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,491.02	1	3.3100	PER \$1000		(81.07)	(81.07)	0.00
2641440R1		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,296.03	3	5.5100	PER \$1000		(78.77)	(78.77)	0.00
2641440R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	10,846,363.64	231	0.0800	PER \$1000		(867.71)	(867.71)	0.00
AU-146393		Adjustment		SAB	0.00	0	0.0000			151.42	151.42	0.00
Subtotal Revenue =										(24,856.29)	(24,856.29)	0.00
2693578	MAY-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,685,000.00	14	0.0800	PER \$1000 SPOUSE		(134.80)	(134.80)	0.00
2693578		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	19,001,900.00	248	0.1000	PER \$1000		(1,900.19)	(1,900.19)	0.00
2693578		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	18,036,500.00	284	0.1600	PER \$1000		(2,885.84)	(2,885.84)	0.00
2693578		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	20,637,782.61	300	0.2300	PER \$1000		(4,746.69)	(4,746.69)	0.00
2693578		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	12,427,800.00	250	0.4000	PER \$1000		(4,971.12)	(4,971.12)	0.00
2693578		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,604,474.57	175	0.5900	PER \$1000		(4,486.64)	(4,486.64)	0.00
2693578		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,315,036.36	71	1.1000	PER \$1000		(2,546.54)	(2,546.54)	0.00
2693578		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	989,260.50	33	1.1900	PER \$1000		(1,177.22)	(1,177.22)	0.00
2693578		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	94,271.27	7	1.8800	PER \$1000		(177.23)	(177.23)	0.00
2693578		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	24,410.87	4	3.3100	PER \$1000		(80.80)	(80.80)	0.00
2693578		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	14,373.86	1	5.5100	PER \$1000		(79.20)	(79.20)	0.00
2693578		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	13,811,250.00	213	0.0800	PER \$1000		(1,104.90)	(1,104.90)	0.00
AO-207695		Sundry Adjustment		SAB	0.00	0	0.0000			(427.17)	(427.17)	0.00
Subtotal Revenue =										(24,718.34)	(24,718.34)	0.00
2726496R1	JUN-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,864,250.00	0	0.0800	PER \$1000 SPOUSE		(149.14)	(149.14)	0.00

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Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2726496R1	JUN-2006	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	84,514,264.51	1270	0.0300	PER \$1000	(2,535.43)	(2,535.43)	0.00
	2726496R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000	(290.40)	(290.40)	0.00
	2726496R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	16,258,076.92	188	0.1000	PER \$1000	(1,625.81)	(1,625.81)	0.00
	2726496R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	16,266,736.84	226	0.1600	PER \$1000	(2,602.68)	(2,602.68)	0.00
	2726496R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,831,692.31	229	0.2300	PER \$1000	(4,331.29)	(4,331.29)	0.00
	2726496R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,554,465.12	202	0.4000	PER \$1000	(4,621.79)	(4,621.79)	0.00
	2726496R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,328,758.06	150	0.5900	PER \$1000	(4,323.97)	(4,323.97)	0.00
	2726496R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,109,194.69	60	1.1000	PER \$1000	(2,320.11)	(2,320.11)	0.00
	2726496R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	929,614.75	27	1.1900	PER \$1000	(1,106.24)	(1,106.24)	0.00
	2726496R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000	(70.50)	(70.50)	0.00
	2726496R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	16,586.83	1	3.3100	PER \$1000	(54.90)	(54.90)	0.00
	2726496R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	11,181,636.36	185	0.0800	PER \$1000	(894.53)	(894.53)	0.00
Subtotal Revenue =										(24,926.79)	(24,926.79)	0.00
2773502R1		JUL-2006	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	85,549,383.67	1273	0.0300	PER \$1000	(2,566.48)	(2,566.48)	0.00
2773502R1			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000	(290.40)	(290.40)	0.00
2773502R1			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	16,708,615.38	191	0.1000	PER \$1000	(1,670.86)	(1,670.86)	0.00
2773502R1			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	16,328,000.00	229	0.1600	PER \$1000	(2,612.48)	(2,612.48)	0.00
2773502R1			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	19,670,521.74	228	0.2300	PER \$1000	(4,524.22)	(4,524.22)	0.00
2773502R1			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,645,651.16	202	0.4000	PER \$1000	(4,658.26)	(4,658.26)	0.00
2773502R1			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,390,290.32	147	0.5900	PER \$1000	(4,360.27)	(4,360.27)	0.00
2773502R1			SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,009,973.45	59	1.1000	PER \$1000	(2,210.97)	(2,210.97)	0.00
2773502R1			SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	869,606.56	25	1.1900	PER \$1000	(1,034.83)	(1,034.83)	0.00
2773502R1			SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000	(70.50)	(70.50)	0.00
2773502R1			SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	16,586.83	1	3.3100	PER \$1000	(54.90)	(54.90)	0.00
2773502R1			SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	11,590,272.73	188	0.0800	PER \$1000	(927.22)	(927.22)	0.00
AO-213388			Adjustment		SAB	0.00	0	0.0000		(0.02)	(0.02)	0.00
Subtotal Revenue =										(24,981.41)	(24,981.41)	0.00
2815760		AUG-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,864,250.00	0	0.0800	PER \$1000 SPOUSE	(149.14)	(149.14)	0.00
2815760			SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	84,514,264.51	1270	0.0300	PER \$1000	(2,535.43)	(2,535.43)	0.00
2815760			SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000	(290.40)	(290.40)	0.00
2815760			SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	16,258,076.92	188	0.1000	PER \$1000	(1,625.81)	(1,625.81)	0.00
2815760			SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	16,266,736.84	226	0.1600	PER \$1000	(2,602.68)	(2,602.68)	0.00
2815760			SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,831,692.31	229	0.2300	PER \$1000	(4,331.29)	(4,331.29)	0.00
2815760			SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,554,465.12	202	0.4000	PER \$1000	(4,621.79)	(4,621.79)	0.00
2815760			SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,328,758.06	150	0.5900	PER \$1000	(4,323.97)	(4,323.97)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	2815760	AUG-2006	SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,109,194.69	60	1.1000	PER \$1000	(2,320.11)	(2,320.11)	0.00
	2815760		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	929,614.75	27	1.1900	PER \$1000	(1,106.24)	(1,106.24)	0.00
	2815760		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000	(70.50)	(70.50)	0.00
	2815760		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	16,586.83	1	3.3100	PER \$1000	(54.90)	(54.90)	0.00
	2815760		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	11,181,636.36	185	0.0800	PER \$1000	(894.53)	(894.53)	0.00
	AO-216099		Sundry Adjustment		SAB	0.00	0	0.0000		(44.98)	(44.98)	0.00
Subtotal Revenue =										(24,971.77)	(24,971.77)	0.00
2855176	SEP-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	1,864,250.00	0	0.0800	PER \$1000 SPOUSE		(149.14)	(149.14)	0.00
2855176		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	84,514,264.51	1270	0.0300	PER \$1000		(2,535.43)	(2,535.43)	0.00
2855176		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000		(290.40)	(290.40)	0.00
2855176		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	16,258,076.92	188	0.1000	PER \$1000		(1,625.81)	(1,625.81)	0.00
2855176		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	16,266,736.84	226	0.1600	PER \$1000		(2,602.68)	(2,602.68)	0.00
2855176		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	18,831,692.31	229	0.2300	PER \$1000		(4,331.29)	(4,331.29)	0.00
2855176		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,554,465.12	202	0.4000	PER \$1000		(4,621.79)	(4,621.79)	0.00
2855176		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,328,758.06	150	0.5900	PER \$1000		(4,323.97)	(4,323.97)	0.00
2855176		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	2,109,194.69	60	1.1000	PER \$1000		(2,320.11)	(2,320.11)	0.00
2855176		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	929,614.75	27	1.1900	PER \$1000		(1,106.24)	(1,106.24)	0.00
2855176		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000		(70.50)	(70.50)	0.00
2855176		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	16,586.83	1	3.3100	PER \$1000		(54.90)	(54.90)	0.00
2855176		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	11,181,636.36	185	0.0800	PER \$1000		(894.53)	(894.53)	0.00
	AO-219622		Sundry Adjustment		SAB	0.00	0	0.0000		(352.99)	(352.99)	0.00
Subtotal Revenue =										(25,279.78)	(25,279.78)	0.00
2908433R1	OCT-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	3,267,000.00	0	0.0800	PER \$1000 SPOUSE		(261.36)	(261.36)	0.00
2908433R1		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	87,653,153.05	1274	0.0300	PER \$1000		(2,629.59)	(2,629.59)	0.00
2908433R1		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000		(290.40)	(290.40)	0.00
2908433R1		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	16,798,461.54	188	0.1000	PER \$1000		(1,679.85)	(1,679.85)	0.00
2908433R1		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	16,867,947.37	232	0.1600	PER \$1000		(2,698.87)	(2,698.87)	0.00
2908433R1		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	20,015,230.77	233	0.2300	PER \$1000		(4,603.50)	(4,603.50)	0.00
2908433R1		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,701,186.05	203	0.4000	PER \$1000		(4,680.47)	(4,680.47)	0.00
2908433R1		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,474,935.48	143	0.5900	PER \$1000		(4,410.21)	(4,410.21)	0.00
2908433R1		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,945,300.88	57	1.1000	PER \$1000		(2,139.83)	(2,139.83)	0.00
2908433R1		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	903,540.98	25	1.1900	PER \$1000		(1,075.21)	(1,075.21)	0.00
2908433R1		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000		(70.50)	(70.50)	0.00
2908433R1		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	116,592.81	2	3.3100	PER \$1000		(385.92)	(385.92)	0.00
2908433R1		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	11,792,454.55	192	0.0800	PER \$1000		(943.40)	(943.40)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

Customer ID	Invoice/Item #	Month	Item Description	Exp.Grp	Bill Typ	Monthly Vol.	Census	Rate	Rate Basis	Total Earned	Total Applied	Total Due
001032350001	AO-222757	OCT-2006	Adjustment		SAB	0.00	0	0.0000		(0.02)	(0.02)	0.00
Subtotal Revenue =										(25,869.13)	(25,869.13)	0.00
2955096R2	NOV-2006	SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	70,539,594.08	1285	0.0300	PER \$1000		(2,116.19)	(2,116.19)	0.00
2955096R2		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000		(290.40)	(290.40)	0.00
2955096R2		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	9,292,307.69	141	0.1000	PER \$1000		(929.23)	(929.23)	0.00
2955096R2		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	14,249,368.42	215	0.1600	PER \$1000		(2,279.90)	(2,279.90)	0.00
2955096R2		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	13,923,257.53	225	0.2300	PER \$1000		(3,202.35)	(3,202.35)	0.00
2955096R2		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	13,785,255.81	240	0.4000	PER \$1000		(5,514.10)	(5,514.10)	0.00
2955096R2		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	8,528,693.55	188	0.5900	PER \$1000		(5,031.93)	(5,031.93)	0.00
2955096R2		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	3,308,115.04	96	1.1000	PER \$1000		(3,638.93)	(3,638.93)	0.00
2955096R2		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	1,004,442.62	42	1.1900	PER \$1000		(1,195.29)	(1,195.29)	0.00
2955096R2		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	425,073.30	16	1.8800	PER \$1000		(799.14)	(799.14)	0.00
2955096R2		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	110,008.98	2	3.3100	PER \$1000		(364.13)	(364.13)	0.00
2955096R2		SUPPLEMENTAL LIFE 75 - AND OVE	CITY OF FORT LA	SAB	10,000.00	0	5.5100	PER \$1000		(55.10)	(55.10)	0.00
2955096R2		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	6,660,636.36	119	0.0800	PER \$1000		(532.85)	(532.85)	0.00
AO-225170		Sundry Adjustment		SAB	0.00	0	0.0000			(80.42)	(80.42)	0.00
AO-225170		Sundry Adjustment		SAB	0.00	0	0.0000			80.42	80.42	0.00
AO-225170		Sundry Adjustment		SAB	0.00	0	0.0000			(80.42)	(80.42)	0.00
AO-225170		Sundry Adjustment		SAB	0.00	0	0.0000			80.42	80.42	0.00
AU-162429		Adjustment		SAB	0.00	0	0.0000			0.01	0.01	0.00
Subtotal Revenue =										(25,949.53)	(25,949.53)	0.00
2987580	DEC-2006	SUPP DEPENDENT LIFE < 30	CITY OF FORT LA	SAB	3,267,000.00	0	0.0800	PER \$1000 SPOUSE		(261.36)	(261.36)	0.00
2987580		SUPPLEMENTAL AD/D	CITY OF FORT LA	SAB	87,653,153.05	1274	0.0300	PER \$1000		(2,629.59)	(2,629.59)	0.00
2987580		SUPPLEMENTAL LIFE	CITY OF FORT LA	SAB	110,000.00	11	2.6400	PER \$1000		(290.40)	(290.40)	0.00
2987580		SUPPLEMENTAL LIFE 30 - 34	CITY OF FORT LA	SAB	16,798,461.54	188	0.1000	PER \$1000		(1,679.85)	(1,679.85)	0.00
2987580		SUPPLEMENTAL LIFE 35 - 39	CITY OF FORT LA	SAB	16,867,947.37	232	0.1600	PER \$1000		(2,698.87)	(2,698.87)	0.00
2987580		SUPPLEMENTAL LIFE 40 - 44	CITY OF FORT LA	SAB	20,015,230.77	233	0.2300	PER \$1000		(4,603.50)	(4,603.50)	0.00
2987580		SUPPLEMENTAL LIFE 45 - 49	CITY OF FORT LA	SAB	11,701,186.05	203	0.4000	PER \$1000		(4,680.47)	(4,680.47)	0.00
2987580		SUPPLEMENTAL LIFE 50 - 54	CITY OF FORT LA	SAB	7,474,935.48	143	0.5900	PER \$1000		(4,410.21)	(4,410.21)	0.00
2987580		SUPPLEMENTAL LIFE 55 - 59	CITY OF FORT LA	SAB	1,945,300.88	57	1.1000	PER \$1000		(2,139.83)	(2,139.83)	0.00
2987580		SUPPLEMENTAL LIFE 60 - 64	CITY OF FORT LA	SAB	903,540.98	25	1.1900	PER \$1000		(1,075.21)	(1,075.21)	0.00
2987580		SUPPLEMENTAL LIFE 65 - 69	CITY OF FORT LA	SAB	37,502.62	3	1.8800	PER \$1000		(70.50)	(70.50)	0.00
2987580		SUPPLEMENTAL LIFE 70 - 74	CITY OF FORT LA	SAB	116,592.81	2	3.3100	PER \$1000		(385.92)	(385.92)	0.00
2987580		SUPPLEMENTAL LIFE < 30	CITY OF FORT LA	SAB	11,792,454.55	192	0.0800	PER \$1000		(943.40)	(943.40)	0.00
AO-227156		Sundry Adjustment		SAB	0.00	0	0.0000			(341.72)	(341.72)	0.00

PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID Through ExpGroup
CITY OF FORT LAUDERDALE , Bill Unit = Each , Bill Group = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

<u>Customer ID</u>	<u>Invoice/Item #</u>	<u>Month</u>	<u>Item Description</u>	<u>Exp.Grp</u>	<u>Bill Typ</u>	<u>Monthly Vol.</u>	<u>Census</u>	<u>Rate</u>	<u>Rate Basis</u>	<u>Total Earned</u>	<u>Total Applied</u>	<u>Total Due</u>
Subtotal Revenue =										(26,210.83)	(26,210.83)	0.00

City of Fort Lauderdale
 Hartford Life, Inc. - Group Benefits Division
 PeopleSoft AR/BILLING System
 Revenue Analysis Summary by Case ID
 CITY OF FORT LAUDERDALE , Bill Unit = All
 JAN-2004 Through DEC-2006
 Coverages/Charges = All

<u>Item Description</u>	<u>Mjr. Line</u>	<u>Prod. Type</u>	<u>Total Paid</u>	<u>Total D&U</u>	<u>Total Earned</u>	<u>Census</u>	<u>Monthly Vol.</u>	<u>Rate</u>	<u>Rate Basis</u>
Adjustment	875	052010	84.66	0.00	84.66	0	0.00	0.0000	
PrdType Revenue =			2,016.06	0.00	2,016.06	0	0.00		
SUPP DEPENDENT LIFE	875	050522	(14.88)	0.00	(14.88)	16	160,000.00	0.0930	PER \$1000 CHILD
SUPP DEPENDENT LIFE 35 - 39	875	050522	(219.20)	0.00	(219.20)	24	1,370,000.00	0.1600	PER \$1000 SPOUSE
SUPP DEPENDENT LIFE < 30	875	050522	(2,108.29)	0.00	(2,108.29)	98	26,353,625.00	0.0800	PER \$1000 SPOUSE
PrdType Revenue =			(2,342.37)	0.00	(2,342.37)	138	27,883,625.00		
MjrLine Revenue =			(326.31)	0.00	(326.31)	138	27,883,625.00		
SUPPLEMENTAL AD/D	876	050602	(79,717.53)	0.00	(79,717.53)	43368	2,657,333,584.75	0.0300	PER \$1000
PrdType Revenue =			(79,720.00)	0.00	(79,720.00)	43368	2,657,333,584.75		
MjrLine Revenue =			(79,720.00)	0.00	(79,720.00)	43368	2,657,333,584.75		
SUPPLEMENTAL LIFE	875	050524	(11,140.80)	0.00	(11,140.80)	422	4,220,000.00	2.6400	PER \$1000
SUPPLEMENTAL LIFE 30 - 34	875	050524	(47,957.13)	0.00	(47,957.13)	6716	479,571,207.67	0.1000	PER \$1000
SUPPLEMENTAL LIFE 35 - 39	875	050524	(84,313.77)	0.00	(84,313.77)	8262	526,961,026.31	0.1600	PER \$1000
SUPPLEMENTAL LIFE 40 - 44	875	050524	(137,482.91)	0.00	(137,482.91)	8791	597,751,754.18	0.2300	PER \$1000
SUPPLEMENTAL LIFE 45 - 49	875	050524	(168,589.00)	0.00	(168,589.00)	8056	421,472,497.70	0.4000	PER \$1000
SUPPLEMENTAL LIFE 50 - 54	875	050524	(157,389.59)	0.00	(157,389.59)	6043	266,761,995.72	0.5900	PER \$1000
SUPPLEMENTAL LIFE 55 - 59	875	050524	(108,110.07)	0.00	(108,110.07)	2951	98,281,894.21	1.1000	PER \$1000
SUPPLEMENTAL LIFE 60 - 64	875	050524	(47,748.30)	0.00	(47,748.30)	1385	40,124,637.53	1.1900	PER \$1000
SUPPLEMENTAL LIFE 65 - 69	875	050524	(6,290.27)	0.00	(6,290.27)	252	3,345,899.56	1.8800	PER \$1000
SUPPLEMENTAL LIFE 70 - 74	875	050524	(9,856.08)	0.00	(9,856.08)	116	2,977,904.87	3.3100	PER \$1000
SUPPLEMENTAL LIFE 75 - AND OVER	875	050524	(673.38)	0.00	(673.38)	16	122,211.38	5.5100	PER \$1000
SUPPLEMENTAL LIFE < 30	875	050524	(25,316.33)	0.00	(25,316.33)	5526	316,453,977.26	0.0800	PER \$1000
Sundry Adjustment	875	050524	(0.80)	0.00	(0.80)	0	0.00	0.0000	
PrdType Revenue =			(804,868.43)	0.00	(804,868.43)	48536	2,758,045,006.39		
Sundry Adjustment	875	052010	1,931.40	0.00	1,931.40	0	0.00	0.0000	
PrdType Revenue =			2,016.06	0.00	2,016.06	0	0.00		
MjrLine Revenue =			(802,852.37)	0.00	(802,852.37)	48536	2,758,045,006.39		
Sundry Adjustment	876	050602	(2.47)	0.00	(2.47)	0	0.00	0.0000	
PrdType Revenue =			(79,720.00)	0.00	(79,720.00)	43368	2,657,333,584.75		

City of Fort Lauderdale
Hartford Life, Inc. - Group Benefits Division
PeopleSoft AR/BILLING System
Revenue Analysis Summary by Case ID
CITY OF FORT LAUDERDALE , Bill Unit = All
JAN-2004 Through DEC-2006
Coverages/Charges = All

MjrLine Revenue =	(79,720.00)	0.00	(79,720.00)	43368	2,657,333,584.75
Subtotal Revenue =	(884,914.74)	0.00	(884,914.74)		5,443,262,216.14

City of Fort Lauderdale
Employee Census - January 2007

	Coverage Option	Spouse Coverage	Child(ren)	Date of Birth	Gender	Annual Salary	Emp Grp
1	\$150,000			2/3/1961	F	63,898	FOP
2	\$150,000			1/4/1955	M	79,248	FOP
3	\$25,000			2/13/1943	M	47,258	Teamsters
4	\$150,000			12/25/1946	M	63,898	FOP
5	\$10,000			9/30/1965	M	74,506	Management
6	\$100,000			4/24/1958	F	84,282	Professional
7	\$150,000			8/28/1961	M	105,248	Management
8	\$100,000			10/17/1975	M	51,542	IAFF
9	\$25,000			1/28/1951	F	56,784	Professional
10	\$10,000			1/31/1959	M	59,696	Supervisory
11	\$10,000			5/1/1943	F	31,866	Teamsters
12	\$50,000			8/29/1953	M	40,810	Teamsters
13	\$150,000			4/6/1962	M	56,784	Supervisory
14	\$100,000			2/22/1964	F	84,282	Management
15	\$50,000			5/14/1955	M	36,088	Teamsters
16	\$100,000			7/3/1956	M	56,634	IAFF
17	\$25,000			3/8/1941	M	59,696	Management
18	\$10,000			4/21/1980	F	52,000	Confidential
19	\$10,000			12/24/1965	M	56,784	Supervisory
20	\$100,000			3/8/1972	F	51,480	Professional
21	\$100,000			5/14/1972	M	71,074	FOP
22	\$50,000			7/26/1962	F	37,003	Teamsters
23	\$10,000			12/11/1955	F	119,101	Management
24	\$50,000			9/1/1977	M	32,698	Teamsters
25	\$50,000			2/15/1957	F	28,226	Teamsters
26	\$100,000			10/15/1956	M	61,152	Supervisory
27	\$100,000			1/7/1960	M	62,941	IAFF
28	\$100,000			8/30/1946	M	58,240	Professional
29	\$50,000			4/8/1963	F	36,088	Teamsters
30	\$150,000			4/9/1972	M	63,898	FOP
31	\$50,000			11/20/1949	M	52,770	Supervisory
32	\$10,000			9/20/1949	F	50,731	Confidential
33	\$10,000			9/3/1959	M	50,232	Supervisory
34	\$50,000			11/24/1979	M	51,542	IAFF
35	\$10,000			2/28/1982	M	37,003	Teamsters
36	\$100,000			4/12/1955	M	61,152	Supervisory
37	\$50,000			9/12/1947	M	64,272	Professional
38	\$10,000			5/30/1958	M	100,194	Management
39	\$50,000			6/10/1967	F	52,000	Confidential
40	\$10,000			5/6/1958	M	88,566	Supervisory
41	\$150,000			5/8/1963	M	84,282	Management
42	\$50,000			6/9/1951	F	30,285	Teamsters
43	\$50,000			1/4/1979	M	34,299	Teamsters
44	\$100,000			12/28/1967	M	62,691	Professional
45	\$100,000			6/15/1957	M	63,898	FOP
46	\$10,000			4/20/1969	M	95,368	Management
47	\$50,000			10/13/1959	M	36,088	Teamsters

48	\$50,000			3/12/1950	F	61,152 Professional
49	\$50,000			12/5/1950	M	32,698 Teamsters
50	\$150,000			7/9/1963	M	82,243 Management
51	\$50,000			12/19/1986	M	28,829 Teamsters
52	\$50,000			11/21/1953	M	40,810 Teamsters
53	\$25,000			11/8/1978	F	33,426 Teamsters
54	\$50,000			4/15/1954	M	57,616 Teamsters
55	\$100,000			9/7/1966	M	52,166 Teamsters
56	\$10,000			1/15/1981	F	50,232 Management
57	\$100,000	\$10,000	\$10,000	10/5/1960	M	63,898 FOP
58	\$10,000			4/24/1961	M	64,272 Management
59	\$25,000			9/11/1958	M	125,133 Management
60	\$10,000			7/29/1962	F	26,790 Teamsters
61	\$100,000			9/6/1968	M	95,368 Management
62	\$100,000			9/12/1967	F	67,496 Management
63	\$50,000			10/10/1955	M	90,792 Supervisory
64	\$150,000			7/9/1966	F	63,898 FOP
65	\$100,000			3/27/1981	M	48,734 FOP
66	\$10,000			8/16/1952	M	76,398 Professional
67	\$50,000			11/24/1953	F	63,898 FOP
68	\$50,000			2/20/1986	M	26,790 Teamsters
69	\$100,000			1/25/1972	M	67,496 Professional
70	\$50,000			3/8/1954	F	72,738 Management
71	\$150,000			7/22/1950	M	128,294 Management
72	\$50,000			6/4/1964	F	29,598 Teamsters
73	\$150,000			10/11/1968	M	122,096 Management
74	\$50,000			3/11/1958	F	36,088 Teamsters
75	\$10,000			2/14/1959	M	62,691 Supervisory
76	\$10,000			7/26/1949	F	69,202 Professional
77	\$150,000			1/1/1978	M	56,285 FOP
78	\$10,000			5/7/1977	F	45,968 Confidential
79	\$25,000			2/26/1962	M	39,811 Teamsters
80	\$50,000			7/9/1979	M	56,285 FOP
81	\$10,000			11/24/1970	M	37,898 Teamsters
82	\$25,000			10/3/1955	F	50,731 Confidential
83	\$150,000			9/25/1977	M	56,285 FOP
84	\$100,000			1/16/1955	M	84,282 Management
85	\$100,000			1/6/1958	M	41,891 Teamsters
86	\$10,000			1/3/1947	M	82,243 Professional
87	\$100,000			1/7/1961	F	56,202 Teamsters
88	\$25,000			12/14/1956	M	63,898 FOP
89	\$150,000			6/21/1968	F	100,194 Management
90	\$50,000			6/29/1956	M	49,712 Teamsters
91	\$50,000			10/11/1978	F	28,226 Teamsters
92	\$50,000			10/26/1958	M	31,866 Teamsters
93	\$100,000			9/30/1972	F	40,810 Teamsters
94	\$10,000			12/29/1941	M	39,811 Teamsters
95	\$50,000			11/3/1945	F	37,731 Confidential
96	\$150,000			6/12/1965	M	78,291 Management
97	\$100,000			2/2/1954	M	100,194 Management
98	\$10,000			7/22/1966	M	86,403 Management
99	\$100,000			1/15/1970	M	70,762 IAFF

100	\$25,000		10/6/1969	F	35,152 Teamsters
101	\$10,000		12/6/1957	M	116,210 Management
102	\$100,000		10/9/1957	F	138,112 Management
103	\$100,000		4/25/1963	M	43,992 Teamsters
104	\$100,000		4/7/1968	F	100,194 Management
105	\$50,000		12/3/1966	M	67,600 FOP
106	\$50,000		12/3/1966	M	71,074 FOP
107	\$10,000		6/29/1967	F	93,059 Management
108	\$50,000		6/1/1971	F	31,803 Confidential
109	\$25,000		1/21/1975	F	32,698 Teamsters
110	\$10,000		2/21/1956	F	100,194 Management
111	\$10,000		3/12/1951	M	62,691 Supervisory
112	\$25,000	\$10,000	10/15/1949	M	67,496 Supervisory
113	\$10,000		12/22/1974	F	58,240 Professional
114	\$25,000		9/24/1975	F	43,306 Management
115	\$100,000		9/4/1983	M	45,469 Professional
116	\$50,000		3/8/1981	M	39,811 Teamsters
117	\$50,000		12/2/1953	M	93,059 Management
118	\$100,000		2/6/1957	F	49,504 Confidential
119	\$50,000		3/5/1957	M	78,458 FOP
120	\$10,000		11/5/1956	F	50,731 Confidential
121	\$25,000		4/14/1975	M	28,829 Teamsters
122	\$10,000		11/4/1952	F	72,738 Management
123	\$10,000		7/19/1967	F	69,202 Management
124	\$50,000		6/21/1962	M	37,898 Teamsters
125	\$50,000		7/17/1975	M	38,792 Teamsters
126	\$100,000		11/5/1957	F	47,112 Confidential
127	\$50,000		4/30/1969	M	36,088 Teamsters
128	\$50,000		10/6/1967	M	35,152 Teamsters
129	\$100,000		8/30/1968	F	38,792 Teamsters
130	\$25,000		5/11/1974	F	34,299 Teamsters
131	\$25,000		2/3/1961	F	65,874 Professional
132	\$10,000		8/23/1969	M	43,992 Teamsters
133	\$25,000		7/30/1966	M	45,032 FOP
134	\$100,000		3/28/1965	M	95,368 Management
135	\$100,000		9/2/1966	M	45,011 Teamsters
136	\$50,000		6/16/1961	F	82,243 Professional
137	\$10,000		7/12/1954	M	63,357 Confidential
138	\$50,000		7/30/1963	M	63,898 FOP
139	\$50,000		8/17/1975	M	26,790 Teamsters
140	\$10,000		3/14/1979	F	37,731 Confidential
141	\$50,000		11/30/1952	M	69,202 Management
142	\$50,000		5/30/1969	M	63,898 FOP
143	\$50,000		7/25/1945	M	40,810 Teamsters
144	\$25,000		3/27/1943	M	51,480 Management
145	\$100,000		8/1/1953	M	131,498 Management
146	\$150,000		7/3/1968	F	63,898 FOP
147	\$150,000		4/9/1959	M	78,291 Management
148	\$150,000		5/27/1968	F	80,246 Management
149	\$100,000		4/14/1973	M	56,285 FOP
150	\$100,000		9/10/1962	F	47,258 Teamsters
151	\$100,000		7/24/1961	M	56,784 Supervisory

152	\$10,000			10/10/1964	F	50,731	Confidential
153	\$150,000			5/28/1960	F	125,133	Management
154	\$25,000			9/16/1950	F	37,731	Confidential
155	\$10,000			10/3/1981	F	23,691	Teamsters
156	\$50,000			9/6/1970	M	47,757	Supervisory
157	\$50,000			9/6/1976	M	42,910	Teamsters
158	\$10,000			9/5/1946	F	51,480	Management
159	\$25,000			3/13/1974	M	38,792	Teamsters
160	\$50,000			5/1/1970	F	56,285	FOP
161	\$100,000			2/16/1958	F	59,696	Professional
162	\$50,000			1/15/1971	M	37,898	Teamsters
163	\$50,000			11/2/1957	F	84,282	Professional
164	\$50,000			9/19/1967	F	63,898	FOP
165	\$25,000			9/20/1948	F	31,866	Teamsters
166	\$100,000			8/12/1970	M	61,152	Management
167	\$50,000			3/10/1978	M	60,112	FOP
168	\$25,000			12/29/1961	M	42,869	FOP
169	\$50,000			9/9/1974	M	38,792	Teamsters
170	\$100,000			4/1/1967	M	56,634	IAFF
171	\$50,000			2/27/1980	M	28,829	Teamsters
172	\$50,000	\$25,000	\$10,000	2/5/1957	F	38,792	Teamsters
173	\$50,000			1/13/1964	F	39,811	Teamsters
174	\$25,000			1/3/1956	M	40,810	Teamsters
175	\$50,000			9/21/1967	M	43,306	Professional
176	\$10,000			6/18/1951	M	80,246	Management
177	\$25,000			11/13/1959	M	131,498	Management
178	\$50,000			3/17/1948	M	43,992	Teamsters
179	\$25,000			10/9/1968	M	38,792	Teamsters
180	\$10,000			7/4/1948	M	70,928	Management
181	\$10,000			12/25/1953	F	69,202	Professional
182	\$100,000			7/11/1959	M	63,898	FOP
183	\$150,000			8/5/1965	M	63,074	IAFF
184	\$50,000			11/27/1965	F	55,432	Supervisory
185	\$50,000			9/30/1982	M	29,598	Teamsters
186	\$10,000			10/24/1966	M	97,781	Police Captains
187	\$100,000	\$20,000		8/5/1949	M	62,691	Supervisory
188	\$50,000			12/23/1957	M	43,992	Teamsters
189	\$50,000			11/1/1959	F	28,226	Teamsters
190	\$10,000			7/13/1974	M	42,910	Teamsters
191	\$100,000			2/20/1953	M	59,051	Teamsters
192	\$50,000			12/5/1979	M	31,866	Teamsters
193	\$150,000	\$75,000		5/25/1960	M	78,291	Management
194	\$10,000			8/1/1971	M	62,691	Professional
195	\$100,000			10/12/1957	M	45,011	Teamsters
196	\$50,000		\$40,000	10/27/1972	F	38,792	Teamsters
197	\$50,000			8/9/1954	M	50,918	Teamsters
198	\$10,000			8/9/1955	M	26,790	Teamsters
199	\$50,000			12/29/1957	M	52,166	Teamsters
200	\$10,000			9/19/1950	M	69,202	Professional
201	\$25,000			8/19/1959	M	23,067	Teamsters
202	\$25,000			6/6/1962	F	43,992	Teamsters
203	\$50,000			9/16/1971	M	29,598	Teamsters

204	\$10,000		9/7/1943	F	55,432	Management
205	\$10,000		4/5/1958	F	62,691	Management
206	\$25,000		1/28/1959	F	70,928	Supervisory
207	\$10,000		6/28/1957	F	38,792	Teamsters
208	\$25,000		7/23/1973	M	38,792	Teamsters
209	\$100,000		2/3/1969	M	56,634	IAFF
210	\$10,000		12/6/1953	F	47,819	Confidential
211	\$10,000		12/28/1944	F	49,504	Confidential
212	\$25,000		12/31/1978	F	26,790	Teamsters
213	\$50,000		5/28/1963	F	61,152	Supervisory
214	\$10,000		11/14/1958	F	50,731	Confidential
215	\$50,000		11/21/1960	M	43,992	Teamsters
216	\$50,000		12/7/1954	M	40,810	Teamsters
217	\$50,000	\$20,000	5/11/1957	M	67,496	Professional
218	\$50,000		9/13/1967	M	40,810	Teamsters
219	\$10,000		12/11/1969	F	63,898	FOP
220	\$150,000		6/11/1961	M	63,898	FOP
221	\$100,000		3/10/1974	M	51,542	IAFF
222	\$100,000		6/4/1958	M	63,074	IAFF
223	\$50,000		10/5/1981	M	30,285	Teamsters
224	\$100,000		9/9/1965	M	51,542	IAFF
225	\$50,000		4/20/1963	M	70,762	IAFF
226	\$25,000		2/20/1954	F	45,011	Teamsters
227	\$10,000		6/18/1977	F	28,829	Teamsters
228	\$10,000		9/3/1939	F	32,594	Confidential
229	\$150,000		7/30/1973	M	67,442	IAFF
230	\$100,000		4/18/1958	M	69,202	Supervisory
231	\$100,000		11/13/1951	F	58,240	Supervisory
232	\$50,000		11/19/1982	M	21,986	Teamsters
233	\$50,000		3/1/1968	M	37,003	Teamsters
234	\$50,000		8/14/1968	F	38,792	Teamsters
235	\$100,000		6/2/1972	M	41,891	Teamsters
236	\$50,000		10/6/1978	M	63,898	FOP
237	\$25,000		3/3/1950	F	42,723	Confidential
238	\$50,000		12/29/1975	M	60,112	FOP
239	\$100,000		2/22/1954	F	48,485	Teamsters
240	\$50,000		10/28/1974	M	40,810	Teamsters
241	\$10,000		3/3/1961	M	90,792	Management
242	\$25,000		8/12/1957	F	36,088	Teamsters
243	\$25,000		2/7/1966	M	55,432	Professional
244	\$10,000		3/5/1957	F	47,258	Teamsters
245	\$50,000		12/16/1969	F	35,152	Teamsters
246	\$50,000		7/7/1957	F	42,910	Teamsters
247	\$100,000		6/9/1953	M	50,918	Teamsters
248	\$10,000		7/14/1962	M	72,738	Professional
249	\$10,000		3/13/1965	F	51,480	Professional
250	\$100,000		8/22/1957	M	82,243	Management
251	\$50,000		8/11/1954	F	42,910	Teamsters
252	\$150,000		5/11/1977	M	63,898	FOP
253	\$10,000		10/5/1967	M	74,506	Management
254	\$25,000		6/14/1959	F	31,866	Teamsters
255	\$10,000		11/22/1964	F	48,984	Management

256	\$25,000	3/31/1959	M	41,891 Teamsters
257	\$100,000	3/31/1972	M	74,506 Professional
258	\$25,000	4/7/1968	M	28,226 Teamsters
259	\$100,000	10/14/1958	M	48,485 Teamsters
260	\$150,000	8/19/1969	M	84,282 Professional
261	\$50,000	3/30/1962	M	63,898 FOP
262	\$50,000	10/25/1957	F	37,898 Teamsters
263	\$25,000	10/5/1961	M	40,810 Teamsters
264	\$50,000	7/15/1963	M	31,117 Teamsters
265	\$100,000	2/1/1968	M	84,282 Police Captains
266	\$25,000	1/21/1967	M	46,634 Professional
267	\$25,000	9/15/1955	M	65,874 Professional
268	\$50,000	8/12/1951	F	33,426 Teamsters
269	\$50,000	4/12/1979	F	44,387 Professional
270	\$150,000	5/7/1962	M	56,014 Confidential
271	\$10,000	10/23/1964	F	65,874 Professional
272	\$50,000	5/23/1968	M	50,918 Teamsters
273	\$10,000	12/25/1944	M	40,810 Teamsters
274	\$10,000	7/19/1949	F	72,738 Professional
275	\$10,000	8/2/1947	M	88,566 Management
276	\$150,000	5/26/1968	M	76,398 Management
277	\$50,000	3/18/1951	M	43,992 Teamsters
278	\$10,000	9/18/1946	F	31,866 Teamsters
279	\$50,000	2/25/1969	M	63,898 FOP
280	\$25,000	1/7/1948	F	59,696 Management
281	\$10,000	8/27/1961	M	37,898 Teamsters
282	\$50,000	6/30/1969	F	47,258 Teamsters
283	\$50,000	12/26/1963	F	37,003 Teamsters
284	\$50,000	3/30/1967	M	38,792 Teamsters
285	\$50,000	10/6/1971	M	41,891 Teamsters
286	\$25,000	11/14/1956	F	50,731 Confidential
287	\$50,000	2/28/1964	M	41,891 Teamsters
288	\$25,000	8/5/1982	M	26,790 Teamsters
289	\$25,000	8/5/1982	M	28,829 Teamsters
290	\$25,000	3/15/1973	M	63,898 FOP
291	\$50,000	12/12/1964	M	39,811 Teamsters
292	\$10,000	9/20/1944	M	48,485 Teamsters
293	\$100,000	9/9/1970	M	53,889 IAFF
294	\$50,000	8/15/1955	M	64,272 Supervisory
295	\$10,000	9/22/1930	F	45,011 Teamsters
296	\$25,000	3/13/1964	F	48,984 Professional
297	\$50,000	11/30/1968	M	63,898 FOP
298	\$10,000	5/27/1949	M	59,696 Management
299	\$50,000	8/24/1949	M	63,898 FOP
300	\$100,000	7/24/1976	M	63,898 FOP
301	\$100,000	11/24/1955	M	56,285 FOP
302	\$25,000	3/9/1956	M	69,202 Professional
303	\$100,000	3/4/1962	M	74,506 Management
304	\$100,000	2/17/1959	M	72,738 Management
305	\$10,000	3/9/1957	M	72,738 Professional
306	\$25,000	10/28/1943	M	61,152 Management
307	\$100,000	10/8/1974	M	51,542 IAFF

308	\$10,000		11/23/1952	M	95,368 Management
309	\$50,000		8/22/1965	F	46,093 Teamsters
310	\$50,000	\$25,000	10/18/1957	M	78,458 FOP
311	\$10,000		5/5/1958	F	56,784 Professional
312	\$25,000		5/7/1971	M	80,246 Professional
313	\$25,000		9/24/1948	M	63,074 IAFF
314	\$150,000		9/23/1966	M	100,194 Police Captains
315	\$10,000		4/13/1968	F	62,691 Professional
316	\$100,000		1/22/1958	M	74,506 Management
317	\$25,000		5/6/1964	M	40,810 Teamsters
318	\$150,000		11/21/1969	M	63,898 FOP
319	\$150,000		11/8/1971	F	63,898 FOP
320	\$100,000		1/17/1969	F	84,282 Police Captains
321	\$100,000		7/1/1972	M	74,714 FOP
322	\$25,000		3/16/1953	M	63,898 FOP
323	\$150,000		3/5/1960	M	70,762 IAFF
324	\$50,000		4/23/1968	M	78,458 Police Captains
325	\$50,000		4/23/1968	M	84,282 Police Captains
326	\$25,000		11/30/1955	F	61,152 Professional
327	\$10,000		9/24/1949	M	96,325 Management
328	\$10,000		7/23/1952	F	45,011 Teamsters
329	\$150,000		8/2/1957	M	58,240 Supervisory
330	\$50,000		9/7/1939	F	38,792 Teamsters
331	\$10,000		10/25/1952	F	57,429 Confidential
332	\$50,000		5/24/1962	M	63,898 FOP
333	\$10,000		10/19/1957	F	64,272 Professional
334	\$10,000		8/29/1961	F	55,432 Management
335	\$25,000		7/21/1959	M	54,870 Teamsters
336	\$50,000		11/30/1962	M	50,918 Teamsters
337	\$50,000		3/13/1965	M	61,152 Supervisory
338	\$150,000		6/9/1963	F	134,742 Management
339	\$10,000		11/26/1952	F	51,480 Management
340	\$50,000		3/6/1965	F	30,285 Teamsters
341	\$25,000		11/28/1952	F	45,011 Teamsters
342	\$50,000		10/25/1978	F	38,792 Teamsters
343	\$150,000		6/9/1957	M	95,368 Management
344	\$50,000		10/16/1984	M	28,226 Teamsters
345	\$150,000		11/27/1948	M	128,294 Management
346	\$100,000		10/16/1963	M	56,784 Supervisory
347	\$50,000		2/13/1960	M	45,011 Teamsters
348	\$150,000		6/28/1952	F	79,435 Supervisory
349	\$50,000		11/28/1956	M	49,712 Teamsters
350	\$10,000		8/5/1953	M	37,898 Teamsters
351	\$10,000		1/11/1952	F	61,152 Supervisory
352	\$150,000		1/3/1959	M	107,890 Management
353	\$150,000		6/22/1952	M	138,112 Management
354	\$10,000		6/8/1934	F	32,698 Teamsters
355	\$50,000		11/30/1972	M	31,117 Teamsters
356	\$50,000		7/26/1960	M	41,891 Teamsters
357	\$10,000		4/9/1955	M	80,246 Professional
358	\$50,000		7/12/1986	M	27,477 Teamsters
359	\$10,000		5/11/1975	F	51,480 Professional

360	\$50,000		2/25/1956	M	38,792 Teamsters
361	\$100,000		7/14/1982	M	48,734 FOP
362	\$25,000		8/21/1951	M	38,792 Teamsters
363	\$25,000		2/7/1959	M	54,870 Teamsters
364	\$100,000		3/6/1969	M	65,874 Management
365	\$10,000		1/29/1965	M	55,432 Professional
366	\$50,000	\$20,000	9/13/1945	F	54,101 Management
367	\$50,000		9/10/1978	F	29,598 Teamsters
368	\$100,000		7/14/1965	F	38,688 Confidential
369	\$25,000		5/13/1959	M	69,202 Professional
370	\$100,000		10/4/1962	M	56,784 Professional
371	\$25,000		5/21/1956	M	30,285 Teamsters
372	\$100,000		4/27/1973	F	45,011 Teamsters
373	\$50,000		5/12/1967	M	36,088 Teamsters
374	\$50,000		11/26/1971	M	52,770 Professional
375	\$25,000		11/29/1974	F	25,584 Teamsters
376	\$50,000		4/7/1962	M	46,093 Teamsters
377	\$25,000		5/4/1966	M	63,898 FOP
378	\$100,000		9/15/1958	M	100,194 Management
379	\$100,000		11/10/1959	M	65,208 Teamsters
380	\$50,000		7/10/1963	M	37,898 Teamsters
381	\$50,000		12/27/1955	M	39,811 Teamsters
382	\$100,000		11/18/1969	M	63,898 FOP
383	\$10,000		9/18/1961	M	43,992 Teamsters
384	\$10,000		3/7/1952	M	45,011 Teamsters
385	\$10,000		9/3/1970	F	31,803 Confidential
386	\$100,000		8/19/1974	M	63,898 FOP
387	\$50,000		9/6/1966	M	63,898 FOP
388	\$150,000		12/12/1977	M	63,898 FOP
389	\$10,000		1/13/1941	M	43,992 Teamsters
390	\$50,000		9/24/1966	M	95,368 Management
391	\$25,000		5/26/1966	M	36,088 Teamsters
392	\$100,000		9/25/1968	M	63,898 FOP
393	\$25,000		9/6/1962	F	67,891 FOP
394	\$100,000		9/1/1977	M	63,898 FOP
395	\$10,000		11/16/1957	F	50,232 Management
396	\$10,000		6/19/1959	F	76,398 Management
397	\$100,000		12/13/1946	M	61,152 Management
398	\$50,000		9/17/1963	F	38,792 Teamsters
399	\$50,000		8/22/1967	M	67,600 FOP
400	\$100,000		1/14/1965	M	38,792 Teamsters
401	\$100,000		1/21/1963	M	61,152 Supervisory
402	\$100,000		12/1/1970	M	63,898 FOP
403	\$50,000		11/21/1963	F	41,642 Confidential
404	\$50,000		3/17/1958	M	53,539 Teamsters
405	\$50,000		7/6/1965	M	63,898 FOP
406	\$25,000		8/9/1956	M	56,784 Supervisory
407	\$100,000		5/21/1968	M	63,898 FOP
408	\$100,000		5/19/1967	M	63,898 FOP
409	\$100,000		11/16/1961	M	43,992 Teamsters
410	\$150,000	\$10,000	8/17/1971	F	71,074 FOP
411	\$50,000		6/8/1955	M	62,691 Management

412	\$25,000		3/16/1952	F	34,299 Teamsters
413	\$25,000		4/4/1963	M	48,485 Teamsters
414	\$100,000		5/25/1956	M	70,803 IAFF
415	\$100,000		12/13/1962	F	45,011 Teamsters
416	\$100,000		2/24/1967	M	59,455 IAFF
417	\$100,000		9/22/1955	M	62,691 Supervisory
418	\$25,000		4/28/1960	M	41,891 Teamsters
419	\$50,000		11/6/1974	M	74,714 FOP
420	\$25,000		5/22/1957	M	41,891 Teamsters
421	\$50,000		6/29/1959	M	63,357 Confidential
422	\$50,000		10/15/1954	F	42,910 Teamsters
423	\$25,000		4/20/1950	M	37,898 Teamsters
424	\$50,000		6/21/1968	M	60,004 IAFF
425	\$50,000		10/18/1967	M	45,011 Teamsters
426	\$50,000		7/29/1971	F	60,112 FOP
427	\$25,000		11/15/1946	M	64,542 FOP
428	\$50,000		5/13/1962	M	63,898 FOP
429	\$50,000		2/21/1963	M	78,458 FOP
430	\$50,000		10/14/1970	M	34,299 Teamsters
431	\$150,000		2/11/1959	M	63,898 FOP
432	\$10,000		11/2/1959	F	64,272 Management
433	\$100,000		5/20/1973	M	56,285 FOP
434	\$10,000		2/20/1948	M	69,202 Professional
435	\$25,000		2/5/1965	M	40,810 Teamsters
436	\$50,000		11/8/1959	F	72,738 Professional
437	\$150,000		10/19/1959	M	70,762 IAFF
438	\$50,000		9/29/1976	F	35,152 Management
439	\$50,000		9/29/1976	F	42,037 Management
440	\$50,000		11/1/1952	M	45,011 Teamsters
441	\$10,000		8/19/1968	M	84,282 Police Captains
442	\$10,000		9/28/1954	M	95,368 Management
443	\$25,000		4/24/1978	M	29,598 Teamsters
444	\$100,000		7/22/1970	M	56,285 FOP
445	\$10,000		12/25/1947	M	28,829 Teamsters
446	\$100,000		2/14/1972	M	63,898 FOP
447	\$25,000		11/21/1978	M	40,810 Teamsters
448	\$50,000		7/18/1981	M	42,869 FOP
449	\$100,000		2/12/1963	F	50,232 Management
450	\$50,000		1/18/1966	F	37,003 Teamsters
451	\$100,000		11/11/1964	F	36,088 Teamsters
452	\$50,000		12/6/1955	M	47,258 Teamsters
453	\$100,000		11/28/1954	M	40,810 Teamsters
454	\$50,000		1/12/1978	M	27,477 Teamsters
455	\$50,000	\$20,000	7/20/1963	F	38,792 Teamsters
456	\$50,000		12/3/1985	M	21,986 Teamsters
457	\$25,000		1/4/1953	M	35,152 Teamsters
458	\$25,000		9/28/1987	M	21,986 Teamsters
459	\$25,000		8/6/1965	M	37,898 Teamsters
460	\$10,000		11/5/1965	M	26,790 Teamsters
461	\$50,000		4/23/1953	M	63,898 FOP
462	\$150,000		5/16/1973	M	63,898 FOP
463	\$50,000		10/31/1954	M	74,506 Management

464	\$100,000			5/18/1982	M	51,542 IAFF
465	\$100,000			12/29/1975	M	63,898 FOP
466	\$50,000			4/27/1963	F	36,088 Teamsters
467	\$50,000			9/30/1966	M	100,194 Police Captains
468	\$25,000			9/8/1955	M	29,598 Teamsters
469	\$50,000			12/20/1980	M	42,869 FOP
470	\$50,000			7/25/1960	F	28,829 Teamsters
471	\$10,000			7/22/1941	M	67,496 Professional
472	\$100,000			11/19/1982	M	51,542 IAFF
473	\$10,000			12/3/1950	F	86,403 Supervisory
474	\$50,000			4/26/1951	M	49,712 Teamsters
475	\$50,000			1/16/1966	F	35,152 Teamsters
476	\$150,000			4/12/1973	F	148,762 Management
477	\$100,000			9/7/1967	F	67,600 FOP
478	\$150,000			4/24/1969	M	67,392 IAFF
479	\$100,000			7/21/1980	M	51,542 IAFF
480	\$25,000			1/29/1943	M	20,883 Teamsters
481	\$10,000			3/11/1951	F	33,426 Teamsters
482	\$50,000	\$50,000	\$20,000	3/30/1972	F	35,942 Confidential
483	\$25,000			11/9/1954	M	43,992 Teamsters
484	\$100,000			8/19/1949	M	63,898 FOP
485	\$50,000			10/16/1978	M	43,306 Professional
486	\$10,000			12/7/1954	M	62,691 Professional
487	\$50,000	\$20,000		5/24/1959	M	64,272 Management
488	\$50,000			11/7/1957	M	62,067 Teamsters
489	\$100,000			7/17/1980	M	57,358 IAFF
490	\$50,000			12/10/1949	M	63,898 FOP
491	\$100,000			1/9/1970	M	63,898 FOP
492	\$100,000			7/27/1970	F	63,898 FOP
493	\$150,000			11/29/1958	M	95,368 Management
494	\$100,000			7/4/1975	M	63,898 FOP
495	\$100,000			9/1/1967	M	60,112 FOP
496	\$50,000			1/6/1956	M	105,248 Management
497	\$50,000			1/6/1956	M	107,890 Management
498	\$25,000			9/2/1963	M	38,792 Teamsters
499	\$10,000			9/27/1962	F	32,698 Teamsters
500	\$50,000			1/12/1969	M	56,285 FOP
501	\$10,000			11/10/1957	F	47,757 Management
502	\$25,000			9/19/1972	M	37,003 Teamsters
503	\$25,000			1/31/1949	F	37,003 Teamsters
504	\$150,000			2/15/1967	M	100,194 Police Captains
505	\$25,000			6/16/1974	M	46,093 Teamsters
506	\$50,000			10/29/1955	M	36,088 Teamsters
507	\$50,000			5/28/1952	M	70,928 Supervisory
508	\$10,000			12/3/1960	M	69,202 Management
509	\$50,000			2/5/1962	M	45,011 Teamsters
510	\$10,000			12/14/1964	M	56,784 Supervisory
511	\$50,000			12/17/1978	F	27,477 Teamsters
512	\$50,000			6/11/1976	M	63,898 FOP
513	\$150,000			11/10/1951	F	93,059 Management
514	\$50,000			11/2/1945	F	30,264 Confidential
515	\$25,000			12/7/1963	M	31,866 Teamsters

516	\$50,000	11/20/1970	M	33,426	Teamsters
517	\$50,000	9/3/1959	M	141,586	Management
518	\$10,000	2/26/1957	M	59,455	IAFF
519	\$10,000	10/5/1946	M	74,506	Management
520	\$50,000	7/2/1964	M	67,600	FOP
521	\$50,000	1/16/1960	M	41,891	Teamsters
522	\$50,000	8/25/1959	M	82,243	Professional
523	\$50,000	8/25/1959	M	82,243	Professional
524	\$25,000	3/4/1963	F	40,810	Teamsters
525	\$150,000	10/12/1967	M	63,898	FOP
526	\$10,000	2/14/1964	M	159,640	Management
527	\$100,000	5/28/1975	F	60,112	FOP
528	\$100,000	8/16/1965	M	74,506	Management
529	\$100,000	3/2/1979	F	52,541	FOP
530	\$10,000	10/21/1970	F	70,928	Management
531	\$50,000	10/4/1973	F	43,992	Teamsters
532	\$100,000	8/18/1968	F	65,874	Professional
533	\$100,000	5/13/1959	M	61,152	Supervisory
534	\$50,000	11/9/1964	M	67,891	FOP
535	\$150,000	4/4/1967	M	131,498	Management
536	\$10,000	2/25/1966	F	32,698	Teamsters
537	\$100,000	1/12/1960	M	47,258	Teamsters
538	\$100,000	8/6/1973	M	67,891	FOP
539	\$10,000	9/12/1963	M	72,738	Professional
540	\$10,000	4/10/1986	M	28,226	Teamsters
541	\$100,000	11/1/1969	M	63,898	FOP
542	\$10,000	7/13/1952	M	128,294	Management
543	\$150,000	9/5/1957	M	95,368	Management
544	\$100,000	9/4/1943	M	131,498	Management
545	\$50,000	10/5/1953	F	40,810	Teamsters
546	\$50,000	7/12/1972	M	63,898	FOP
547	\$50,000	9/1/1947	M	41,891	Teamsters
548	\$50,000	11/18/1966	F	59,696	Professional
549	\$50,000	9/26/1960	M	36,088	Teamsters
550	\$100,000	3/19/1958	M	72,738	Professional
551	\$50,000	6/4/1959	F	39,811	Teamsters
552	\$50,000	11/19/1963	M	49,712	Teamsters
553	\$50,000	6/12/1982	F	29,598	Teamsters
554	\$10,000	7/31/1949	F	84,282	Professional
555	\$50,000	3/15/1965	F	63,898	FOP
556	\$10,000	6/3/1986	F	21,986	Teamsters
557	\$50,000	11/12/1943	M	58,240	Supervisory
558	\$50,000	5/23/1966	M	34,299	Teamsters
559	\$50,000	4/17/1962	M	63,898	FOP
560	\$50,000	5/25/1951	F	61,152	Professional
561	\$50,000	11/19/1969	M	40,810	Teamsters
562	\$50,000	8/7/1971	M	49,712	Teamsters
563	\$100,000	3/7/1978	M	51,542	IAFF
564	\$150,000	2/19/1962	M	67,600	FOP
565	\$100,000	10/13/1964	M	54,101	Supervisory
566	\$100,000	9/30/1960	F	65,874	Professional
567	\$50,000	7/19/1975	F	48,734	FOP

568	\$100,000	10/10/1960	F	61,152 Professional
569	\$10,000	10/12/1953	M	84,282 Management
570	\$10,000	4/21/1951	M	36,088 Teamsters
571	\$10,000	11/9/1944	M	63,898 FOP
572	\$50,000	7/13/1973	M	63,898 FOP
573	\$50,000	11/6/1968	F	33,426 Teamsters
574	\$100,000	9/22/1959	M	63,898 FOP
575	\$50,000	8/2/1969	M	46,093 Teamsters
576	\$50,000	6/2/1971	M	45,011 Teamsters
577	\$10,000	6/18/1962	M	59,696 Management
578	\$50,000	3/18/1960	M	39,811 Teamsters
579	\$50,000	9/22/1957	M	38,792 Teamsters
580	\$100,000	7/19/1972	F	69,202 Management
581	\$100,000	4/26/1979	M	59,803 FOP
582	\$50,000	8/17/1969	M	63,898 FOP
583	\$10,000	9/29/1946	M	84,282 Professional
584	\$50,000	9/13/1962	F	25,584 Teamsters
585	\$10,000	1/6/1965	F	41,642 Confidential
586	\$50,000	12/10/1960	F	37,898 Teamsters
587	\$50,000	8/16/1968	M	45,011 Teamsters
588	\$150,000	3/4/1966	M	70,762 IAFF
589	\$10,000	10/27/1963	F	64,272 Professional
590	\$50,000	10/12/1975	M	63,898 FOP
591	\$100,000	3/19/1980	M	51,542 IAFF
592	\$50,000	11/6/1960	M	36,088 Teamsters
593	\$10,000	5/16/1985	M	23,067 Teamsters
594	\$10,000	5/16/1985	M	26,790 Teamsters
595	\$10,000	1/15/1983	M	27,477 Teamsters
596	\$25,000	4/25/1948	M	41,891 Teamsters
597	\$10,000	9/25/1959	F	38,688 Confidential
598	\$10,000	9/25/1959	F	40,643 Confidential
599	\$10,000	9/26/1958	F	47,757 Professional
600	\$100,000	3/9/1957	M	51,480 Supervisory
601	\$50,000	2/8/1963	M	46,093 Teamsters
602	\$25,000	10/27/1942	F	35,152 Teamsters
603	\$50,000	2/6/1960	M	43,306 Professional
604	\$10,000	8/22/1951	M	65,874 Supervisory
605	\$25,000	1/20/1953	M	40,810 Teamsters
606	\$150,000	3/29/1968	F	84,282 Police Captains
607	\$25,000	12/28/1980	F	28,226 Teamsters
608	\$10,000	10/5/1952	F	95,139 Management
609	\$50,000	9/13/1968	F	37,003 Teamsters
610	\$10,000	6/7/1951	M	67,496 Supervisory
611	\$10,000	7/15/1952	M	80,246 Management
612	\$10,000	7/24/1960	M	119,101 Management
613	\$50,000	2/10/1968	F	56,285 FOP
614	\$25,000	1/10/1956	M	52,166 Teamsters
615	\$10,000	4/11/1974	F	65,874 Management
616	\$50,000	3/31/1973	M	41,891 Teamsters
617	\$10,000	4/4/1945	M	69,202 Professional
618	\$50,000	9/13/1956	M	38,792 Teamsters
619	\$150,000	7/17/1963	M	63,898 FOP

620	\$25,000		11/7/1969	M	63,898 FOP
621	\$10,000		2/19/1960	M	107,890 Management
622	\$50,000		9/10/1959	M	63,898 FOP
623	\$50,000		11/3/1962	M	100,194 Management
624	\$50,000		9/8/1963	M	46,634 Supervisory
625	\$50,000	\$30,000	12/31/1966	F	28,829 Teamsters
626	\$150,000		7/29/1966	M	71,074 FOP
627	\$50,000		10/12/1963	M	52,166 Teamsters
628	\$50,000		1/20/1955	M	69,202 Management
629	\$10,000		4/2/1964	M	86,403 Management
630	\$100,000		10/6/1964	F	50,232 Professional
631	\$10,000		10/5/1954	M	108,971 Management
632	\$50,000		8/11/1956	F	43,742 Confidential
633	\$100,000		6/25/1961	M	44,753 IAFF
634	\$100,000		2/14/1969	M	100,194 Police Captains
635	\$25,000		12/3/1955	M	40,810 Teamsters
636	\$25,000		1/6/1948	F	56,784 Management
637	\$50,000		4/19/1962	M	56,784 Supervisory
638	\$10,000		3/15/1968	M	84,282 Professional
639	\$50,000		11/2/1959	M	39,811 Teamsters
640	\$25,000		8/30/1969	F	31,866 Teamsters
641	\$50,000		1/14/1958	F	35,152 Teamsters
642	\$50,000		10/22/1952	M	69,202 Management
643	\$100,000		6/2/1964	M	84,282 Police Captains
644	\$50,000		2/3/1953	M	38,792 Teamsters
645	\$10,000		10/10/1978	M	56,285 FOP
646	\$10,000		10/10/1978	M	60,112 FOP
647	\$10,000		4/11/1959	M	76,398 Professional
648	\$10,000		5/14/1956	M	138,112 Management
649	\$10,000		5/5/1954	M	38,792 Teamsters
650	\$10,000		4/14/1960	F	59,696 Professional
651	\$150,000		6/30/1947	M	90,792 Management
652	\$50,000		3/12/1970	M	43,992 Teamsters
653	\$100,000		2/18/1966	M	60,004 IAFF
654	\$100,000		11/8/1956	M	52,166 Teamsters
655	\$50,000		9/30/1965	M	36,088 Teamsters
656	\$100,000		7/17/1956	M	70,762 IAFF
657	\$150,000		4/15/1971	M	56,634 IAFF
658	\$25,000		12/9/1939	M	46,093 Teamsters
659	\$100,000		12/18/1965	M	56,285 FOP
660	\$100,000		9/13/1963	M	45,011 Teamsters
661	\$25,000		1/3/1965	M	48,485 Teamsters
662	\$50,000		1/11/1952	M	61,152 Supervisory
663	\$10,000		12/12/1957	F	35,090 Confidential
664	\$10,000		11/3/1976	M	110,614 Management
665	\$10,000		1/18/1973	F	62,691 Professional
666	\$50,000		4/29/1966	M	50,918 Teamsters
667	\$50,000		1/17/1967	F	36,088 Teamsters
668	\$100,000		3/12/1964	M	67,600 FOP
669	\$10,000		6/7/1961	F	107,890 Management
670	\$150,000		11/15/1960	M	63,898 FOP
671	\$100,000		3/13/1962	F	72,738 Management

672	\$100,000	12/17/1957	M	74,506 Professional
673	\$50,000	11/23/1959	F	39,666 Confidential
674	\$50,000	12/30/1965	M	37,003 Teamsters
675	\$50,000	6/17/1976	M	28,829 Teamsters
676	\$50,000	6/17/1976	M	31,117 Teamsters
677	\$50,000	10/8/1962	F	32,698 Teamsters
678	\$10,000	7/4/1963	M	63,898 FOP
679	\$50,000	2/4/1956	M	54,101 Professional
680	\$50,000	2/1/1970	M	26,790 Teamsters
681	\$150,000	3/1/1967	M	63,898 FOP
682	\$50,000	4/28/1986	F	27,477 Teamsters
683	\$10,000	12/17/1966	M	63,898 FOP
684	\$10,000	1/14/1981	M	45,469 Professional
685	\$50,000	6/7/1957	F	74,506 Management
686	\$10,000	9/19/1965	M	86,403 Supervisory
687	\$100,000	12/25/1964	M	63,898 FOP
688	\$50,000	5/31/1968	M	78,458 FOP
689	\$50,000	1/20/1965	M	48,485 Teamsters
690	\$10,000	6/5/1957	M	62,691 Supervisory
691	\$100,000	5/28/1981	M	51,542 IAFF
692	\$50,000	4/29/1976	F	31,117 Teamsters
693	\$100,000	11/27/1974	M	43,992 Teamsters
694	\$25,000	12/7/1960	F	131,498 Management
695	\$50,000	4/24/1952	M	37,898 Teamsters
696	\$50,000	9/30/1966	M	37,898 Teamsters
697	\$50,000	12/5/1946	M	38,792 Teamsters
698	\$100,000	5/20/1968	M	70,803 IAFF
699	\$25,000	3/19/1948	F	45,011 Teamsters
700	\$50,000	8/28/1954	M	43,992 Teamsters
701	\$50,000	1/20/1953	F	40,810 Teamsters
702	\$10,000	7/17/1975	M	74,506 Supervisory
703	\$25,000	11/1/1977	M	42,910 Teamsters
704	\$10,000	5/5/1979	F	47,757 Management
705	\$150,000	12/20/1970	M	84,282 Police Captains
706	\$50,000	4/30/1957	M	71,074 FOP
707	\$25,000	10/21/1966	M	38,792 Teamsters
708	\$50,000	11/6/1961	M	41,891 Teamsters
709	\$50,000	5/24/1981	M	45,032 FOP
710	\$25,000	1/24/1967	M	63,898 FOP
711	\$150,000	8/24/1968	M	84,282 Management
712	\$25,000	3/22/1973	M	38,792 Teamsters
713	\$25,000	6/20/1957	F	72,738 Professional
714	\$50,000	7/24/1952	F	33,426 Teamsters
715	\$50,000	8/15/1973	F	26,790 Teamsters
716	\$50,000	4/10/1960	F	26,229 Teamsters
717	\$100,000	9/9/1967	M	65,208 Teamsters
718	\$10,000	10/22/1980	M	39,811 Teamsters
719	\$100,000	2/21/1979	M	56,285 FOP
720	\$50,000	6/8/1965	M	37,898 Teamsters
721	\$50,000	4/6/1970	F	28,226 Teamsters
722	\$25,000	9/22/1950	F	30,285 Teamsters
723	\$100,000	10/9/1975	M	42,869 FOP

724	\$150,000	7/5/1959	M	63,898 FOP
725	\$10,000	11/1/1954	M	27,477 Teamsters
726	\$100,000	3/27/1962	M	64,272 Supervisory
727	\$50,000	4/14/1969	M	28,226 Teamsters
728	\$10,000	6/23/1955	F	49,712 Teamsters
729	\$10,000	1/12/1949	M	86,403 Professional
730	\$100,000	7/25/1980	M	42,632 IAFF
731	\$100,000	6/23/1983	M	42,869 FOP
732	\$50,000	11/28/1967	M	45,011 Teamsters
733	\$150,000	11/7/1969	M	71,074 FOP
734	\$25,000	7/5/1954	F	35,090 Confidential
735	\$100,000	3/7/1975	F	51,542 IAFF
736	\$50,000	10/11/1967	M	67,600 FOP
737	\$10,000	2/7/1957	M	64,272 Management
738	\$100,000	3/5/1959	M	47,258 Teamsters
739	\$150,000	7/14/1976	M	63,898 FOP
740	\$50,000	6/8/1972	F	56,634 IAFF
741	\$25,000	6/26/1954	F	46,093 Teamsters
742	\$10,000	8/6/1956	M	43,992 Teamsters
743	\$50,000	1/12/1971	M	51,542 IAFF
744	\$50,000	6/22/1949	M	38,792 Teamsters
745	\$50,000	2/20/1967	M	61,152 Professional
746	\$50,000	3/8/1961	M	50,918 Teamsters
747	\$50,000	1/30/1953	M	74,506 Management
748	\$50,000	2/13/1955	F	72,738 Management
749	\$25,000	2/1/1960	F	46,634 Supervisory
750	\$100,000	10/22/1952	F	100,194 Management
751	\$50,000	7/6/1969	M	67,600 FOP
752	\$50,000	9/27/1945	M	41,891 Teamsters
753	\$10,000	3/26/1967	M	56,784 Supervisory
754	\$25,000	10/12/1971	M	34,299 Teamsters
755	\$25,000	5/28/1975	F	29,598 Teamsters
756	\$10,000	7/24/1971	M	54,101 Professional
757	\$25,000	10/26/1944	F	40,810 Teamsters
758	\$50,000	10/17/1968	F	52,000 Confidential
759	\$50,000	4/24/1958	M	67,496 Supervisory
760	\$100,000	5/16/1970	M	72,738 Management
761	\$10,000	11/16/1959	M	62,691 Supervisory
762	\$25,000	11/1/1971	M	35,152 Teamsters
763	\$10,000	7/23/1969	F	69,202 Management
764	\$100,000	1/2/1958	M	64,272 Supervisory
765	\$100,000	5/9/1969	M	67,600 FOP
766	\$10,000	8/19/1960	M	119,101 Management
767	\$10,000	10/10/1950	M	61,152 Management
768	\$10,000	7/13/1956	F	69,202 Management
769	\$50,000	3/16/1966	M	56,634 IAFF
770	\$50,000	1/19/1960	M	61,152 Supervisory
771	\$25,000	12/15/1938	M	74,506 Professional
772	\$50,000	12/29/1970	F	38,792 Teamsters
773	\$10,000	12/6/1942	M	41,891 Teamsters
774	\$10,000	5/10/1939	F	38,792 Teamsters
775	\$100,000	8/15/1972	M	63,898 FOP

776	\$100,000		9/14/1966	M	56,634 IAFF
777	\$10,000		3/27/1954	F	56,784 Supervisory
778	\$50,000		5/7/1972	F	30,285 Teamsters
779	\$50,000		8/20/1974	M	27,477 Teamsters
780	\$50,000		6/10/1963	F	37,898 Teamsters
781	\$10,000		11/11/1959	M	84,282 Management
782	\$50,000		4/16/1970	F	43,992 Teamsters
783	\$10,000		10/26/1953	F	128,294 Management
784	\$50,000		4/4/1964	M	74,714 FOP
785	\$50,000		1/4/1972	M	31,866 Teamsters
786	\$10,000		4/22/1950	F	128,294 Management
787	\$50,000		6/16/1977	M	28,829 Teamsters
788	\$25,000		12/11/1957	M	36,088 Teamsters
789	\$100,000		9/14/1961	M	45,011 Teamsters
790	\$150,000		1/19/1973	M	56,634 IAFF
791	\$10,000		3/10/1967	M	116,210 Management
792	\$50,000		2/19/1957	F	36,088 Teamsters
793	\$100,000		12/14/1956	M	63,898 FOP
794	\$10,000		8/1/1974	F	78,291 Management
795	\$100,000		8/4/1966	M	28,829 Teamsters
796	\$10,000		11/8/1971	M	95,368 Management
797	\$50,000		1/23/1981	M	34,299 Teamsters
798	\$50,000		10/28/1963	F	39,811 Teamsters
799	\$50,000		11/29/1953	M	53,539 Teamsters
800	\$10,000		12/2/1967	M	40,810 Teamsters
801	\$25,000		10/29/1967	M	26,790 Teamsters
802	\$25,000		7/31/1958	M	119,101 Management
803	\$50,000		6/16/1964	M	38,792 Teamsters
804	\$50,000		6/16/1964	M	40,810 Teamsters
805	\$100,000		1/9/1980	M	60,112 FOP
806	\$50,000	\$30,000	5/28/1965	F	38,792 Teamsters
807	\$50,000		9/29/1960	M	45,011 Teamsters
808	\$25,000		1/23/1963	M	37,898 Teamsters
809	\$25,000		10/19/1962	M	31,117 Teamsters
810	\$150,000		11/23/1976	M	53,889 IAFF
811	\$150,000		4/2/1953	F	74,506 Management
812	\$100,000		9/2/1976	M	56,634 IAFF
813	\$50,000		9/18/1977	F	74,506 Professional
814	\$50,000		6/16/1965	M	82,243 Management
815	\$50,000		8/15/1978	F	36,088 Teamsters
816	\$10,000		7/1/1937	F	47,112 Confidential
817	\$100,000		6/26/1956	M	48,485 Teamsters
818	\$50,000		12/11/1985	M	26,790 Teamsters
819	\$50,000		4/21/1967	M	32,698 Teamsters
820	\$10,000		9/10/1967	F	37,003 Teamsters
821	\$25,000		7/12/1978	F	28,829 Teamsters
822	\$50,000		4/3/1956	M	74,506 Management
823	\$10,000		12/3/1954	F	80,246 Management
824	\$50,000		5/31/1958	M	67,496 Supervisory
825	\$25,000		5/28/1961	F	40,810 Teamsters
826	\$25,000		3/11/1960	M	37,003 Teamsters
827	\$10,000		3/26/1980	M	47,757 Professional

828	\$10,000			7/21/1958	M	82,243 Professional
829	\$50,000			11/30/1959	M	40,810 Teamsters
830	\$50,000			5/21/1971	M	67,600 FOP
831	\$100,000			6/18/1973	F	51,542 IAFF
832	\$100,000			5/13/1965	M	41,891 Teamsters
833	\$50,000			4/21/1948	M	69,202 Professional
834	\$150,000			6/1/1961	M	61,152 Management
835	\$25,000			7/5/1953	F	28,226 Teamsters
836	\$10,000			6/15/1981	M	40,810 Teamsters
837	\$100,000			5/18/1957	F	107,890 Management
838	\$10,000			3/8/1957	M	72,738 Management
839	\$25,000			12/17/1970	M	63,898 FOP
840	\$50,000			9/10/1951	M	101,192 Police Captains
841	\$100,000			3/22/1954	M	70,762 IAFF
842	\$50,000			4/8/1971	F	30,285 Teamsters
843	\$100,000			7/28/1975	M	56,285 FOP
844	\$50,000			1/12/1985	M	26,790 Teamsters
845	\$100,000			6/9/1965	M	55,432 Management
846	\$100,000			5/21/1977	M	56,285 FOP
847	\$10,000			5/26/1951	M	32,698 Teamsters
848	\$10,000			5/28/1955	F	61,152 Professional
849	\$10,000			5/3/1952	M	100,194 Management
850	\$10,000			10/4/1947	M	43,992 Teamsters
851	\$50,000			11/10/1969	M	38,792 Teamsters
852	\$100,000			4/9/1970	F	59,405 IAFF
853	\$50,000			7/21/1962	M	43,992 Teamsters
854	\$10,000			12/22/1952	M	40,810 Teamsters
855	\$25,000			2/13/1972	F	36,088 Teamsters
856	\$100,000			3/2/1971	M	63,898 FOP
857	\$50,000			8/26/1973	M	63,898 FOP
858	\$10,000			6/27/1966	F	40,810 Teamsters
859	\$100,000			9/12/1973	M	63,898 FOP
860	\$50,000			10/15/1952	F	36,088 Teamsters
861	\$100,000			11/17/1970	F	72,738 Management
862	\$50,000			12/22/1965	M	49,171 IAFF
863	\$50,000			7/11/1959	M	46,093 Teamsters
864	\$100,000			6/22/1969	M	42,869 FOP
865	\$10,000			1/29/1961	M	28,226 Teamsters
866	\$10,000			10/31/1954	M	65,208 Teamsters
867	\$50,000			3/28/1974	M	36,088 Teamsters
868	\$50,000			9/3/1967	F	36,088 Teamsters
869	\$50,000	\$20,000	\$10,000	9/21/1958	M	42,910 Teamsters
870	\$50,000			5/14/1956	M	45,011 Teamsters
871	\$50,000			7/31/1952	M	71,074 FOP
872	\$100,000			11/4/1958	M	67,746 IAFF
873	\$100,000			6/24/1969	M	74,714 FOP
874	\$10,000			1/19/1963	M	38,792 Teamsters
875	\$50,000			8/7/1962	M	29,598 Teamsters
876	\$25,000			5/14/1953	M	28,226 Teamsters
877	\$100,000			3/5/1971	M	88,566 Management
878	\$50,000			3/9/1959	M	36,088 Teamsters
879	\$100,000			7/3/1976	F	62,691 Professional

880	\$150,000	6/12/1975	M	60,004 IAFF
881	\$50,000	11/20/1979	M	28,226 Teamsters
882	\$10,000	4/26/1972	M	45,469 Supervisory
883	\$100,000	2/1/1933	M	45,011 Teamsters
884	\$25,000	6/30/1958	M	63,898 FOP
885	\$10,000	4/9/1944	F	36,088 Teamsters
886	\$50,000	2/24/1965	M	26,790 Teamsters
887	\$100,000	8/29/1978	F	51,542 IAFF
888	\$10,000	7/16/1948	M	122,096 Management
889	\$50,000	10/14/1964	M	31,117 Teamsters
890	\$25,000	2/5/1962	F	37,003 Teamsters
891	\$10,000	5/26/1949	F	36,088 Teamsters
892	\$100,000	3/5/1977	M	56,634 IAFF
893	\$50,000	2/18/1960	F	74,506 Professional
894	\$25,000	8/4/1945	M	46,093 Teamsters
895	\$50,000	8/30/1970	F	45,011 Teamsters
896	\$50,000	4/1/1979	M	27,477 Teamsters
897	\$50,000	11/26/1959	M	71,074 FOP
898	\$50,000	7/27/1968	M	84,282 Police Captains
899	\$50,000	1/5/1972	F	37,898 Teamsters
900	\$10,000	12/1/1965	F	64,272 Supervisory
901	\$100,000	7/27/1967	F	59,696 Management
902	\$50,000	4/4/1967	M	28,226 Teamsters
903	\$100,000	12/16/1957	M	63,898 FOP
904	\$50,000	1/2/1976	M	48,984 Professional
905	\$25,000	8/9/1949	M	32,698 Teamsters
906	\$50,000	12/1/1974	M	39,811 Teamsters
907	\$100,000	4/17/1972	M	51,542 IAFF
908	\$25,000	8/20/1951	F	72,738 Management
909	\$50,000	5/12/1961	M	56,285 FOP
910	\$10,000	11/10/1948	F	64,272 Management
911	\$50,000	7/10/1961	M	41,891 Teamsters
912	\$50,000	1/2/1965	F	38,792 Teamsters
913	\$10,000	7/8/1949	F	42,723 Confidential
914	\$50,000	12/31/1979	F	28,226 Teamsters
915	\$50,000	2/21/1970	M	28,226 Teamsters
916	\$10,000	2/8/1965	F	48,298 Confidential
917	\$25,000	6/18/1982	M	51,542 IAFF
918	\$50,000	3/2/1955	F	47,258 Teamsters
919	\$100,000	12/20/1966	M	67,600 FOP
920	\$25,000	11/3/1952	F	38,792 Teamsters
921	\$10,000	12/6/1951	F	58,240 Management
922	\$50,000	9/15/1975	M	37,898 Teamsters
923	\$150,000	5/14/1971	M	95,368 Management
924	\$25,000	8/4/1973	F	38,792 Teamsters
925	\$50,000	5/23/1972	M	24,981 Teamsters
926	\$50,000	5/23/1972	M	25,584 Teamsters
927	\$50,000	7/15/1967	F	27,477 Teamsters
928	\$50,000	8/24/1974	M	39,811 Teamsters
929	\$50,000	8/16/1968	M	56,634 IAFF
930	\$100,000	6/22/1963	M	45,011 Teamsters
931	\$25,000	10/8/1956	F	36,088 Teamsters

932	\$50,000			2/17/1954	M	45,011	Teamsters
933	\$50,000			4/10/1973	M	30,285	Teamsters
934	\$150,000			2/17/1969	M	60,004	IAFF
935	\$50,000			12/30/1954	M	26,790	Teamsters
936	\$50,000			1/3/1980	F	27,477	Teamsters
937	\$50,000			7/9/1967	M	84,282	Supervisory
938	\$50,000			12/9/1968	F	72,738	Professional
939	\$50,000			8/31/1957	M	31,117	Teamsters
940	\$100,000			12/8/1970	F	47,757	Professional
941	\$50,000			10/6/1970	M	40,810	Teamsters
942	\$150,000			7/16/1968	M	86,403	Professional
943	\$25,000			9/18/1962	M	35,152	Teamsters
944	\$50,000	\$25,000		11/4/1951	F	36,088	Teamsters
945	\$10,000			5/2/1970	M	52,770	Professional
946	\$50,000			11/11/1955	M	43,992	Teamsters
947	\$50,000			8/2/1972	M	42,910	Teamsters
948	\$50,000			10/7/1967	F	28,226	Teamsters
949	\$50,000			12/25/1956	M	90,792	Supervisory
950	\$50,000			11/10/1963	M	95,368	Management
951	\$10,000			3/27/1953	M	46,093	Teamsters
952	\$50,000			9/8/1957	F	38,792	Teamsters
953	\$100,000			7/11/1969	F	43,992	Teamsters
954	\$25,000			7/23/1980	F	23,691	Teamsters
955	\$100,000			12/28/1946	M	63,074	IAFF
956	\$100,000			2/22/1961	F	61,152	Professional
957	\$100,000			7/1/1968	M	44,387	Supervisory
958	\$100,000			9/22/1971	F	54,101	Professional
959	\$10,000			9/2/1952	F	50,232	Professional
960	\$50,000			11/1/1978	M	31,117	Teamsters
961	\$50,000			10/22/1951	F	65,874	Management
962	\$10,000			7/28/1951	M	64,272	Professional
963	\$50,000			2/5/1968	M	28,226	Teamsters
964	\$25,000			4/25/1951	M	46,634	Management
965	\$150,000			1/10/1959	M	63,898	FOP
966	\$100,000			11/3/1976	M	63,898	FOP
967	\$100,000			7/11/1973	M	42,632	IAFF
968	\$50,000			5/9/1973	M	42,632	IAFF
969	\$100,000			5/22/1963	M	65,874	Professional
970	\$10,000			5/11/1965	F	74,506	Management
971	\$50,000			10/31/1955	F	61,152	Management
972	\$10,000			3/25/1963	F	70,762	IAFF
973	\$10,000			3/31/1972	F	58,240	Professional
974	\$50,000			6/30/1962	M	70,762	IAFF
975	\$25,000			9/27/1955	M	58,240	Supervisory
976	\$50,000			7/9/1964	M	30,285	Teamsters
977	\$25,000			6/16/1963	M	63,357	Confidential
978	\$50,000			3/24/1959	M	41,891	Teamsters
979	\$50,000	\$20,000	\$30,000	11/25/1963	F	61,152	Professional
980	\$50,000			11/26/1970	M	48,734	FOP
981	\$25,000			12/30/1962	M	36,088	Teamsters
982	\$25,000			9/6/1953	F	100,194	Management
983	\$50,000			1/7/1976	M	35,152	Teamsters

984	\$50,000			3/1/1948	M	141,586	Management
985	\$10,000			5/22/1958	M	52,770	Supervisory
986	\$25,000			12/21/1965	F	45,011	Teamsters
987	\$150,000			5/15/1966	M	54,101	Supervisory
988	\$50,000			12/16/1960	M	63,898	FOP
989	\$50,000			12/2/1972	M	39,811	Teamsters
990	\$50,000			9/19/1963	M	58,240	Supervisory
991	\$50,000			9/26/1966	M	36,088	Teamsters
992	\$50,000			6/3/1951	M	38,792	Teamsters
993	\$10,000			8/1/1954	F	64,272	Supervisory
994	\$50,000			3/20/1970	F	38,792	Teamsters
995	\$50,000			3/19/1962	M	36,088	Teamsters
996	\$50,000			8/3/1948	M	47,258	Teamsters
997	\$10,000			9/4/1975	M	43,992	Teamsters
998	\$50,000			5/13/1978	F	28,226	Teamsters
999	\$100,000			8/18/1965	M	50,918	Teamsters
1000	\$100,000			6/24/1970	M	63,898	FOP
1001	\$50,000			10/18/1957	M	59,696	Management
1002	\$10,000			5/13/1977	M	23,067	Teamsters
1003	\$50,000			3/26/1959	M	48,984	Supervisory
1004	\$50,000			10/16/1975	M	63,898	FOP
1005	\$50,000			10/16/1975	M	63,898	FOP
1006	\$50,000			9/1/1964	F	45,011	Teamsters
1007	\$50,000			4/8/1960	M	45,011	Teamsters
1008	\$25,000			1/26/1969	M	63,898	FOP
1009	\$50,000			1/28/1954	M	50,918	Teamsters
1010	\$50,000			12/9/1951	M	38,792	Teamsters
1011	\$50,000			2/26/1974	M	42,632	IAFF
1012	\$150,000			8/27/1959	M	78,458	FOP
1013	\$50,000			4/21/1958	M	59,696	Supervisory
1014	\$10,000			10/14/1951	F	52,000	Confidential
1015	\$25,000			5/30/1985	M	24,981	Teamsters
1016	\$10,000			9/1/1957	F	38,792	Teamsters
1017	\$10,000			5/18/1940	M	34,299	Teamsters
1018	\$50,000			7/3/1961	M	43,992	Teamsters
1019	\$10,000			8/6/1958	F	47,112	Confidential
1020	\$50,000			4/23/1964	F	107,890	Management
1021	\$10,000			6/16/1968	M	59,696	Supervisory
1022	\$50,000			6/2/1979	F	52,770	Management
1023	\$50,000			10/23/1978	F	30,285	Teamsters
1024	\$50,000			1/26/1961	M	37,003	Teamsters
1025	\$50,000			12/31/1965	M	90,792	Management
1026	\$150,000			3/27/1962	F	90,792	Management
1027	\$25,000			12/13/1951	M	26,790	Teamsters
1028	\$50,000	\$10,000	\$30,000	7/8/1970	F	40,810	Teamsters
1029	\$50,000			5/27/1954	F	51,480	Management
1030	\$100,000			7/27/1962	M	86,403	Management
1031	\$10,000			7/5/1946	M	32,698	Teamsters
1032	\$50,000			8/17/1960	M	38,792	Teamsters
1033	\$100,000			6/1/1972	M	63,869	FOP
1034	\$100,000			11/5/1963	F	43,992	Teamsters
1035	\$25,000			3/6/1955	M	37,898	Teamsters

1036	\$50,000		6/13/1976	M	52,541 FOP
1037	\$25,000		4/2/1958	M	41,891 Teamsters
1038	\$25,000		4/2/1958	M	43,992 Teamsters
1039	\$25,000		12/5/1978	F	41,891 Teamsters
1040	\$50,000		11/29/1979	F	46,634 Management
1041	\$100,000		11/29/1979	F	50,232 Management
1042	\$10,000		4/5/1944	F	38,792 Teamsters
1043	\$25,000		9/25/1958	M	27,477 Teamsters
1044	\$10,000		8/10/1950	F	48,984 Management
1045	\$100,000		7/22/1980	M	67,600 FOP
1046	\$100,000		9/23/1970	M	51,542 IAFF
1047	\$50,000		10/5/1952	M	63,898 FOP
1048	\$10,000		1/16/1958	M	47,757 Management
1049	\$10,000		3/8/1938	M	88,566 Management
1050	\$25,000		10/30/1959	F	45,011 Teamsters
1051	\$50,000		10/21/1969	M	63,898 FOP
1052	\$25,000		4/3/1966	M	63,898 FOP
1053	\$50,000		10/24/1979	M	26,790 Teamsters
1054	\$100,000		9/10/1973	M	61,318 FOP
1055	\$10,000		9/27/1966	M	72,738 Management
1056	\$10,000		1/1/1952	M	69,202 Professional
1057	\$100,000		4/27/1964	M	42,910 Teamsters
1058	\$10,000		5/11/1962	F	61,152 Management
1059	\$25,000		1/9/1950	F	36,088 Teamsters
1060	\$50,000	\$10,000	4/28/1961	M	36,088 Teamsters
1061	\$50,000		6/28/1951	M	52,770 Supervisory
1062	\$150,000		6/11/1963	M	148,762 Management
1063	\$25,000		5/8/1956	M	38,792 Teamsters
1064	\$50,000		3/12/1962	M	52,166 Teamsters
1065	\$50,000		6/17/1977	M	31,866 Teamsters
1066	\$10,000		12/15/1955	M	63,357 Confidential
1067	\$10,000		12/15/1969	M	28,226 Teamsters
1068	\$10,000		10/28/1982	M	46,634 Professional
1069	\$50,000		7/12/1983	M	42,869 FOP
1070	\$10,000		12/29/1957	M	107,890 Management
1071	\$10,000		11/18/1954	M	45,011 Teamsters
1072	\$150,000		8/19/1960	M	107,890 Management
1073	\$50,000		7/12/1974	M	42,632 IAFF
1074	\$10,000		11/6/1952	M	101,192 Police Captains
1075	\$10,000		12/16/1936	M	37,898 Teamsters
1076	\$25,000		5/27/1964	M	34,299 Teamsters
1077	\$150,000		7/31/1963	M	78,458 FOP
1078	\$50,000	\$20,000	12/10/1953	F	50,731 Confidential
1079	\$150,000		12/9/1972	M	63,898 FOP
1080	\$150,000		9/8/1970	M	63,898 FOP
1081	\$25,000		2/6/1954	M	28,226 Teamsters
1082	\$150,000		8/23/1971	M	84,282 Professional
1083	\$10,000		5/24/1950	M	96,325 Management
1084	\$10,000		4/22/1954	M	138,112 Management
1085	\$25,000		11/10/1978	M	40,810 Teamsters
1086	\$50,000		12/28/1951	M	38,792 Teamsters
1087	\$25,000		10/17/1962	F	69,202 Management

1088	\$50,000	12/29/1952	M	33,426	Teamsters
1089	\$150,000	4/14/1972	F	88,566	Management
1090	\$50,000	4/29/1957	F	36,088	Teamsters
1091	\$50,000	9/25/1972	M	67,891	FOP
1092	\$100,000	12/28/1973	F	58,240	Management
1093	\$10,000	9/24/1957	F	69,202	Management
1094	\$10,000	1/26/1953	M	84,282	Professional
1095	\$10,000	3/31/1944	F	64,272	Supervisory
1096	\$50,000	1/28/1964	M	63,898	FOP
1097	\$50,000	8/29/1968	M	36,088	Teamsters
1098	\$50,000	3/17/1975	F	39,811	Teamsters
1099	\$50,000	3/27/1976	M	56,285	FOP
1100	\$25,000	9/23/1966	M	54,870	Teamsters
1101	\$50,000	2/11/1980	M	38,792	Teamsters
1102	\$10,000	1/16/1959	M	62,691	Supervisory
1103	\$10,000	6/24/1971	M	63,898	FOP
1104	\$50,000	11/11/1960	F	27,477	Teamsters
1105	\$50,000	9/2/1957	F	40,643	Confidential
1106	\$50,000	10/22/1959	F	39,811	Teamsters
1107	\$50,000	11/11/1960	M	58,240	Supervisory
1108	\$50,000	6/21/1974	F	42,910	Teamsters
1109	\$10,000	5/30/1945	M	86,403	Supervisory
1110	\$150,000	7/23/1965	M	63,074	IAFF
1111	\$100,000	2/26/1951	M	49,712	Teamsters
1112	\$50,000	3/4/1968	M	38,792	Teamsters
1113	\$100,000	12/6/1979	M	67,600	FOP
1114	\$50,000	6/22/1964	M	41,891	Teamsters
1115	\$150,000	2/27/1970	M	63,074	IAFF
1116	\$100,000	9/6/1971	F	59,696	Management
1117	\$50,000	8/29/1964	M	52,166	Teamsters
1118	\$100,000	12/20/1960	M	100,194	Police Captains
1119	\$50,000	7/4/1956	M	78,458	FOP
1120	\$50,000	3/15/1953	M	28,226	Teamsters
1121	\$25,000	2/3/1961	M	63,898	FOP
1122	\$25,000	12/4/1962	M	100,194	Management
1123	\$25,000	4/19/1964	M	40,810	Teamsters
1124	\$25,000	1/9/1970	M	47,757	Management
1125	\$10,000	1/6/1974	M	74,506	Professional
1126	\$10,000	1/29/1959	M	76,398	Professional
1127	\$100,000	4/29/1956	M	41,891	Teamsters
1128	\$10,000	6/14/1954	F	37,003	Teamsters
1129	\$10,000	4/6/1951	F	84,282	Management
1130	\$100,000	9/24/1979	M	44,753	IAFF
1131	\$10,000	9/12/1961	F	34,216	Confidential
1132	\$100,000	10/14/1953	M	74,506	Management
1133	\$50,000	11/6/1970	M	63,898	FOP
1134	\$150,000	8/7/1940	M	231,650	Management
1135	\$50,000	5/30/1972	F	63,898	FOP
1136	\$150,000	3/15/1966	M	71,074	FOP
1137	\$50,000	1/30/1972	M	45,469	Professional
1138	\$25,000	10/1/1944	M	50,918	Teamsters
1139	\$100,000	12/11/1979	M	48,734	FOP

1140	\$10,000			8/18/1954	M	46,634 Professional
1141	\$50,000			2/19/1953	M	76,398 Management
1142	\$50,000			11/21/1955	F	56,784 Professional
1143	\$50,000			6/20/1959	M	45,011 Teamsters
1144	\$100,000			2/17/1973	M	42,632 IAFF
1145	\$50,000			5/4/1964	F	45,011 Teamsters
1146	\$50,000			12/20/1959	M	63,898 FOP
1147	\$10,000			11/29/1958	F	45,469 Professional
1148	\$50,000			6/20/1969	M	35,152 Teamsters
1149	\$50,000			8/7/1952	M	38,792 Teamsters
1150	\$150,000			1/10/1973	M	63,898 FOP
1151	\$50,000			11/22/1959	F	43,992 Teamsters
1152	\$50,000			8/15/1986	M	21,986 Teamsters
1153	\$100,000			5/14/1974	M	63,898 FOP
1154	\$25,000			9/2/1961	M	63,898 FOP
1155	\$50,000			10/19/1953	M	97,781 Management
1156	\$50,000			10/20/1959	M	36,088 Teamsters
1157	\$50,000			11/20/1965	F	29,598 Teamsters
1158	\$50,000			9/4/1957	M	61,152 Management
1159	\$100,000			8/16/1976	M	56,285 FOP
1160	\$10,000			10/15/1949	F	39,666 Confidential
1161	\$10,000			12/15/1966	F	43,306 Management
1162	\$10,000			3/15/1970	F	56,784 Professional
1163	\$100,000			10/25/1969	M	45,011 Teamsters
1164	\$10,000			12/24/1942	F	43,742 Confidential
1165	\$25,000			10/21/1970	F	63,898 FOP
1166	\$50,000	\$25,000	\$20,000	9/15/1967	F	42,723 Confidential
1167	\$50,000			8/21/1941	M	57,616 Teamsters
1168	\$150,000			2/11/1961	M	138,112 Management
1169	\$100,000			5/4/1967	F	58,240 Management
1170	\$100,000			6/2/1972	M	59,455 IAFF
1171	\$10,000			4/26/1965	M	90,792 Supervisory
1172	\$10,000			1/5/1949	F	37,003 Teamsters
1173	\$10,000			11/12/1960	F	62,691 Supervisory
1174	\$100,000			8/17/1980	M	52,541 FOP
1175	\$50,000			3/13/1968	F	36,088 Teamsters
1176	\$50,000			12/26/1960	M	28,226 Teamsters
1177	\$100,000			7/13/1952	M	63,898 FOP
1178	\$100,000			1/19/1976	M	67,600 FOP
1179	\$25,000			2/13/1960	M	28,829 Teamsters
1180	\$10,000			10/5/1980	M	29,598 Teamsters
1181	\$50,000			8/15/1965	M	63,074 IAFF
1182	\$10,000			10/28/1975	F	57,366 Management
1183	\$10,000			3/27/1961	F	62,691 Management
1184	\$10,000			6/8/1940	F	52,000 Confidential
1185	\$10,000			2/19/1953	M	107,890 Management
1186	\$10,000			3/13/1952	F	49,504 Confidential
1187	\$100,000			5/8/1975	M	38,792 Teamsters
1188	\$10,000			12/3/1952	F	45,011 Teamsters
1189	\$100,000			11/4/1951	M	48,485 Teamsters
1190	\$50,000			10/6/1968	F	39,666 Confidential
1191	\$150,000			7/23/1965	M	59,696 Management

1192	\$100,000	6/8/1965	M	57,616 Teamsters
1193	\$50,000	8/7/1982	M	26,790 Teamsters
1194	\$25,000	12/12/1943	M	43,992 Teamsters
1195	\$25,000	7/6/1945	M	50,918 Teamsters
1196	\$25,000	7/9/1971	F	31,117 Teamsters
1197	\$10,000	2/9/1951	F	55,432 Management
1198	\$150,000	6/29/1961	M	52,166 Teamsters
1199	\$100,000	10/29/1961	F	40,810 Teamsters
1200	\$100,000	7/5/1961	M	64,272 Professional
1201	\$150,000	2/5/1974	F	61,152 Professional
1202	\$50,000	10/31/1953	M	38,792 Teamsters
1203	\$150,000	10/30/1958	M	78,458 FOP
1204	\$100,000	2/8/1961	M	52,770 Supervisory
1205	\$100,000	8/20/1965	M	52,541 FOP
1206	\$10,000	12/27/1967	F	74,506 Management
1207	\$10,000	2/28/1956	M	70,928 Professional
1208	\$50,000	8/17/1966	F	88,566 Management
1209	\$100,000	9/23/1969	M	56,784 Professional
1210	\$50,000	10/18/1956	M	41,891 Teamsters
1211	\$25,000	3/15/1979	M	27,477 Teamsters
1212	\$100,000	11/29/1955	M	63,898 FOP
1213	\$50,000	5/7/1959	F	37,003 Teamsters
1214	\$100,000	9/14/1959	M	84,282 Management
1215	\$150,000	8/3/1953	M	119,101 Management
1216	\$50,000	2/24/1966	M	41,891 Teamsters
1217	\$50,000	6/4/1957	M	63,898 FOP
1218	\$50,000	10/23/1976	M	24,981 Teamsters
1219	\$50,000	11/18/1970	M	36,088 Teamsters
1220	\$100,000	9/6/1959	M	84,282 Professional
1221	\$50,000	12/14/1969	F	37,003 Teamsters
1222	\$25,000	10/25/1966	F	38,688 Confidential
1223	\$50,000	5/20/1965	F	40,810 Teamsters
1224	\$100,000	9/12/1961	M	61,152 Supervisory
1225	\$100,000	10/6/1970	M	63,898 FOP
1226	\$25,000	7/27/1949	M	48,485 Teamsters
1227	\$50,000	3/25/1947	F	38,792 Teamsters
1228	\$10,000	9/2/1956	M	39,811 Teamsters
1229	\$10,000	6/11/1946	M	61,152 Professional
1230	\$10,000	1/12/1965	M	95,368 Management
1231	\$50,000	8/22/1972	M	38,792 Teamsters
1232	\$100,000	11/15/1969	F	51,542 IAFF
1233	\$100,000	11/23/1955	M	67,600 FOP
1234	\$10,000	4/1/1941	F	41,891 Teamsters
1235	\$10,000	10/20/1943	F	55,432 Professional
1236	\$10,000	5/28/1967	F	54,101 Supervisory
1237	\$50,000	9/24/1974	M	78,291 Professional
1238	\$50,000	2/17/1972	M	33,426 Teamsters
1239	\$50,000	5/6/1952	M	72,738 Professional
1240	\$150,000	5/18/1966	M	63,898 FOP
1241	\$100,000	12/14/1957	F	55,432 Management
1242	\$50,000	4/2/1959	F	50,731 Confidential
1243	\$10,000	8/21/1963	F	47,258 Teamsters

1244	\$150,000	6/13/1953	F	61,152 Supervisory	
1245	\$50,000	5/27/1977	M	41,891 Teamsters	
1246	\$50,000	1/27/1967	M	28,829 Teamsters	
1247	\$100,000	4/30/1966	M	84,282 Police Captains	
1248	\$50,000	3/17/1975	F	35,152 Teamsters	
1249	\$25,000	8/22/1960	M	38,792 Teamsters	
1250	\$100,000	4/25/1965	M	63,898 FOP	
1251	\$10,000	1/20/1975	F	50,232 Management	
1252	\$50,000	6/1/1950	F	38,792 Teamsters	
1253	\$50,000	9/19/1966	M	45,011 Teamsters	
1254	\$50,000	4/7/1970	M	38,792 Teamsters	
1255	\$50,000	12/20/1981	F	34,299 Teamsters	
1256	\$50,000	6/6/1960	M	26,790 Teamsters	
1257	\$50,000	6/11/1976	M	45,011 Teamsters	
1258	\$10,000	12/16/1979	F	69,202 Management	
1259	\$25,000	11/17/1959	F	59,696 Management	
1260	\$50,000	3/30/1965	M	26,790 Teamsters	
1261	\$50,000	3/30/1965	M	28,829 Teamsters	
1262	\$10,000	1/28/1953	F	28,226 Teamsters	
1263	\$50,000	8/25/1961	M	67,716 IAFF	
1264	\$50,000	12/19/1948	M	62,691 Supervisory	
1265	\$10,000	6/30/1953	F	54,642 Confidential	
1266	\$50,000	5/18/1967	M	28,829 Teamsters	
1267	\$50,000	1/26/1969	M	38,792 Teamsters	
1268	\$50,000	7/30/1969	M	56,285 FOP	
1269	\$150,000	8/27/1971	M	67,600 FOP	
1270	\$25,000	9/23/1948	F	41,891 Teamsters	
1271	\$25,000	5/12/1972	M	84,282 Management	
1272	\$150,000	2/3/1953	M	72,738 Professional	
1273	\$25,000	8/12/1950	M	56,784 Supervisory	
1274	\$50,000	5/24/1965	M	32,698 Teamsters	
1275	\$100,000	10/7/1980	M	48,734 FOP	
1276	\$50,000	7/27/1975	F	37,898 Teamsters	
1277	\$50,000	10/21/1976	M	43,992 Teamsters	
1278	\$50,000	8/26/1967	M	38,792 Teamsters	
1279	\$50,000	8/9/1965	M	26,790 Teamsters	
1280	\$25,000	11/4/1971	F	38,792 Teamsters	
1281	\$10,000	12/1/1967	F	28,829 Teamsters	
1282	\$50,000	7/28/1967	M	34,299 Teamsters	
1283	\$50,000	6/29/1954	F	32,698 Teamsters	
1284	\$50,000	7/30/1965	M	59,455 IAFF	
1285	\$25,000	8/3/1951	M	43,992 Teamsters	
1286	\$50,000	9/25/1955	M	35,152 Teamsters	
1287	\$100,000	6/15/1975	M	42,632 IAFF	
1288	\$25,000	5/7/1964	M	48,485 Teamsters	
1289	\$100,000	3/20/1983	F	48,734 FOP	
1290	No coverage listed from here down		1/13/1965	M	48,485 Teamsters
1291		1/6/1966	M	63,074 IAFF	
1292		11/24/1980	M	42,632 IAFF	
1293		6/19/1961	F	38,792 Teamsters	
1294		10/23/1950	F	26,790 Teamsters	
1295		1/30/1972	M	56,634 IAFF	

1296	3/13/1969	M	56,634 IAFF
1297	5/24/1963	M	21,986 Teamsters
1298	8/5/1972	M	70,762 IAFF
1299	5/5/1973	M	38,792 Teamsters
1300	1/14/1977	M	56,285 FOP
1301	2/25/1968	M	56,634 IAFF
1302	8/18/1967	F	28,829 Teamsters
1303	7/3/1986	M	45,032 FOP
1304	1/19/1975	M	67,392 IAFF
1305	9/23/1958	M	46,093 Teamsters
1306	8/6/1966	M	50,918 Teamsters
1307	12/23/1960	F	63,898 FOP
1308	11/18/1966	M	63,898 FOP
1309	3/11/1943	M	36,088 Teamsters
1310	3/1/1963	M	53,889 IAFF
1311	9/22/1955	F	28,829 Teamsters
1312	3/3/1977	M	56,285 FOP
1313	5/19/1959	M	53,539 Teamsters
1314	11/23/1972	M	45,032 FOP
1315	11/20/1952	F	33,426 Teamsters
1316	7/22/1947	M	70,762 IAFF
1317	3/7/1946	F	30,285 Teamsters
1318	1/2/1945	M	65,208 Teamsters
1319	8/13/1952	M	40,810 Teamsters
1320	5/25/1956	M	63,898 FOP
1321	5/28/1981	M	26,790 Teamsters
1322	6/23/1960	M	71,074 FOP
1323	8/22/1968	M	63,074 IAFF
1324	8/25/1978	M	49,171 IAFF
1325	4/27/1982	F	25,584 Teamsters
1326	2/15/1973	F	42,869 FOP
1327	5/25/1979	M	42,869 FOP
1328	8/27/1970	M	31,117 Teamsters
1329	12/28/1966	M	70,762 IAFF
1330	4/12/1955	M	61,152 Supervisory
1331	6/19/1969	M	70,762 IAFF
1332	1/18/1986	M	42,869 FOP
1333	9/15/1946	M	28,226 Teamsters
1334	10/18/1962	M	47,258 Teamsters
1335	1/12/1962	M	63,074 IAFF
1336	4/22/1967	M	48,734 FOP
1337	1/7/1985	M	34,299 Teamsters
1338	5/18/1946	M	31,117 Teamsters
1339	5/13/1960	M	40,810 Teamsters
1340	5/31/1965	F	38,792 Teamsters
1341	1/18/1953	M	40,810 Teamsters
1342	9/7/1976	M	42,632 IAFF
1343	1/25/1964	M	38,792 Teamsters
1344	9/16/1973	M	56,285 FOP
1345	1/5/1958	M	48,485 Teamsters
1346	5/17/1960	M	63,898 FOP
1347	2/13/1968	M	56,634 IAFF

1348	12/26/1953	M	63,898 FOP
1349	6/10/1971	F	28,829 Teamsters
1350	5/5/1981	M	44,753 IAFF
1351	11/23/1951	F	28,829 Teamsters
1352	2/19/1961	F	45,011 Teamsters
1353	2/4/1976	M	56,634 IAFF
1354	2/10/1962	M	70,762 IAFF
1355	10/20/1949	M	63,898 FOP
1356	2/6/1971	M	63,898 FOP
1357	5/28/1972	M	53,889 IAFF
1358	1/26/1979	M	56,634 IAFF
1359	10/8/1973	M	42,632 IAFF
1360	10/6/1957	M	49,171 IAFF
1361	2/16/1953	M	37,898 Teamsters
1362	11/11/1963	M	70,762 IAFF
1363	7/3/1978	M	60,112 FOP
1364	8/18/1950	M	52,166 Teamsters
1365	1/30/1941	F	40,810 Teamsters
1366	2/12/1962	F	34,299 Teamsters
1367	12/9/1958	M	50,918 Teamsters
1368	5/27/1971	M	56,285 FOP
1369	7/11/1952	M	48,485 Teamsters
1370	10/16/1966	M	56,285 FOP
1371	2/17/1961	M	70,762 IAFF
1372	8/23/1979	F	45,011 Teamsters
1373	3/20/1968	M	51,542 IAFF
1374	6/29/1962	M	45,011 Teamsters
1375	5/26/1962	F	42,632 IAFF
1376	9/28/1982	M	29,598 Teamsters
1377	2/12/1979	M	42,869 FOP
1378	7/10/1949	F	28,829 Teamsters
1379	9/15/1950	M	45,011 Teamsters
1380	12/9/1959	F	43,992 Teamsters
1381	6/9/1982	M	32,698 Teamsters
1382	11/29/1961	M	78,458 FOP
1383	6/9/1968	M	71,074 FOP
1384	9/14/1979	M	44,753 IAFF
1385	9/27/1956	M	45,011 Teamsters
1386	3/9/1961	M	56,634 IAFF
1387	10/27/1974	M	56,634 IAFF
1388	10/11/1963	M	63,898 FOP
1389	7/23/1973	M	60,112 FOP
1390	12/11/1964	M	63,898 FOP
1391	11/11/1962	M	84,282 POL CAPTAINS
1392	11/18/1958	M	63,074 IAFF
1393	10/29/1984	M	44,753 IAFF
1394	7/26/1973	F	70,803 IAFF
1395	9/21/1973	M	56,634 IAFF
1396	1/12/1962	M	63,898 FOP
1397	5/10/1969	M	36,088 Teamsters
1398	9/5/1966	F	59,455 IAFF
1399	4/26/1964	M	70,762 IAFF

1400	9/7/1961	M	84,282 POL CAPTAINS
1401	6/29/1944	F	38,792 Teamsters
1402	4/7/1959	M	63,898 FOP
1403	3/23/1952	M	37,898 Teamsters
1404	1/13/1978	F	60,112 FOP
1405	11/30/1981	M	56,285 FOP
1406	7/28/1971	M	74,714 FOP
1407	11/1/1957	M	63,898 FOP
1408	12/15/1986	M	25,584 Teamsters
1409	2/7/1964	M	42,910 Teamsters
1410	1/30/1954	F	31,866 Teamsters
1411	2/28/1965	F	38,792 Teamsters
1412	8/28/1962	M	38,792 Teamsters
1413	4/18/1943	M	48,485 Teamsters
1414	9/4/1976	M	45,011 Teamsters
1415	2/11/1955	F	35,152 Teamsters
1416	1/16/1963	M	45,011 Teamsters
1417	4/26/1969	M	56,285 FOP
1418	8/7/1953	M	63,898 FOP
1419	5/4/1972	F	37,898 Teamsters
1420	12/24/1958	M	65,208 Teamsters
1421	6/23/1965	M	40,810 Teamsters
1422	10/10/1971	M	63,898 FOP
1423	5/2/1983	M	42,869 FOP
1424	10/7/1962	M	63,898 FOP
1425	7/15/1969	M	56,634 IAFF
1426	6/27/1970	M	60,112 FOP
1427	2/11/1972	M	42,632 IAFF
1428	4/2/1959	M	56,634 IAFF
1429	9/11/1968	M	56,634 IAFF
1430	11/9/1955	M	41,891 Teamsters
1431	10/27/1964	F	33,280 Teamsters
1432	1/19/1960	M	63,898 FOP
1433	4/25/1962	M	63,898 FOP
1434	11/30/1964	M	63,898 FOP
1435	10/16/1962	M	34,299 Teamsters
1436	9/2/1966	F	30,285 Teamsters
1437	12/7/1970	M	56,634 IAFF
1438	2/27/1949	F	27,477 Teamsters
1439	10/5/1968	M	56,634 IAFF
1440	1/2/1974	F	27,477 Teamsters
1441	2/9/1977	F	46,093 Teamsters
1442	3/27/1968	M	60,112 FOP
1443	12/22/1971	M	56,634 IAFF
1444	1/1/1965	F	28,829 Teamsters
1445	1/12/1958	F	63,074 IAFF
1446	3/10/1969	M	56,634 IAFF
1447	5/1/1970	M	21,986 Teamsters
1448	12/1/1966	M	70,762 IAFF
1449	11/12/1960	M	56,634 IAFF
1450	3/17/1958	F	32,698 Teamsters
1451	5/30/1968	M	36,088 Teamsters

1452	3/3/1960	M	45,011 Teamsters
1453	5/27/1969	M	63,898 FOP
1454	10/16/1982	M	45,032 FOP
1455	2/23/1958	M	27,477 Teamsters
1456	3/27/1978	M	56,285 FOP
1457	3/6/1949	M	35,152 Teamsters
1458	11/18/1960	M	42,910 Teamsters
1459	6/16/1980	M	27,477 Teamsters
1460	9/16/1981	F	42,632 IAFF
1461	9/9/1974	M	67,891 FOP
1462	12/17/1959	M	50,918 Teamsters
1463	5/30/1973	M	40,810 Teamsters
1464	10/18/1984	M	42,632 IAFF
1465	1/25/1965	M	26,790 Teamsters
1466	4/6/1963	M	63,074 IAFF
1467	3/24/1962	F	63,898 FOP
1468	3/5/1965	M	70,803 IAFF
1469	8/14/1973	M	52,166 Teamsters
1470	6/3/1950	M	59,696 Management
1471	2/10/1977	M	26,229 Teamsters
1472	7/5/1957	M	63,898 FOP
1473	8/15/1977	M	67,891 FOP
1474	9/15/1962	M	59,946 IAFF
1475	3/13/1981	M	42,869 FOP
1476	4/24/1985	M	42,869 FOP
1477	6/3/1986	M	21,986 Teamsters
1478	5/24/1958	M	43,992 Teamsters
1479	10/16/1974	M	56,634 IAFF
1480	8/23/1969	M	35,152 Teamsters
1481	9/22/1980	M	63,898 FOP
1482	6/4/1969	F	56,634 IAFF
1483	1/16/1964	F	40,810 Teamsters
1484	3/3/1974	M	60,004 IAFF
1485	9/9/1959	M	60,278 IAFF
1486	3/26/1970	M	56,285 FOP
1487	4/6/1981	F	42,869 FOP
1488	12/26/1943	M	62,067 Teamsters
1489	6/12/1946	M	52,166 Teamsters
1490	9/17/1952	M	41,891 Teamsters
1491	12/28/1967	M	56,634 IAFF
1492	5/16/1944	M	63,898 FOP
1493	10/24/1958	M	56,634 IAFF
1494	11/9/1972	M	53,889 IAFF
1495	8/18/1948	F	36,088 Teamsters
1496	1/20/1961	M	63,898 FOP
1497	5/15/1965	M	38,792 Teamsters
1498	3/4/1970	F	40,810 Teamsters
1499	6/6/1961	M	40,810 Teamsters
1500	4/26/1970	M	63,898 FOP
1501	9/7/1956	M	36,088 Teamsters
1502	1/20/1980	M	42,869 FOP
1503	10/20/1969	M	83,361 FOP

1504	9/28/1930	M	45,011 Teamsters
1505	9/24/1970	M	47,258 Teamsters
1506	11/12/1963	M	45,032 FOP
1507	8/26/1946	M	63,898 FOP
1508	7/26/1959	M	63,898 FOP
1509	9/20/1975	M	60,004 IAFF
1510	8/31/1982	M	49,171 IAFF
1511	11/29/1957	M	63,898 FOP
1512	7/31/1966	F	70,803 IAFF
1513	4/2/1951	M	26,790 Teamsters
1514	10/10/1969	M	59,803 FOP
1515	11/18/1954	F	31,866 Teamsters
1516	7/19/1949	F	72,738 Professional
1517	4/10/1957	M	78,458 FOP
1518	9/7/1976	F	28,829 Teamsters
1519	9/19/1984	M	42,632 IAFF
1520	9/22/1983	M	48,734 FOP
1521	4/1/1949	M	23,067 Teamsters
1522	8/7/1946	M	57,616 Teamsters
1523	9/30/1963	M	63,898 FOP
1524	11/5/1980	F	42,632 IAFF
1525	6/17/1968	M	56,634 IAFF
1526	7/1/1983	M	47,757 Professional
1527	7/6/1960	M	50,918 Teamsters
1528	5/4/1980	M	44,753 IAFF
1529	3/4/1957	M	23,067 Teamsters
1530	9/28/1961	M	37,898 Teamsters
1531	8/10/1982	F	28,829 Teamsters
1532	6/7/1963	F	41,891 Teamsters
1533	4/22/1942	M	38,792 Teamsters
1534	7/24/1965	M	38,792 Teamsters
1535	9/1/1958	F	35,942 Confidential
1536	1/16/1964	M	63,898 FOP
1537	3/20/1978	M	52,541 FOP
1538	6/3/1979	M	42,869 FOP
1539	9/25/1967	F	39,811 Teamsters
1540	1/7/1957	M	63,898 FOP
1541	10/15/1962	F	31,117 Teamsters
1542	2/2/1974	F	63,898 FOP
1543	6/1/1955	M	63,898 FOP
1544	7/14/1956	M	47,258 Teamsters
1545	7/28/1981	M	63,898 FOP
1546	4/30/1960	M	63,898 FOP
1547	4/20/1970	M	59,455 IAFF
1548	8/19/1970	M	59,455 IAFF
1549	10/7/1971	M	56,634 IAFF
1550	8/4/1980	F	33,426 Teamsters
1551	1/18/1952	M	50,918 Teamsters
1552	3/21/1972	M	67,891 FOP
1553	10/20/1964	M	70,762 IAFF
1554	9/25/1967	M	28,226 Teamsters
1555	9/1/1957	M	63,074 IAFF

1556	9/29/1961	F	63,898 FOP
1557	12/17/1971	F	42,632 IAFF
1558	7/8/1977	M	56,285 FOP
1559	3/21/1965	M	62,067 Teamsters
1560	6/8/1969	M	44,753 IAFF
1561	10/25/1961	F	38,792 Teamsters
1562	5/17/1975	M	56,634 IAFF
1563	1/2/1980	M	42,632 IAFF
1564	3/20/1984	M	42,869 FOP
1565	8/4/1979	M	56,285 FOP
1566	1/28/1959	F	42,723 Confidential
1567	6/21/1951	M	70,762 IAFF
1568	4/8/1959	M	78,458 FOP
1569	10/21/1962	F	34,299 Teamsters
1570	11/27/1970	M	57,616 Teamsters
1571	3/4/1952	M	42,910 Teamsters
1572	2/16/1946	M	28,829 Teamsters
1573	2/25/1956	M	38,792 Teamsters
1574	6/15/1954	F	40,810 Teamsters
1575	7/14/1935	M	33,426 Teamsters
1576	5/3/1976	M	45,032 FOP
1577	6/16/1942	F	32,698 Teamsters
1578	10/30/1960	M	50,918 Teamsters
1579	2/8/1961	M	70,762 IAFF
1580	11/29/1963	M	39,811 Teamsters
1581	1/20/1946	M	26,790 Teamsters
1582	8/4/1970	M	60,004 IAFF
1583	5/31/1979	M	48,734 FOP
1584	10/28/1980	F	67,600 FOP
1585	7/28/1953	M	43,992 Teamsters
1586	2/3/1974	M	56,634 IAFF
1587	11/16/1965	M	63,074 IAFF
1588	7/2/1941	F	38,792 Teamsters
1589	2/8/1970	M	26,229 Teamsters
1590	9/6/1949	M	50,918 Teamsters
1591	10/31/1962	F	38,792 Teamsters
1592	1/26/1978	F	30,285 Teamsters
1593	1/26/1956	M	45,011 Teamsters
1594	2/3/1964	M	70,762 IAFF
1595	10/10/1975	F	52,541 FOP
1596	2/28/1969	M	56,634 IAFF
1597	11/1/1972	M	63,898 FOP
1598	1/3/1959	M	45,011 Teamsters
1599	9/25/1968	F	29,598 Teamsters
1600	12/29/1976	M	56,285 FOP
1601	6/16/1981	M	53,889 IAFF
1602	4/27/1986	M	42,632 IAFF
1603	4/24/1958	M	78,458 FOP
1604	9/14/1965	F	33,426 Teamsters
1605	12/8/1959	M	67,600 FOP
1606	2/25/1949	M	50,918 Teamsters
1607	11/3/1956	M	26,790 Teamsters

1608	1/14/1956	M	34,299	Teamsters
1609	1/13/1955	F	45,011	Teamsters
1610	6/20/1970	F	37,898	Teamsters
1611	10/7/1963	M	56,634	IAFF
1612	4/17/1959	M	50,918	Teamsters
1613	10/26/1960	M	63,074	IAFF
1614	5/18/1964	F	33,426	Teamsters
1615	5/29/1958	M	39,811	Teamsters
1616	2/1/1970	M	67,442	IAFF
1617	12/17/1981	M	42,632	IAFF
1618	5/3/1976	M	67,442	IAFF
1619	11/26/1975	M	26,229	Teamsters
1620	3/13/1977	F	32,698	Teamsters
1621	2/27/1984	M	42,869	FOP
1622	8/27/1952	M	33,426	Teamsters
1623	7/27/1960	M	39,811	Teamsters
1624	12/27/1967	M	44,753	IAFF
1625	12/20/1955	M	63,074	IAFF
1626	8/1/1967	M	67,600	FOP
1627	12/19/1965	M	42,869	FOP
1628	1/8/1942	M	63,898	FOP
1629	7/1/1961	M	38,792	Teamsters
1630	10/1/1953	M	38,792	Teamsters
1631	11/2/1975	M	48,734	FOP
1632	1/17/1985	M	42,632	IAFF
1633	8/28/1971	M	56,634	IAFF
1634	10/23/1964	F	31,866	Teamsters
1635	8/29/1971	M	60,004	IAFF
1636	7/7/1969	M	45,011	Teamsters
1637	4/30/1957	M	52,166	Teamsters
1638	6/12/1962	M	63,898	FOP
1639	5/30/1941	M	31,866	Teamsters
1640	8/27/1955	M	39,811	Teamsters
1641	12/29/1983	M	22,589	Teamsters
1642	8/24/1987	M	25,584	Teamsters
1643	11/20/1957	F	26,790	Teamsters
1644	9/13/1955	M	56,634	IAFF
1645	8/30/1976	M	42,869	FOP
1646	2/5/1948	M	70,762	IAFF
1647	8/5/1955	F	63,898	FOP
1648	12/23/1946	M	70,803	IAFF
1649	1/9/1971	M	56,634	IAFF
1650	7/10/1955	F	31,117	Teamsters
1651	10/18/1956	M	28,226	Teamsters
1652	4/27/1958	M	33,426	Teamsters
1653	9/28/1958	F	33,426	Teamsters
1654	5/12/1960	M	47,258	Teamsters
1655	2/21/1983	F	28,829	Teamsters
1656	5/28/1968	M	28,226	Teamsters
1657	11/1/1949	F	34,299	Teamsters
1658	12/14/1974	M	42,632	IAFF
1659	8/30/1975	M	56,634	IAFF

1660	6/14/1979	M	42,869 FOP
1661	12/3/1982	M	45,032 FOP
1662	12/7/1968	M	52,541 FOP
1663	7/23/1968	F	35,152 Teamsters
1664	3/1/1975	M	56,634 IAFF
1665	3/23/1953	M	50,918 Teamsters
1666	11/7/1953	M	63,074 IAFF
1667	2/26/1985	M	26,229 Teamsters
1668	4/11/1984	M	38,792 Teamsters
1669	11/2/1982	F	28,829 Teamsters
1670	1/23/1960	M	46,093 Teamsters
1671	2/9/1954	F	42,910 Teamsters
1672	9/5/1965	F	28,829 Teamsters
1673	2/15/1972	M	56,634 IAFF
1674	12/10/1974	M	56,634 IAFF
1675	8/3/1973	M	32,698 Teamsters
1676	8/1/1963	F	28,829 Teamsters
1677	9/15/1948	M	43,992 Teamsters
1678	5/24/1968	M	219,128 Management
1679	4/14/1938	F	38,792 Teamsters
1680	9/22/1961	M	56,634 IAFF
1681	8/4/1983	M	45,032 FOP
1682	9/28/1971	F	60,004 IAFF
1683	6/26/1975	M	60,004 IAFF
1684	11/27/1952	M	52,166 Teamsters
1685	12/4/1959	M	70,762 IAFF
1686	2/9/1943	M	38,792 Teamsters
1687	6/15/1949	F	31,866 Teamsters
1688	1/17/1977	F	45,032 FOP
1689	7/4/1969	M	31,866 Teamsters
1690	12/11/1952	M	52,166 Teamsters
1691	1/22/1955	M	20,883 Teamsters
1692	7/15/1954	M	43,992 Teamsters
1693	11/7/1971	M	45,011 Teamsters
1694	2/24/1962	F	26,790 Teamsters
1695	7/6/1965	M	63,898 FOP
1696	9/27/1964	M	25,584 Teamsters
1697	6/6/1960	M	63,898 FOP
1698	7/28/1982	F	44,753 IAFF
1699	3/10/1951	M	40,810 Teamsters
1700	7/16/1972	M	27,477 Teamsters
1701	8/16/1964	F	30,285 Teamsters
1702	5/24/1959	M	70,762 IAFF
1703	12/28/1972	M	67,600 FOP
1704	12/7/1951	M	63,898 FOP
1705	11/29/1963	F	38,792 Teamsters
1706	12/30/1974	M	31,866 Teamsters
1707	5/16/1958	M	41,891 Teamsters
1708	6/5/1975	M	38,792 Teamsters
1709	8/18/1961	M	42,910 Teamsters
1710	10/24/1957	F	40,810 Teamsters
1711	4/7/1966	M	56,634 IAFF

1712	5/17/1968	M	67,442 IAFF
1713	5/19/1940	M	48,485 Teamsters
1714	1/27/1956	M	63,898 FOP
1715	12/16/1976	M	53,889 IAFF
1716	4/23/1970	M	48,485 Teamsters
1717	2/27/1971	M	35,152 Teamsters
1718	7/1/1976	F	26,229 Teamsters
1719	4/6/1968	M	37,898 Teamsters
1720	2/10/1976	M	45,032 FOP
1721	8/1/1972	M	70,762 IAFF
1722	12/7/1959	M	65,208 Teamsters
1723	5/27/1967	M	31,117 Teamsters
1724	8/21/1949	F	35,152 Teamsters
1725	6/25/1955	M	43,992 Teamsters
1726	11/8/1967	F	47,258 Teamsters
1727	12/18/1957	M	37,003 Teamsters
1728	3/16/1982	M	42,869 FOP
1729	11/26/1940	M	37,898 Teamsters
1730	10/23/1953	M	33,426 Teamsters
1731	9/14/1961	M	37,898 Teamsters
1732	2/7/1981	M	56,285 FOP
1733	1/10/1973	M	31,117 Teamsters
1734	10/12/1976	M	63,898 FOP
1735	4/25/1962	M	45,011 Teamsters
1736	11/4/1981	F	34,299 Teamsters
1737	4/11/1967	F	38,792 Teamsters
1738	12/16/1974	F	41,891 Teamsters
1739	4/16/1964	M	63,898 FOP
1740	4/9/1982	M	45,032 FOP
1741	9/17/1978	M	37,003 Teamsters
1742	2/3/1960	M	48,485 Teamsters
1743	7/21/1968	M	70,762 IAFF
1744	12/24/1973	M	43,992 Teamsters
1745	1/11/1963	M	38,792 Teamsters
1746	12/21/1957	F	41,891 Teamsters
1747	11/18/1975	M	56,634 IAFF
1748	11/13/1966	M	63,898 FOP
1749	3/15/1982	M	42,869 FOP
1750	11/19/1956	M	40,810 Teamsters
1751	4/6/1982	M	44,753 IAFF
1752	11/13/1952	M	45,011 Teamsters
1753	4/20/1961	M	63,074 IAFF
1754	11/11/1953	F	38,792 Teamsters
1755	8/21/1959	M	63,898 FOP
1756	11/17/1961	M	70,762 IAFF
1757	4/11/1964	M	78,458 FOP
1758	9/7/1941	M	45,011 Teamsters
1759	9/9/1976	F	33,426 Teamsters
1760	8/10/1976	M	56,285 FOP
1761	12/5/1953	M	63,898 FOP
1762	8/29/1975	M	42,869 FOP
1763	9/13/1969	M	63,898 FOP

1764	5/15/1960	M	70,762 IAFF
1765	8/26/1973	M	42,869 FOP
1766	4/29/1978	M	53,889 IAFF
1767	9/22/1960	M	38,792 Teamsters
1768	8/25/1974	M	43,992 Teamsters
1769	5/29/1975	M	48,734 FOP
1770	5/24/1971	M	56,285 FOP
1771	6/4/1951	M	71,460 IAFF
1772	9/3/1981	M	45,032 FOP
1773	3/31/1957	M	78,458 FOP
1774	10/10/1966	M	63,898 FOP
1775	1/2/1984	M	42,632 IAFF
1776	11/12/1983	M	42,869 FOP
1777	12/10/1969	M	60,004 IAFF
1778	9/23/1979	M	28,829 Teamsters
1779	4/27/1966	M	56,634 IAFF
1780	10/25/1972	M	56,634 IAFF
1781	12/1/1964	M	45,011 Teamsters
1782	3/13/1959	M	38,792 Teamsters
1783	10/7/1983	M	28,829 Teamsters
1784	11/13/1959	M	70,762 IAFF
1785	8/28/1968	M	63,898 FOP
1786	4/8/1967	F	63,898 FOP
1787	8/19/1937	F	41,891 Teamsters
1788	1/8/1959	M	56,634 IAFF
1789	6/5/1958	M	28,829 Teamsters
1790	4/11/1950	M	26,790 Teamsters
1791	7/31/1970	M	47,258 Teamsters
1792	2/15/1980	M	29,598 Teamsters
1793	7/22/1945	M	39,811 Teamsters
1794	5/5/1948	F	39,811 Teamsters
1795	5/18/1966	M	42,869 FOP
1796	12/14/1972	M	70,762 IAFF
1797	7/14/1959	F	56,634 IAFF
1798	6/13/1956	M	63,898 FOP
1799	5/26/1970	M	63,898 FOP
1800	1/26/1963	M	26,790 Teamsters
1801	1/15/1966	M	63,898 FOP
1802	12/21/1983	M	30,285 Teamsters
1803	10/10/1953	F	38,792 Teamsters
1804	8/24/1963	M	70,762 IAFF
1805	1/9/1980	M	42,869 FOP
1806	6/6/1984	M	42,869 FOP
1807	10/28/1961	M	62,941 IAFF
1808	10/21/1973	M	56,634 IAFF
1809	12/25/1958	F	47,258 Teamsters
1810	10/12/1973	M	38,792 Teamsters
1811	3/19/1979	M	56,285 FOP
1812	11/29/1951	M	63,898 FOP
1813	9/8/1949	M	38,792 Teamsters
1814	8/16/1958	M	39,811 Teamsters
1815	7/6/1957	M	63,898 FOP

1816	6/26/1964	M	56,285 FOP
1817	7/18/1982	M	42,869 FOP
1818	7/24/1970	M	56,634 IAFF
1819	4/20/1982	M	44,753 IAFF
1820	10/28/1963	F	30,285 Teamsters
1821	11/5/1963	F	27,477 Teamsters
1822	7/19/1976	F	63,869 FOP
1823	12/3/1948	M	31,200 Teamsters
1824	12/28/1979	M	42,869 FOP
1825	10/19/1957	F	27,477 Teamsters
1826	1/12/1963	M	70,762 IAFF
1827	5/16/1949	M	38,792 Teamsters
1828	5/1/1975	M	37,898 Teamsters
1829	10/23/1971	M	60,004 IAFF
1830	7/11/1958	M	78,458 FOP
1831	10/29/1958	M	38,792 Teamsters
1832	11/13/1976	M	60,004 IAFF
1833	6/21/1972	M	30,285 Teamsters
1834	6/23/1959	M	28,226 Teamsters
1835	8/10/1955	M	70,762 IAFF
1836	4/29/1943	M	35,152 Teamsters
1837	11/21/1977	M	52,541 FOP
1838	6/13/1950	M	46,093 Teamsters
1839	1/18/1956	M	70,762 IAFF
1840	3/5/1980	F	56,285 FOP
1841	1/5/1959	M	34,299 Teamsters
1842	10/11/1949	M	63,898 FOP
1843	7/14/1957	M	70,762 IAFF
1844	3/1/1977	F	56,634 IAFF
1845	6/11/1927	F	34,299 Teamsters
1846	4/13/1943	M	78,458 FOP
1847	4/22/1960	M	40,810 Teamsters
1848	5/6/1962	M	39,811 Teamsters
1849	10/12/1953	F	63,898 FOP
1850	9/2/1983	F	42,869 FOP
1851	11/11/1968	M	63,898 FOP
1852	3/31/1955	M	59,455 IAFF
1853	1/6/1977	M	56,634 IAFF
1854	5/6/1980	M	48,734 FOP
1855	4/21/1971	M	67,891 FOP
1856	10/7/1963	F	70,762 IAFF
1857	11/24/1961	M	63,898 FOP
1858	3/15/1952	M	63,898 FOP
1859	4/23/1956	M	63,898 FOP
1860	8/2/1974	F	32,698 Teamsters
1861	10/4/1973	M	60,004 IAFF
1862	5/11/1961	F	37,898 Teamsters
1863	9/24/1971	M	27,477 Teamsters
1864	3/18/1948	M	36,088 Teamsters
1865	7/3/1954	M	39,811 Teamsters
1866	2/17/1953	M	25,584 Teamsters
1867	5/5/1950	M	63,074 IAFF

1868	7/31/1963	M	59,455 IAFF
1869	9/17/1970	F	49,712 Teamsters
1870	9/15/1971	M	67,891 FOP
1871	3/22/1971	F	33,426 Teamsters
1872	9/19/1970	M	56,634 IAFF
1873	3/23/1941	F	38,792 Teamsters
1874	8/17/1974	M	60,112 FOP
1875	8/25/1977	M	42,869 FOP
1876	1/7/1975	M	41,891 Teamsters
1877	9/2/1970	M	56,285 FOP
1878	1/19/1944	M	53,539 Teamsters
1879	12/23/1982	M	42,869 FOP
1880	10/28/1957	M	63,898 FOP
1881	7/28/1964	M	63,898 FOP
1882	2/8/1960	M	52,166 Teamsters
1883	11/30/1969	M	56,634 IAFF
1884	12/3/1977	M	56,285 FOP
1885	12/18/1965	M	50,918 Teamsters
1886	8/27/1970	M	70,762 IAFF
1887	8/24/1963	F	70,762 IAFF
1888	8/8/1958	M	70,762 IAFF
1889	2/29/1968	F	31,117 Teamsters
1890	4/22/1972	M	56,634 IAFF
1891	12/26/1968	F	56,285 FOP
1892	12/4/1956	M	63,898 FOP
1893	11/20/1959	M	38,792 Teamsters
1894	11/25/1968	M	45,011 Teamsters
1895	1/22/1964	M	56,634 IAFF
1896	6/21/1983	M	42,869 FOP
1897	7/3/1959	M	63,898 FOP
1898	11/18/1980	M	56,285 FOP
1899	10/8/1951	F	36,088 Teamsters
1900	2/10/1972	M	56,634 IAFF
1901	9/13/1983	M	29,598 Teamsters
1902	8/23/1954	F	38,792 Teamsters
1903	11/4/1957	F	101,109 FOP
1904	9/24/1959	M	32,698 Teamsters
1905	12/29/1949	M	52,166 Teamsters
1906	1/21/1956	M	63,898 FOP
1907	6/9/1969	M	39,811 Teamsters
1908	5/28/1957	M	56,634 IAFF
1909	3/4/1977	M	35,152 Teamsters
1910	8/27/1964	M	63,898 FOP
1911	1/16/1955	M	63,898 FOP
1912	11/17/1961	M	63,074 IAFF
1913	8/22/1967	M	63,074 IAFF
1914	12/18/1975	M	42,869 FOP
1915	10/9/1971	M	67,442 IAFF
1916	1/4/1962	M	26,790 Teamsters
1917	4/25/1984	M	21,986 Teamsters
1918	5/18/1971	F	59,946 IAFF
1919	3/12/1968	M	62,941 IAFF

1920	7/5/1956	M	41,891 Teamsters
1921	6/10/1961	M	63,898 FOP
1922	11/24/1960	F	63,898 FOP
1923	2/4/1956	M	70,762 IAFF
1924	3/5/1969	M	63,898 FOP
1925	6/18/1984	F	28,226 Teamsters
1926	5/6/1945	F	36,088 Teamsters
1927	4/14/1963	M	63,898 FOP
1928	4/9/1965	M	63,898 FOP
1929	5/4/1960	F	70,762 IAFF
1930	2/8/1980	M	52,541 FOP
1931	12/21/1956	M	41,891 Teamsters
1932	6/23/1982	M	42,632 IAFF
1933	2/29/1952	F	27,477 Teamsters
1934	1/31/1966	M	43,992 Teamsters
1935	11/19/1963	M	52,166 Teamsters
1936	9/18/1983	M	45,032 FOP
1937	10/26/1983	M	42,632 IAFF
1938	11/9/1959	M	70,762 IAFF
1939	4/17/1955	M	45,011 Teamsters
1940	9/4/1969	M	46,093 Teamsters
1941	3/4/1953	M	38,792 Teamsters
1942	1/27/1958	M	37,003 Teamsters
1943	2/27/1952	M	45,011 Teamsters
1944	4/20/1983	M	45,032 FOP
1945	7/22/1985	F	28,829 Teamsters
1946	5/29/1958	F	39,811 Teamsters
1947	5/12/1964	F	39,811 Teamsters
1948	7/31/1976	M	56,634 IAFF
1949	4/28/1955	F	35,152 Teamsters
1950	9/30/1961	M	25,584 Teamsters
1951	11/24/1965	M	27,477 Teamsters
1952	11/10/1962	F	35,152 Teamsters
1953	2/13/1970	M	63,074 IAFF
1954	4/9/1945	F	40,810 Teamsters
1955	3/13/1955	M	59,455 IAFF
1956	1/20/1981	M	42,869 FOP
1957	10/3/1957	M	63,898 FOP
1958	1/2/1966	M	56,634 IAFF
1959	5/31/1957	M	63,074 IAFF
1960	4/26/1971	F	28,829 Teamsters
1961	9/12/1982	M	42,869 FOP
1962	9/21/1984	F	23,067 Teamsters
1963	5/29/1981	M	45,032 FOP
1964	10/12/1962	M	63,898 FOP
1965	7/30/1965	M	60,004 IAFF
1966	2/24/1945	M	42,910 Teamsters
1967	11/26/1977	F	27,477 Teamsters
1968	5/8/1977	M	52,541 FOP
1969	7/22/1954	M	39,811 Teamsters
1970	6/6/1969	M	63,898 FOP
1971	11/27/1953	F	63,898 FOP

1972	2/26/1958	M	63,898 FOP
1973	4/18/1949	M	40,810 Teamsters
1974	9/25/1978	M	29,598 Teamsters
1975	7/26/1976	M	40,810 Teamsters
1976	11/12/1976	M	26,790 Teamsters
1977	10/30/1953	F	45,011 Teamsters
1978	12/29/1970	M	56,634 IAFF
1979	5/15/1969	F	56,634 IAFF
1980	5/24/1971	M	47,258 Teamsters
1981	12/29/1975	M	53,889 IAFF
1982	5/15/1967	F	23,067 Teamsters
1983	4/29/1977	M	56,634 IAFF
1984	9/18/1979	M	52,541 FOP
1985	7/20/1969	M	64,297 IAFF
1986	5/16/1971	M	67,891 FOP
1987	9/25/1974	F	45,032 FOP
1988	5/1/1962	M	63,898 FOP
1989	3/13/1980	M	26,790 Teamsters
1990	3/29/1945	F	39,811 Teamsters
1991	12/4/1985	M	42,869 FOP
1992	1/6/1953	M	50,918 Teamsters
1993	9/27/1955	F	36,088 Teamsters
1994	5/6/1956	M	70,762 IAFF
1995	5/21/1965	M	56,634 IAFF
1996	4/3/1977	M	42,632 IAFF
1997	11/11/1979	M	52,541 FOP
1998	5/31/1958	M	32,698 Teamsters
1999	3/28/1977	M	60,112 FOP
2000	11/4/1958	M	70,762 IAFF
2001	6/28/1948	M	29,598 Teamsters
2002	6/26/1963	M	50,918 Teamsters
2003	9/26/1969	M	44,753 IAFF
2004	3/30/1955	M	63,898 FOP
2005	1/3/1975	M	67,442 IAFF
2006	5/5/1983	M	21,986 Teamsters
2007	5/10/1947	M	40,810 Teamsters
2008	12/9/1953	F	42,910 Teamsters
2009	7/22/1961	M	63,074 IAFF
2010	1/30/1960	M	63,074 IAFF
2011	5/7/1974	M	26,229 Teamsters
2012	7/21/1955	M	62,941 IAFF
2013	11/8/1964	M	70,762 IAFF
2014	3/15/1968	M	70,762 IAFF
2015	5/14/1978	M	42,632 IAFF
2016	6/14/1973	M	56,285 FOP
2017	11/25/1966	M	70,762 IAFF
2018	5/22/1960	F	36,088 Teamsters
2019	11/1/1977	M	45,032 FOP
2020	5/29/1949	M	35,152 Teamsters
2021	4/6/1973	M	70,762 IAFF
2022	6/29/1945	F	45,011 Teamsters
2023	1/25/1985	M	42,632 IAFF

2024	5/4/1964	F	39,811	Teamsters
2025	1/1/1981	F	42,632	IAFF
2026	4/2/1949	F	36,088	Teamsters
2027	8/9/1949	M	32,698	Teamsters
2028	12/1/1974	M	39,811	Teamsters
2029	3/11/1962	M	21,986	Teamsters
2030	12/23/1976	F	56,285	FOP
2031	5/18/1976	M	56,285	FOP
2032	3/11/1968	M	64,297	IAFF
2033	9/20/1969	F	41,891	Teamsters
2034	12/17/1948	M	62,067	Teamsters
2035	1/21/1980	M	64,297	IAFF
2036	7/17/1976	M	42,869	FOP
2037	11/4/1979	M	39,811	Teamsters
2038	6/21/1961	M	63,074	IAFF
2039	1/10/1985	M	29,598	Teamsters
2040	9/28/1962	M	38,792	Teamsters
2041	7/18/1969	M	63,898	FOP
2042	12/29/1967	M	63,074	IAFF
2043	10/16/1960	M	40,810	Teamsters
2044	10/2/1965	F	31,117	Teamsters
2045	3/26/1978	M	26,790	Teamsters
2046	11/13/1961	M	70,762	IAFF
2047	7/9/1967	M	84,282	Supervisory
2048	4/18/1961	M	63,074	IAFF
2049	1/14/1983	M	30,285	Teamsters
2050	10/7/1970	M	42,632	IAFF
2051	9/17/1957	M	70,762	IAFF
2052	10/31/1956	M	39,811	Teamsters
2053	9/25/1973	F	38,792	Teamsters
2054	2/13/1958	M	63,074	IAFF
2055	12/14/1967	M	39,811	Teamsters
2056	3/10/1964	M	56,285	FOP
2057	9/18/1961	M	63,898	FOP
2058	8/2/1964	F	37,003	Teamsters
2059	12/20/1967	F	32,698	Teamsters
2060	12/18/1971	M	60,112	FOP
2061	10/2/1980	M	42,869	FOP
2062	1/19/1978	F	30,285	Teamsters
2063	8/8/1971	M	60,004	IAFF
2064	5/21/1949	M	52,166	Teamsters
2065	5/16/1952	M	63,074	IAFF
2066	12/29/1950	M	65,208	Teamsters
2067	10/24/1971	F	56,285	FOP
2068	1/16/1975	M	60,112	FOP
2069	4/10/1972	M	39,811	Teamsters
2070	1/8/1969	M	63,898	FOP
2071	12/20/1927	M	31,117	Teamsters
2072	11/28/1965	M	60,004	IAFF
2073	10/29/1969	M	67,891	FOP
2074	10/12/1955	M	63,898	FOP
2075	6/30/1965	F	63,898	FOP

2076	10/1/1984	F	31,866 Teamsters
2077	8/2/1967	M	52,541 FOP
2078	3/18/1968	F	38,792 Teamsters
2079	1/10/1957	M	63,898 FOP
2080	9/25/1968	F	35,152 Teamsters
2081	12/25/1978	M	63,869 FOP
2082	8/2/1945	M	43,992 Teamsters
2083	2/20/1956	M	63,898 FOP
2084	3/12/1945	M	54,870 Teamsters
2085	6/30/1965	M	45,011 Teamsters
2086	7/20/1978	M	45,032 FOP
2087	1/7/1975	F	48,734 FOP
2088	1/12/1970	M	60,112 FOP
2089	7/17/1956	M	38,792 Teamsters
2090	11/1/1975	F	29,598 Teamsters
2091	3/23/1971	M	42,632 IAFF
2092	4/27/1974	M	56,634 IAFF
2093	3/18/1969	M	60,112 FOP
2094	10/6/1979	M	27,477 Teamsters
2095	4/2/1983	M	34,299 Teamsters
2096	1/29/1976	M	26,790 Teamsters
2097	2/28/1973	F	59,946 IAFF
2098	3/15/1957	M	38,792 Teamsters
2099	7/21/1961	F	28,829 Teamsters
2100	5/21/1966	M	56,634 IAFF
2101	10/20/1972	F	32,698 Teamsters
2102	5/1/1960	M	21,986 Teamsters
2103	1/18/1950	F	36,088 Teamsters
2104	2/18/1961	M	60,004 IAFF
2105	2/16/1973	M	32,698 Teamsters
2106	5/20/1986	M	45,032 FOP
2107	7/26/1956	F	30,285 Teamsters
2108	7/23/1983	F	26,790 Teamsters
2109	11/15/1977	F	53,889 IAFF
2110	3/14/1975	M	60,004 IAFF
2111	4/19/1943	M	26,790 Teamsters
2112	8/13/1954	F	41,891 Teamsters
2113	12/12/1982	M	42,632 IAFF
2114	3/18/1955	M	60,004 IAFF
2115	10/26/1961	M	48,485 Teamsters
2116	6/7/1972	M	29,598 Teamsters
2117	11/28/1967	M	67,392 IAFF
2118	6/30/1966	M	60,004 IAFF
2119	12/9/1974	M	56,634 IAFF
2120	3/18/1973	M	60,004 IAFF
2121	12/19/1979	F	27,477 Teamsters
2122	12/3/1982	M	29,598 Teamsters
2123	1/31/1950	M	38,792 Teamsters
2124	9/29/1966	M	35,152 Teamsters
2125	1/20/1964	M	26,790 Teamsters
2126	4/14/1974	M	28,829 Teamsters
2127	1/10/1977	M	60,004 IAFF

2128	2/24/1940	M	41,891 Teamsters
2129	7/2/1975	F	45,032 FOP
2130	6/29/1970	M	56,634 IAFF
2131	6/15/1974	M	41,891 Teamsters
2132	8/24/1955	M	63,898 FOP
2133	6/22/1969	M	63,074 IAFF
2134	4/4/1974	M	63,898 FOP
2135	2/28/1962	F	38,792 Teamsters
2136	5/7/1982	F	30,285 Teamsters
2137	1/6/1964	M	47,258 Teamsters
2138	12/18/1972	M	42,632 IAFF
2139	11/2/1965	M	67,442 IAFF
2140	4/27/1963	M	63,898 FOP
2141	3/30/1955	M	46,093 Teamsters
2142	1/9/1964	F	38,792 Teamsters
2143	6/13/1944	M	48,485 Teamsters
2144	7/17/1949	M	65,208 Teamsters
2145	11/2/1953	M	63,074 IAFF
2146	12/27/1979	M	37,003 Teamsters
2147	9/16/1950	F	28,226 Teamsters
2148	7/18/1975	M	31,117 Teamsters
2149	1/29/1950	M	59,455 IAFF
2150	5/13/1965	M	64,297 IAFF
2151	10/12/1978	F	45,032 FOP
2152	9/8/1960	M	70,762 IAFF
2153	7/26/1980	M	29,598 Teamsters
2154	7/22/1975	F	31,866 Teamsters
2155	12/25/1965	M	78,458 FOP
2156	5/8/1960	M	70,762 IAFF
2157	1/31/1966	F	60,216 FOP
2158	2/8/1965	M	63,074 IAFF
2159	3/10/1970	M	31,866 Teamsters
2160	7/12/1963	M	52,166 Teamsters
2161	2/7/1981	M	52,541 FOP
2162	11/25/1963	F	26,229 Teamsters
2163	3/6/1977	M	67,442 IAFF
2164	5/12/1944	M	37,898 Teamsters
2165	4/3/1962	F	63,074 IAFF
2166	12/11/1971	M	26,790 Teamsters
2167	12/14/1971	M	63,898 FOP
2168	12/17/1974	M	56,634 IAFF
2169	4/14/1982	M	39,811 Teamsters
2170	6/9/1957	M	63,898 FOP
2171	12/24/1974	M	49,171 IAFF
2172	3/2/1976	M	56,285 FOP
2173	4/15/1977	M	60,004 IAFF
2174	8/8/1976	M	42,632 IAFF
2175	7/19/1948	M	24,294 Teamsters
2176	5/19/1964	F	52,541 FOP
2177	9/14/1960	M	48,485 Teamsters
2178	8/10/1952	M	42,910 Teamsters
2179	11/3/1959	M	63,898 FOP

2180	9/11/1960	F	38,792 Teamsters
2181	9/5/1971	M	60,004 IAFF
2182	12/28/1955	M	57,616 Teamsters
2183	8/2/1982	M	31,117 Teamsters
2184	7/25/1969	M	67,600 FOP
2185	5/22/1963	M	56,634 IAFF
2186	10/8/1971	M	49,171 IAFF
2187	8/13/1956	M	37,898 Teamsters
2188	9/4/1968	M	33,426 Teamsters
2189	12/29/1950	M	47,258 Teamsters
2190	7/23/1975	M	60,004 IAFF
2191	10/16/1973	F	70,762 IAFF
2192	6/7/1983	M	48,734 FOP
2193	6/6/1974	M	63,898 FOP
2194	9/7/1940	F	39,811 Teamsters
2195	6/28/1975	M	63,898 FOP
2196	6/4/1978	M	52,541 FOP
2197	5/10/1959	M	25,584 Teamsters
2198	7/14/1980	F	26,229 Teamsters
2199	7/12/1968	M	56,634 IAFF
2200	2/18/1967	M	35,152 Teamsters
2201	9/27/1977	M	42,632 IAFF
2202	12/1/1979	F	42,632 IAFF
2203	10/7/1967	M	44,387 Supervisory
2204	5/21/1970	M	56,634 IAFF
2205	5/16/1950	F	62,941 IAFF
2206	9/15/1978	M	36,088 Teamsters
2207	9/21/1961	M	40,810 Teamsters
2208	10/20/1958	M	39,811 Teamsters
2209	1/3/1952	M	31,117 Teamsters
2210	6/18/1958	M	48,485 Teamsters
2211	3/27/1956	M	63,898 FOP
2212	10/11/1947	F	30,285 Teamsters
2213	3/11/1970	M	67,442 IAFF
2214	8/27/1956	M	63,074 IAFF
2215	11/1/1947	F	38,792 Teamsters
2216	10/12/1974	M	42,869 FOP
2217	3/17/1977	F	42,869 FOP
2218	6/7/1947	M	28,226 Teamsters
2219	2/17/1943	F	35,152 Teamsters
2220	10/27/1964	F	38,792 Teamsters
2221	10/19/1969	M	62,941 IAFF
2222	10/10/1949	M	59,051 Teamsters
2223	5/13/1971	M	37,003 Teamsters
2224	3/30/1982	M	42,869 FOP
2225	7/11/1972	M	67,600 FOP
2226	10/16/1967	M	26,790 Teamsters
2227	12/28/1953	F	37,898 Teamsters
2228	1/29/1960	M	60,004 IAFF
2229	7/7/1972	M	63,898 FOP
2230	3/23/1966	M	35,152 Teamsters
2231	6/1/1968	F	31,866 Teamsters

2232	1/8/1967	M	28,829	Teamsters
2233	10/5/1953	M	38,792	Teamsters
2234	3/2/1973	M	56,634	IAFF
2235	6/8/1960	M	45,011	Teamsters
2236	7/2/1954	F	37,003	Teamsters
2237	10/1/1952	F	38,792	Teamsters
2238	11/11/1970	M	62,941	IAFF
2239	5/12/1960	M	70,762	IAFF
2240	7/16/1952	F	47,258	Teamsters
2241	1/7/1948	M	38,792	Teamsters
2242	5/26/1948	M	43,992	Teamsters
2243	10/30/1956	M	63,074	IAFF
2244	2/3/1959	M	45,011	Teamsters
2245	7/22/1975	F	45,011	Teamsters
2246	3/1/1967	M	38,792	Teamsters
2247	6/22/1979	M	44,753	IAFF
2248	4/21/1982	F	45,032	FOP
2249	9/30/1964	M	25,584	Teamsters
2250	6/30/1951	M	37,898	Teamsters
2251	12/31/1946	M	62,067	Teamsters
2252	7/21/1958	M	23,067	Teamsters
2253	7/11/1971	M	70,762	IAFF
2254	6/17/1980	M	52,541	FOP
2255	3/3/1957	M	59,455	IAFF
2256	7/7/1961	F	47,258	Teamsters
2257	5/26/1964	M	61,152	Supervisory
2258	11/13/1977	M	29,598	Teamsters
2259	5/29/1964	F	39,811	Teamsters
2260	7/4/1951	F	26,229	Teamsters
2261	1/13/1959	M	53,539	Teamsters
2262	10/27/1965	F	59,455	IAFF
2263	3/6/1976	M	45,032	FOP
2264	5/9/1954	M	23,067	Teamsters
2265	11/12/1954	M	36,088	Teamsters
2266	4/6/1959	M	79,248	FOP
2267	3/27/1979	M	28,829	Teamsters
2268	1/7/1971	M	45,032	FOP
2269	1/26/1960	F	56,634	IAFF
2270	8/10/1958	M	40,810	Teamsters
2271	9/28/1975	M	63,898	FOP
2272	2/10/1979	M	23,067	Teamsters
2273	1/24/1972	M	37,898	Teamsters
2274	8/24/1970	M	67,442	IAFF
2275	12/27/1952	M	25,584	Teamsters
2276	11/7/1959	M	42,910	Teamsters
2277	11/21/1959	M	59,455	IAFF
2278	10/7/1972	F	30,285	Teamsters
2279	7/29/1942	F	78,458	FOP
2280	4/24/1966	M	59,696	Management
2281	6/11/1984	M	23,067	Teamsters
2282	6/4/1957	M	63,898	FOP
2283	4/24/1951	F	30,285	Teamsters

2284	12/13/1976	M	25,584 Teamsters
2285	5/23/1945	M	31,117 Teamsters
2286	2/26/1954	M	45,011 Teamsters
2287	2/19/1966	M	70,762 IAFF
2288	7/20/1972	M	56,634 IAFF
2289	2/11/1955	M	41,891 Teamsters
2290	7/28/1942	F	38,792 Teamsters
2291	3/13/1944	M	37,898 Teamsters
2292	2/21/1975	M	67,891 FOP
2293	12/23/1973	M	56,634 IAFF
2294	1/7/1969	M	51,542 IAFF
2295	12/10/1954	M	52,166 Teamsters
2296	2/1/1962	F	40,810 Teamsters
2297	2/11/1960	M	43,992 Teamsters
2298	11/22/1979	M	35,152 Teamsters
2299	9/26/1955	M	84,282 POL CAPTAINS
2300	5/23/1964	M	63,074 IAFF
2301	3/21/1973	M	67,442 IAFF
2302	7/11/1974	M	56,634 IAFF
2303	10/17/1973	M	28,829 Teamsters
2304	11/22/1940	M	62,067 Teamsters
2305	9/14/1957	M	63,074 IAFF
2306	2/28/1968	M	38,792 Teamsters
2307	7/12/1980	M	44,753 IAFF
2308	11/23/1959	M	63,074 IAFF
2309	7/18/1958	M	26,790 Teamsters
2310	12/29/1971	M	63,898 FOP
2311	7/23/1977	F	26,790 Teamsters
2312	7/29/1965	M	40,810 Teamsters
2313	11/1/1980	M	45,032 FOP
2314	7/10/1961	F	63,898 FOP
2315	1/26/1969	M	38,792 Teamsters
2316	3/30/1961	M	35,152 Teamsters
2317	7/7/1953	M	63,898 FOP
2318	5/16/1952	F	35,152 Teamsters
2319	3/26/1949	F	33,426 Teamsters
2320	8/7/1953	F	37,003 Teamsters
2321	4/22/1974	M	56,285 FOP
2322	10/6/1961	M	50,918 Teamsters
2323	7/24/1986	M	28,829 Teamsters
2324	11/24/1982	M	26,790 Teamsters
2325	11/24/1982	M	42,869 FOP
2326	11/9/1960	M	63,898 FOP
2327	11/11/1964	M	59,455 IAFF
2328	8/22/1978	M	56,634 IAFF
2329	7/17/1967	M	56,634 IAFF
2330	4/27/1943	M	46,093 Teamsters
2331	6/2/1955	M	45,011 Teamsters
2332	8/6/1976	M	56,285 FOP
2333	3/1/1958	M	36,088 Teamsters
2334	11/10/1951	F	47,112 Confidential
2335	3/31/1977	M	42,632 IAFF

2336	4/21/1966	M	42,869 FOP
2337	12/23/1969	M	63,898 FOP
2338	5/28/1958	M	63,074 IAFF
2339	8/6/1973	M	60,004 IAFF

Retirees

Date of birth	Gender	average Amount
6/27/1925	M	6,500
11/21/1938	M	10,000
10/19/1939	M	10,000
12/14/1931	M	6,500
2/7/1925	F	6,500
10/24/1923	M	6,500
9/29/1934	M	6,500
1/6/1936	M	6,500
9/2/1937	M	10,000
1/6/1941	M	10,000
8/1/1938	M	10,000