

RESOLUTION NO. 2010- 260

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS AND CONDITIONS, AND REQUIREMENTS OF A CONTRACT BETWEEN ST. JOHNS COUNTY, FLORIDA, AND SUN LIFE, FOR SHORT TERM AND LONG TERM DISABILITY BENEFITS FOR THE EMPLOYEES OF ST. JOHNS COUNTY AND AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE THE AGREEMENT ON BEHALF OF ST. JOHNS COUNTY**

**WHEREAS**, the County and Sun Life entered into an Agreement for disability benefits on November 16; and

**WHEREAS**, the County has reviewed the terms and conditions associated with the contract for the disability benefits (attached hereto, and incorporated herein); and

**WHEREAS**, the County has determined that contracting with Sun Life for disability benefits will serve the interests of the County.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:**

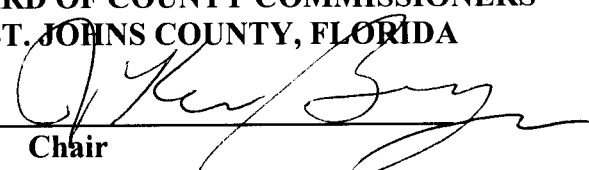
**Section 1.** The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

**Section 2.** The Board of County Commissioners hereby approves the terms, and conditions of disability benefits between St. Johns County, Florida, and Sun Life, and authorizes the County Administrator to execute the Extension Agreement on behalf of the County.

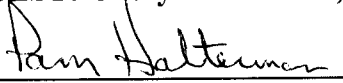
**Section 3.** To the extent that there are typographical and/or administrative errors that do not change the tone, tenor, and/or context of this Resolution, then this Resolution may be revised without subsequent approval of the Board of County Commissioners.

**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, Florida, this 16<sup>th</sup> day of November, 2010..

**BOARD OF COUNTY COMMISSIONERS  
OF ST. JOHNS COUNTY, FLORIDA**

BY:   
Chair

ATTEST: Cheryl Strickland, Clerk

BY:   
Deputy Clerk

Effective Date: 11/16/10

RENDITION DATE 11/17/10



**Renewal Notification For  
St. Johns County  
Group Number – 064435  
Effective 10/01/2010**

<b>Benefit</b>	<b>Long Term Disability</b>
Eligible Employees	1,867
Volume	\$6,802,571
Rate Basis	% eligible payroll
Current Rate	0.285%
Current Annual Premium	\$232,648
<b>Renewal Rate</b>	<b>0.268%</b>
Estimated Renewal Premium	\$209,791
Guarantee	39 months

Comments:

- We are pleased to offer a decrease to your rates for 39 months.

\_\_\_\_\_  
Authorized Signature

**Michael D. Wanchick**  
County Administrator

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

12/6/10

\_\_\_\_\_  
Title

County Administrator

- This renewal includes a change in anniversary date to January 1st. The next following and all subsequent renewals will now be effective January 1st of the renewal year.

**LEGALLY SUFFICIENT**

\_\_\_\_\_  
Name  
Date 11/02/10

Underwriter: Jay Quartarone

SLPC15793

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