

**TOWN OF OCEAN RIDGE
TOWN COMMISSION SPECIAL MEETING
AGENDA**



August 23, 2016

8:30 A.M.

TOWN HALL – MEETING CHAMBERS

TOWN COMMISSION

Mayor Geoffrey A. Pugh

Commissioner Gail Adams Aaskov

Commissioner James A. Bonfiglio

Commissioner Steve Coz

Vice Mayor Richard J. Lucibella

ADMINISTRATION

Town Manager James S. Titcomb

Town Attorney Glen Torcivia

Town Clerk Tracey L. Stevens

Police Chief Hal C. Hutchins

RULES FOR PUBLIC PARTICIPATION

1. **PUBLIC COMMENT:** The public is encouraged to offer comments with the order of presentation being as follows: Town Staff, public comments, Commission discussion and official action. Town Commission meetings are business meetings and the right to limit discussion rests with the Commission. **Generally, remarks by an individual will be limited to one time up to three minutes or less regarding any single item on the agenda.** The Mayor or presiding officer has discretion to adjust the amount of time allocated.
 - A. Public Hearings: Any citizen is entitled to speak on items under this section.
 - B. Public Comments: Any citizen is entitled to be heard concerning any matter within the scope of jurisdiction of the commission under this section. The Commission may withhold comment or direct the Town Manager to take action on requests or comments. The Commission meetings are held for the purpose of discussing and establishing policy and to review such other issues that affect the general welfare of the Town and its residents. Where possible individual grievances should first be taken up with the Town Staff.
 - C. Regular Agenda and First Reading Items: When extraordinary circumstances or reasons exist and at the discretion of the Commission, citizens may speak on any official agenda item under these sections.
2. **ADDRESSING THE COMMISSION:** At the appropriate time, please step up to the podium and state your name and address for the record. All comments must be addressed to the Commission as a body and not to individuals. Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the Commission shall be barred by the presiding officer from speaking further, unless permission to continue or again address the Commission is granted by a majority vote of the Commission members present.

APPELLATE PROCEDURES

Please be advised that if a person decides to appeal any decision made by the Town Commission with respect to any matter considered at this meeting, such person will need to ensure that a verbatim record includes the testimony and evidence upon which the appeal is based. The Town neither provides nor prepares such record.

Persons who need an accommodation in order to attend or participate in this meeting should contact the Town Clerk at (561) 732-2635 at least 2 days prior to the meeting in order to request such assistance.

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE

ACTION ITEMS

1. CLOSED EXECUTIVE SESSION

A closed Executive Session in accordance with F.S. Section 447.605 for the purpose of discussing PBA Collective Bargaining Negotiations will be held at 8:30 a.m. Those in attendance will include the Town Commission, Town Attorney, Town Manager, and Police Chief.

2. OPEN SESSION

Recommend Town Employee Insurance Package for FY16/17 By: Jamie Titcomb, Town Manager

3. OPEN SESSION

Consideration of the FY16/17 Proposed Budget By: Jamie Titcomb, Town Manager

ADJOURNMENT

Agenda: August 23, 2016

Memo: Item # 2

Town of Ocean Ridge, Florida

Agenda Memorandum

Office of the Town Manager

Subject: Insurance Program Recommendation

Mayor and Town Commissioners:

During the process for annualized Insurance Plan renewals quotes and considerations, a comprehensive review was pursued of the Town insurance program. That review indicated better coverage benefits are available for our employees at near the same investment (adjusting for annual renewal rates) as the Town currently commits. General employee feedback on the current insurance plan in place indicated significant issues in service and coverages.

We sought renewal rates and options from our current provider as well as several other providers solicited to present options to the Town. Proposals were reviewed by staff, then Town Commission in a public meeting.

The Town is not seeking a Third Party Administrator (TPA) contract at this time, but will name the plan provider "Agent of Record" for representative authorization with the Insurance company. Four companies responded with proposals that include: Adams Benefits Group (current United Healthcare Neighborhood Health Partnership (NHP) Plan, with HRA Debit Card); Evershore Financial Group/Gloria Rosen; Paychex Services; and CoAdvantage HR Services. Note CoAdvantage was eliminated because their PEO/FEIN business model was deemed incompatible with our government structure at this time.

A total of more than 55 individual Insurance Plans were reviewed from companies including United Healthcare (and Partnership), Blue Cross, Aetna, Humana, AvMed and plan variations to determine a best fit scenario for the Town considering for renewals for FY17 starting Oct. 1st. All the plans were vetted and reduced to the comparative plans shown on the attached "Employee Benefits Monthly Cost" sheet.

Staff recommends consideration and approval switching to a new insurance plan presented by Evershore/Gloria Rosen from BlueCross BlueShield/#BCBS-14251; along with matched supplemental coverages (Dental, Vision, Life, LTD & STD, but not HRA Card or Gap Ins.). This HMO plan has low deductibles and co-pays and other desirable benefits at very comparable cost to the Town's current cost investment.

EMPLOYEE BENEFITS MONTHLY COST FY16/17

	CURRENT NHP ADAMS	RENEWAL NHP ADAMS	PROPOSED BCBS 14251 EVERSHORE	PROPOSED BCBS 15360 PAYCHEX	PROPOSED BCBS 15356 PAYCHEX
HEALTH	\$ 506.99	\$ 527.71	\$ 602.80	\$ 537.63	\$ 465.94
DENTAL	\$ 13.65	\$ 19.86	\$ 29.40	\$ 25.49	\$ 25.49
VISION	\$ 5.85	\$ 5.85	\$ 5.92	\$ 6.73	\$ 6.73
LIFE INSURANCE	\$ 5.40	\$ 5.40	\$ 5.10	\$ 6.07	\$ 6.07
AD&D	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45
HRA*	\$ 82.17	\$ 82.17	\$ -	\$ -	\$ -
HRA ADMIN FEE	\$ 5.50	\$ 5.50	\$ -	\$ -	\$ -
LTD	\$ 38.03	\$ 38.03	\$ 44.99	\$ 27.26	\$ 27.26
STD	\$ 29.49	\$ 29.49	\$ 23.54	\$ 30.95	\$ 30.95
GAP COVERAGE	\$ -	\$ -	\$ -	\$ 47.38	\$ 47.38
TOTAL	\$ 687.53	\$ 714.46	\$ 712.20	\$ 681.96	\$ 610.27

* HRA is budgeted at \$125 per employee per month to cover the high deductible. However, based on actual disbursements from the HRA, this number has been reduced to \$82.17 to reflect a more accurate figure of what the town spends, using an average over the last four years.

BlueCare
For Small Groups
All Copay Health Benefit Plan 14251



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$250 per person \$750 per family	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$4,000 per family	Not covered
Office Services		
Physician Office Services		
Blue Physician Recognition	\$10 Copay	Not covered
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
e-Office Visit	\$10 Copay	Not covered
The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue HMO programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.		
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$10 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum ³	\$200	
Provider	20%	Not covered
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not covered
Mammograms	\$0	Not covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	Not covered
Emergency Medical Care		
Urgent Care Centers	\$30 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$100 Copay	\$100 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue HMO is a trade name of Health Options, Inc., an HMO affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue HMO does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueCare

For Small Groups

All Copay Health Benefit Plan 14251

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	10% after Deductible	10% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$50 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$75 Copay	Not covered
Independent Clinical Lab (e.g., Blood Work)	\$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$150 Copay	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$100 Copay	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	\$35 Copay	Not covered
All other Services	\$150 Copay	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	\$250 Copay per day (\$750 max)	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	\$0	Not covered
Outpatient Hospitalization Facility Service (per visit)	\$0	Not covered
Emergency Room Facility Services (per visit)	\$0	\$0
Provider Services at Hospital		
Primary Care Physician / Specialist	\$0	Not covered
Provider Services at ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$0	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	\$0	Not covered
Other Provider Services		
Provider Services at Hospital	\$0	Not covered
Provider Services at ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	Not covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$10 Copay	Not covered
Specialist	\$25 Copay	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$25 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	\$35 Copay	Not covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	10% after Deductible	Not covered
All Other	\$0	Not covered

BlueCare

For Small Groups

All Copay Health Benefit Plan 14251

Summary of Benefits for Covered Services	Amount Member Pays		
	In-Network	Out-of-Network	
Other Special Services (continued)			
Home Health Care	\$0	Not covered	
Skilled Nursing Facility	10% after Deductible	Not covered	
Hospice	10% after Deductible	Not covered	
Prescription Drug Program (BlueCare Rx[®])			
	In-Network Retail Pharmacy (1 month supply)	In-Network Mail Order (3 month supply)	Out-of-Network
Generic Drugs – Tier 1			
Preventive (e.g., oral contraceptives)	\$0	\$0	Not Covered
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$4 Copay	\$8 Copay	Not Covered
All other Generics	\$10 Copay	\$20 Copay	Not Covered
Brand Drugs – Tier 2			
Condition Care Rx (high blood pressure, high cholesterol, diabetes, depression, asthma)	\$15 Copay	\$30 Copay	Not Covered
All other Preferred Brand Drugs	\$30 Copay	\$60 Copay	Not Covered
Non-preferred Brand Drugs – Tier 3			
Non-preferred Brand Drugs	\$50 Copay	\$100 Copay	Not Covered
Specialty Drugs			
Specialty Drugs purchased from a Specialty Pharmacy	\$150 Copay	Not Covered	Not Covered
Oral Chemotherapy Drugs			
* Specialty Drugs are not available through Mail Order	\$10 Copay	\$20 Copay*	Not Covered
<p>Inform the member that if a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for: 1) the Copayment applicable to Brand Name Prescription Drugs; and 2) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueCare Rx Pharmacy Program Schedule of Benefits. BlueCare Rx Pharmacy benefit also provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost. Additionally, certain vaccines which are covered under the Wellness Benefits can be administered by Pharmacists who are certified.</p>			
Pediatric Vision (under age 19⁴)			
Exam	\$0	Not Covered	
Eyeglass Lenses	\$0	Not Covered	
Frames	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 20% discount (No discount at Sam's/Walmart)	Not Covered	
Contact Lenses (Instead of eyeglasses) Includes contact lenses, evaluation, fitting and follow up care.	Pediatric Selection: \$0 Non-Selection: Amount over standard \$150 allowance, minus a 15% discount (No discount at Sam's/Walmart)	Not Covered	
<p>Note: Anything over the allowance will not go toward your out-of-pocket maximum.</p>			
Pediatric Dental (under age 19⁴)			
Preventive, basic and major	\$0	Not Covered	

⁴ Pediatric Dental and Vision Benefits end on the last day of the month of the member's 19th birthday.

BlueCare

For Small Groups
All Copay Health Benefit Plan 14251

Benefit Maximums	
Home Health Care	30 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Important: There are certain medical services for which members are required to obtain a prior authorization from Florida Blue HMO before receiving that service. If they don't, they will have to pay the entire cost of the service. Ensure they know that before an appointment they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required. Other services that require participating providers to obtain an approval can include: hospitalization, home care, select DME and cardiac nuclear medicine studies, etc.

Additional Benefits and Features

- Encourage our members to call the care consultants team at 1-888-476-2227 to find out more about their benefits and/or treatment options. This can help them save time and money.
- Let our members know that there is online access to about everything on their health benefit plan as well as all of our self-service tools.
- Let our members know they can go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in the plan's network and they don't need a referral to see a participating provider.

This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue HMO. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

Group Benefits Proposal

- Dental
- Eye Care

Prepared for
The Town of Ocean Ridge

June 9, 2016

"A" rated, providing flexible, affordable
benefits solutions for over a century.

www.reliancestandard.com



TOKIO MARINE
GROUP

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Proposal Date: June 9, 2016
Proposal Effective Date: August 1, 2016
Proposal Expiration Date: August 1, 2016

Sales Representative

Shawn Martin

954-846-7372

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
Prepared for The Town of Ocean Ridge
June 9, 2016
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Executive Summary

On behalf of Reliance Standard Life Insurance Company, I would like to thank The Town of Ocean Ridge for the opportunity to present this proposal for group insurance benefits.

Our goal is to provide you with a benefits plan that will enhance your ability to attract the employees you want, to keep them and to provide for their security in times of need. Our commitment to you is:

- A customized insurance plan that meets your goals and objectives,
- Quick, effective handling of all administrative, claims and underwriting matters,
- Cooperative and efficient service for you and your employees

Thank you again for the opportunity to insure the employees of The Town of Ocean Ridge. Please feel free to contact me directly with any questions you may have.

About This Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will control. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of this proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
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The Town of Ocean Ridge Plan Design Summary

Dental Summary

Proposed Effective Date: 8/1/2016

	Plan 1	Plan 2
Plan Benefit		
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$50/Calendar Year	\$50/Calendar Year
	Waived Type 1	Waived Type 1
	\$150/family	\$150/family
Maximum (per person)	\$1,500/Calendar Year	\$1,000/Calendar Year
PPO	A New Choice® Plus	A New Choice® Plus
Allowance		
Type 1	Discounted Fee	Discounted Fee
Type 2	Discounted Fee	Discounted Fee
Type 3	Discounted Fee	Discounted Fee
Waiting Period	None	None
LASIK AdvanceSM	None	None
Annual Open Enrollment	None	None

Monthly Rates

Employee (EE)	\$29.40	\$27.00
EE + Spouse	\$62.40	\$57.36
EE + Children	\$70.48	\$66.28
EE + Spouse & Children	\$103.48	\$96.64

Rates are guaranteed for 12 months following the effective date listed above.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.

Employee Participation Requirements

Eligible Employees: 27

All eligible employees Non-Contributory	All eligible employees Non-Contributory
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RELIANCE STANDARD
LIFE INSURANCE COMPANY

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The Town of Ocean Ridge Covered Procedure Summary

Plan Design Summary	Plan 1	Plan 2
	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,500	100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months) 	<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months)
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions 	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

Current Dental Terminology © American Dental Association.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

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The Town of Ocean Ridge Features/Benefits

Dental Network Products

We have contracted with Ameritas to provide plan members access to a nationwide dental network as part of this dental plan. Networks are one way to help curb rising benefit costs while reducing out-of-pocket dollars.

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members have the freedom to select any dentist.
- With a network provider, out-of-pocket expenses are generally lower, because network providers agree to charge no more than the discounted fees established for covered procedures.
- Out-of-network dentist charges are usually higher than our discounted fees, so out-of-pocket expenses are likely higher with non-network dentists.

Maximum Allowable Charge/Maximum Allowable Benefit

- Plan members who select a network provider benefit from discounted fees for care. These fees are referred to as the Maximum Allowable Charge (MAC). MAC fees are the maximum amount a network provider will charge for a covered procedure and are typically 27% below the average dentist charges, or 30 - 70% below the 90th percentile, in a community.
- Members who select an out-of-network dentist will pay the difference between that dentist's normal charge and the Maximum Allowable Benefit (MAB). MAC and MAB amounts generally are the same. The difference is the remainder the member must pay after MAC/MAB benefits are applied.

Rx Savings - Extra value for plan members

- Prescription medications can be one of the biggest health care expenditures a person, family or organization faces.
- Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, Walmart and Sam's Club pharmacies will give members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever provides the better deal.
- Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To get the Rx discount, members will need to present an Rx discount savings ID card. To get one of these ID cards, they just need to visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Then print a copy of the ID card.
- If your organization opts for eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, plan members can visit reliancestandard.com/dental-vision and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Eyewear Savings Card to assist members without Internet access.

The Town of Ocean Ridge

Features/Benefits

Dental Value Plus

This plan offers employers a combination of traditional benefits and cost controls. We recognize the challenges employers face in maintaining attractive benefit packages alongside increasing expenses. This plan was created to help balance these often difficult challenges.

- Sound benefit coverage combined with smart cost controls.
- Numerous plan design options offer competitive benefits and features.
- Backed by superior customer service.
- Group size flexibility, available for groups with 10+ employees.

Deductibles

After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): 1, 2)

The Town of Ocean Ridge Plan Design Summary

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 8/1/2016

	Plan 1: TrueView Plan H		Plan 2: Sharper Vision	
	EyeMed Access Network	Out of Network	VSP Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$35	Covered in full	Up to \$52
Lenses (per pair)				
Single Vision	Covered in full	Up to \$25	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$40	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$55	Covered in full	Up to \$95
Lenticular	20% discount	No benefit	Covered in full	Up to \$125
Progressive	See lens options	NA	See lens options	NA
Frames	\$100	Up to \$45	\$120	Up to \$45
Frequencies				
Exam/Lens/Frames	12/12/24 Based on date of service			

Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Maximum Calendar Year	None	None	None	None

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

Fit & Follow Up Exams	Standard: Member cost up to \$55 Premium: 10% off of retail	No benefit No benefit	Member cost up to \$60	No benefit
Contacts				
Elective	Up to \$115	Up to \$100	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$200	Covered in full	Up to \$210

Monthly Rates

Employee (EE)	\$5.92	\$7.12
EE + Spouse	\$13.56	\$16.56
EE + Children	\$12.64	\$14.84
EE + Spouse & Children	\$20.28	\$24.28

Rates are guaranteed for 12 months following the effective date listed above.

The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please

RELIANCE STANDARD
LIFE INSURANCE COMPANY

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The Town of Ocean Ridge Plan Design Summary

contact your local insurance representative for additional information regarding this proposal.

Employee Participation Requirements

Eligible Employees: 27

	All eligible employees Non-Contributory	All eligible employees Non-Contributory
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The Town of Ocean Ridge Plan Design Summary

Lens Options (member cost)*

	Plan 1: TrueView Plan H		Plan 2: Sharper Vision	
	EyeMed Access Network	Out of Network	VSP Network	Out of Network
Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	No benefit	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	\$40	No benefit	Covered in full for dependent children \$25 adults	No benefit
Scratch Resistant Coating	\$15	No benefit	\$15-\$29	No benefit
Anti-Reflective Coating	\$45	No benefit	\$39-\$75	No benefit
Ultraviolet Coating	\$15	No benefit	\$14	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit	NA	NA

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Sharper Vision Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$13 - Solid Plastic Dye (Except Pink I & II) \$15 - Plastic Gradient Dye \$27 - \$76 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCareSM	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
Prepared for The Town of Ocean Ridge
June 9, 2016
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The Town of Ocean Ridge Plan Design Summary

Additional TrueView Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

The Town of Ocean Ridge

Features/Benefits

Sharper Vision

Our Sharper Vision plan is an outstanding employment incentive and morale builder. Helping to safeguard the eyesight of your employees, it can boost productivity and reduce absenteeism due to fatigue, headaches and other vision-related complaints.

Benefits include an annual eye exam plus lenses and a frame, or contact lenses, when prescribed. Plan members may visit any eye doctor; however, with VSP providers, plan members benefit from richer coverage, and no claim forms are required. Or, plan members can visit a non-VSP eye doctor, complete an out-of-network claim form and be reimbursed according to the plan schedule.

The VSP Network offers 29,000 doctors and 50,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 35-40% on lens options.

With VSP providers, members also receive special discounts on additional non-covered complete pairs of prescription glasses including prescription sunglasses, the contact lens exam only for contact lenses, and LASIK or PRK laser vision correction through VSP.

VSP's Laser VisionCareSM Program provides laser correction surgery with easy access to the procedure through VSP contracted doctors, surgeons and the nation's finest laser centers. VSP is pleased to offer the largest available network of laser centers and doctors in the country.

TrueView Vision

This plan features access to EyeMed's integrated provider network, so plan members can choose from private practice optometrists, ophthalmologists, opticians and optical retailers such as LensCrafters® and enjoy in-network savings. When visiting an EyeMed Access network provider, members may choose from any frame available at the provider locations. Most independent providers and all LensCrafters locations carry name-brand frames by Luxottica, the world's leading eyeglass frame manufacturer. Helping to safeguard the eyesight of your employees, eye care insurance can boost productivity and reduce absenteeism due to fatigue, headaches and other vision-related complaints.

With a firm commitment to quality and patient satisfaction, EyeMed offers additional savings of up to 40% off the purchase of additional pairs of complete eyeglasses. Members also can enjoy cost reductions on laser vision correction surgery and conventional contact lenses through EyeMed. This provides savings above and beyond the plan benefits in order to maximize the overall value of the plan without adding to the cost of the program.

TrueView Vision offers coverage toward an annual eye exam, lenses and a frame, lens options such as ultraviolet coating, contact lens fit and follow-up, and contact lenses. Any amounts exceeding the plan allowances are payable by the plan member. There are out-of-network benefits available, so members may choose an out-of-network eye care provider, and benefits will be based on the out-of-network allowances.

The Town of Ocean Ridge

Features/Benefits

Rx Savings - Extra value for plan members

- Prescription medications can be one of the biggest health care expenditures a person, family or organization faces.
- Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, Walmart and Sam's Club pharmacies will give members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever provides the better deal.
- Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To get the Rx discount, members will need to present an Rx discount savings ID card. To get one of these ID cards, they just need to visit reliancestandard.com/dental-vision and sign into (or create) a Member Services secure account. Then print a copy of the ID card.
- If your organization opts for eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

The Town of Ocean Ridge

Assumptions/Requirements

All Plans

- Some states require that producers be appointed with Reliance Standard Life before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- **If you have received additional proposals on Reliance Standard Life products, final rates can vary based on plan design, submitted case information and expenses. Please check with your local Reliance Standard Life representative.**
- The rates are based on Standard Industry Code 922011.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **The Town of Ocean Ridge** wishes to apply for group insurance based upon this proposal, **The Town of Ocean Ridge** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Florida.

Dental

- Our proposal assumes that the Reliance Standard Life dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid. (Plan(s): 1, 2)
- The policyholder must contribute the entire employee premium cost. No employee may pay any portion of the employee premium. The policyholder may or may not choose to pay some portion of the dependent cost. The employee may pay all of the dependent cost. (Plan(s): 1, 2)
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Reliance Standard Life reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change. Please note: if the retiree population is 20% or more, Reliance Standard Life reserves the right to remove the dental benefits from this proposal. (Plan(s): 1, 2)

The Town of Ocean Ridge

Assumptions/Requirements

Eye Care

- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Reliance Standard Life reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change. Please note: if the retiree population is 20% or more, Reliance Standard Life reserves the right to remove the vision benefits from this proposal. (Plan(s): 1, 2)
- No benefits are payable for a service which is not listed under the list of eye care services.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.
- This proposal assumes a Section 125 plan year of August 1, 2016 to August 1, 2017. (Plan(s): 1, 2)

The Town of Ocean Ridge

Limitations/Exclusions

Covered Dental Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

The Town of Ocean Ridge

Limitations/Exclusions

Covered Eye Care Expenses will not include and no benefits will be payable for expenses incurred:

Limitations for Plan(s) 1

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
 - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - high Ametropia exceeding -12 D or +9 D in spherical equivalent.
 - anisometropia of 3 D or more.
 - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance. Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

The Town of Ocean Ridge

Limitations/Exclusions

This plan has the following limitation: (Plan 2)

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover: (Plan 2)

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.

Reliance Standard

Reliance Standard Life Insurance Company was incorporated in 1907 as Central Life Insurance of Illinois. Reliance Standard is domiciled in Illinois, and maintains its administrative offices in Philadelphia. Reliance Standard is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Our Commitment to Service Excellence

Employee benefits consist of three parts - the coverage itself, implementation and on-going customer service. Reliance Standard has invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with an easy-to-use online billing and enrollment system, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

A Strong, Diversified Company

As a premier insurance carrier, Reliance Standard consistently earns strong financial ratings:

A.M. Best: "A+" (Superior) since 8/20/13 (Rating affirmed August 2015)

Standard & Poor's: "A+" (Strong) since 7/24/13 (Rating affirmed September 2015)

Reliance Standard Life Insurance Company is a member of the Tokio Marine Group. The Tokio Marine Group operates in the property and casualty insurance, reinsurance and life insurance sectors globally. The Group's main operating subsidiary, Tokio Marine & Nichido Fire (TMNF), was founded in 1879 and is the oldest and largest property and casualty insurer in Japan.

Comprehensive Benefits and Services

In business for over 100 years, Reliance Standard Life Insurance Company (Reliance Standard) is a leading insurance carrier specializing in innovative and flexible employee benefits solutions including disability income and group term life insurance, dental insurance, critical illness and accident insurance. Reliance Standard offers a complete suite of voluntary (employee paid) coverage options and services, as well as fully integrated absence management services. Our products and services are marketed through independent brokers and agents to employers of all sizes.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential proposal for Group Dental and Eye Care
Prepared for The Town of Ocean Ridge
June 9, 2016
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Here's something to smile about.

Wouldn't it be great if you could be rewarded for practicing good oral wellness? With our Maximum Rewards you are, automatically. So keep up the good work. With Maximum Rewards' increasing annual maximum feature, you can "earn" additional money toward future years' annual maximums. That way, the money is available when you need it most.

Qualify for rewards by:

- ▶ Submitting at least one dental claim per year for a covered procedure.
- ▶ Keeping your total paid claims under the plan's annual benefit threshold limit. Plus, if you visit a PPO network provider, you are eligible for an additional PPO bonus carryover amount. To earn rewards in subsequent years, follow the same guidelines. Rewards may be accumulated from one year to the next, up to the maximum reward accumulation amount.

Rewards will not be earned when:

- ▶ Your total annual paid dental claims exceed the annual benefit threshold limit.
- ▶ No dental claims for covered procedures are submitted during the year. If this happens, no rewards are earned and all accumulated rewards from previous years are given up. However, you can continue building rewards again the very next year.

Annual maximum for Type 1, 2 & 3 (Preventive, Basic, Major)	\$ 1,500
Annual reward (carryover) toward next benefit year	\$ 250
Annual PPO bonus (carryover) toward next benefit year	+ \$ 150
Next benefit year's annual max + reward + PPO bonus	\$ 1,900

Please note: Annual benefit threshold limit is \$750 (keep paid claims at or below this limit to earn rewards). Your annual maximum can increase up to \$2,500 total.

Check your Maximum Rewards benefits
online at
www.reliancestandard.com/dental-vision,
select Member Services and log in to
Secure Member Access
or call Customer Relations at
800.497.7044

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www.reliancestandard.com

TOWN OF OCEAN RIDGE

More,
for less.

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

30% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Hello Neighbor

- You're on the ADVANTAGE Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the ADVANTAGE network or call 1-888-203-7437.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

Vision Care Services

In-Network Member Cost

Out-of-Network Reimbursement

Exam With Dilation as Necessary	\$10 Copay	Up to \$35
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Frames	\$120 allowance; 20% off retail price over \$120	Up to \$48
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Standard Progressive Lens	\$85	Up to \$40
Premium Progressive Lens	\$85, 70% of charge less \$110 Allowance	Up to \$40
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate	\$35	N/A
Standard Anti-Reflective Coating	\$40	N/A
Other Add-Ons and Services	30% off retail price	N/A
Contact Lenses		
Conventional	\$135 allowance; 15% off retail price over \$135	Up to \$95
Disposable	\$135 Allowance; plus balance over \$135	Up to \$95
Medically Necessary	\$0 Copay; Paid in Full	Up to \$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	



Here's something to smile about.

Wouldn't it be great if you could be rewarded for practicing good oral wellness? With our Maximum Rewards you are, automatically. So keep up the good work. With Maximum Rewards' increasing annual maximum feature, you can "earn" additional money toward future years' annual maximums. That way, the money is available when you need it most.

Qualify for rewards by:

- ▶ Submitting at least one dental claim per year for a covered procedure.
- ▶ Keeping your total paid claims under the plan's annual benefit threshold limit. Plus, if you visit a PPO network provider, you are eligible for an additional PPO bonus carryover amount. To earn rewards in subsequent years, follow the same guidelines. Rewards may be accumulated from one year to the next, up to the maximum reward accumulation amount.

Rewards will not be earned when:

- ▶ Your total annual paid dental claims exceed the annual benefit threshold limit.
- ▶ No dental claims for covered procedures are submitted during the year. If this happens, no rewards are earned and all accumulated rewards from previous years are given up. However, you can continue building rewards again the very next year.

Annual maximum for Type 1, 2 & 3 (Preventive, Basic, Major)	\$ 1,500
Annual reward (carryover) toward next benefit year	\$ 250
Annual PPO bonus (carryover) toward next benefit year	+ \$ 150
Next benefit year's annual max + reward + PPO bonus	\$ 1,900

Please note: Annual benefit threshold limit is \$750 (keep paid claims at or below this limit to earn rewards). Your annual maximum can increase up to \$2,500 total.

Check your Maximum Rewards benefits
 online at
www.reliancestandard.com/dental-vision,
 select Member Services and log in to
Secure Member Access
 or call Customer Relations at
800.497.7044

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RELIANCE STANDARD
LIFE INSURANCE COMPANY

Group Term Life Proposal

Prepared for
Town of Ocean Ridge

Presented by Evershore Financial Group
May 17, 2016

"A+" rated, providing flexible, affordable
benefits solutions for over a century.

www.reliancestandard.com



TOKIO MARINE
GROUP

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Situs State: Florida
Proposal Date: May 17, 2016
Proposal Effective Date: August 1, 2016
Proposal Expiration Date: August 15, 2016

Sales Representative **Broker**
Shawn Martin Evershore Financial Group

Reliance Standard Life Insurance Company
800 Corporate Drive
Suite 100
Ft. Lauderdale, FL 33334

Toll Free: (877) 268-7606
Direct: (954) 846-7372
Fax: (954) 846-7380
Email: Shawn.Martin@RSLI.COM

About this Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will control. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of this proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Plan 1 of 3 Plans

Basic Life & AD&D Plan Description (Plan 1)

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Benefit Descriptions

Benefit Amount:	One times Basic Annual Earnings to a maximum of \$100,000
Age Reduction:	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
Guarantee Issue:	\$100,000
*Living Benefit Rider:	75% to \$500,000
Waiver of Premium:	Included, disability starts before age 60 and lasts 9 months.
Family Medical Leave Ext.:	Yes
Bereavement Counseling:	Yes
Travel Assistance:	Yes
AD&D Coverage:	24 Hour, excludes retirees.
Seat Belt Benefit:	10%
Seat Belt/Air Bag Max:	\$25,000

If this Reliance Standard plan replaces an in-force plan, guarantee issue amounts will be capped at a maximum of 50% above the existing carrier's guarantee issue limits.

*This may be expressed as Accelerated Benefit or Imminent Death Benefit.

Basic Life & AD&D Costs

Employer Contribution:	100%	Eligible Employees:	27
Employee Participation:	100%	Est. Participating Employees:	27

	Volume	Premium Rate per \$1000	Monthly Premium	Rate Guarantee
Basic Life:	\$1,570,000	\$0.30	\$471.00	24 Months
AD&D:	\$1,570,000	\$0.03	\$47.10	24 Months
Total Premium:			\$518.10	

Notes: All Benefits are rounded to the next higher \$1,000.
Premium/benefit is payable in US currency.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Plan 2 of 3 Plans

Basic Life & AD&D Plan Description (Plan 2)

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Benefit Descriptions

Benefit Amount:	Two times Basic Annual Earnings to a maximum of \$200,000
Age Reduction:	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
Guarantee Issue:	\$185,000
*Living Benefit Rider:	75% to \$500,000
Waiver of Premium:	Included, disability starts before age 60 and lasts 9 months.
Family Medical Leave Ext.:	Yes
Bereavement Counseling:	Yes
Travel Assistance:	Yes
AD&D Coverage:	24 Hour, excludes retirees.
Seat Belt Benefit:	10%
Seat Belt/Air Bag Max:	\$25,000

If this Reliance Standard plan replaces an in-force plan, guarantee issue amounts will be capped at a maximum of 50% above the existing carrier's guarantee issue limits.

*This may be expressed as Accelerated Benefit or Imminent Death Benefit.

Basic Life & AD&D Costs

Employer Contribution:	100%	Eligible Employees:	27
Employee Participation:	100%	Est. Participating Employees:	27

	Volume	Premium Rate per \$1000	Monthly Premium	Rate Guarantee
Basic Life:	\$3,123,000	\$0.28	\$874.44	24 Months
AD&D:	\$3,123,000	\$0.03	\$93.69	24 Months
Total Premium:			\$968.13	

Notes: All Benefits are rounded to the next higher \$1,000.
Premium/benefit is payable in US currency.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

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Broker Evershore Financial Group
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Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Plan 3 of 3 Plans

Basic Life & AD&D Plan Description (Plan 3)

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Benefit Descriptions

*Benefit Amount:	\$25,000
Age Reduction:	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
Guarantee Issue:	\$25,000
**Living Benefit Rider:	75% to \$500,000
Waiver of Premium:	Included, disability starts before age 60 and lasts 9 months.
Family Medical Leave Ext.:	Yes
Bereavement Counseling:	Yes
Travel Assistance:	Yes
AD&D Coverage:	24 Hour, excludes retirees.
Seat Belt Benefit:	10%
Seat Belt/Air Bag Max:	\$25,000

If this Reliance Standard plan replaces an in-force plan, guarantee issue amounts will be capped at a maximum of 50% above the existing carrier's guarantee issue limits.

*Flat/Incremental benefits may be subject to an earnings cap, as described on the Limitations page.

**This may be expressed as Accelerated Benefit or Imminent Death Benefit.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Basic Life & AD&D Costs

Employer Contribution:	100%	Eligible Employees:	27
Employee Participation:	100%	Est. Participating Employees:	27

	Volume	Premium Rate per \$1000	Monthly Premium	Rate Guarantee
Basic Life:	\$666,250	\$0.34	\$226.53	24 Months
AD&D:	\$666,250	\$0.03	\$19.99	24 Months
Total Premium:			\$246.52	

Notes: All Benefits are rounded to the next higher \$1,000.
Premium/benefit is payable in US currency.

Plan Details

Prepared For Town of Ocean Ridge

Date: May 17, 2016

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- Guarantee Issue** Any amount of insurance in excess of the Guarantee Issue amount listed in your Proposal Summary requires Evidence of Insurability that RSL must accept and approve. Your local sales office can provide Evidence of Insurability forms for you or you can download directly from our homepage - www.reliancestandard.com.
- If this plan is replacing an existing plan, the guarantee issue amount may not exceed 50% more than the existing carrier's Guarantee Issue limit without prior approval from RSL.
- Living Benefit** The Living Benefit helps offset the high cost of medical care for a terminally ill employee by providing an advance payment of a portion of the death benefit in the case of a terminal illness.
- "Terminal Illness" means an illness or physical condition that is Certified by a Physician to reasonably be expected to result in death in less than 12 months.
- The Living Benefit is **an amount equal to** a percentage of the Death Benefit on the date of certification of Terminal Illness, subject to a **maximum amount**. Please see your proposal summary page for details.
- The Insured may receive a single lump sum or installment payments mutually agreed upon by RSL and the Insured. The Living Benefit is payable one time only for any Insured covered under this Rider. The Death Benefit will be reduced by an amount equal to the Living Benefit.
- The Insured must be covered under this rider for at least 60 days prior to being certified as Terminally Ill.
- Any amount of insurance that continues under a Waiver of Premium provision, or is available under the Conversion Privilege, will be reduced to reflect the payment of the Living Benefit.
- Conversion** The conversion privilege gives an Insured the right, under certain conditions, to continue life insurance protection under a non-term permanent insurance policy. We require no medical examination or other evidence of insurability – regardless of age or state of health – as long as application is made and the first premium is paid within 31 days of termination of insurance coverage.
- Waiver of Premium** If an Insured becomes Totally Disabled while insured and while the policy is in force before reaching age * and is not able to work for at least * consecutive months, RSL will continue his/her life insurance benefit without premium payment. No further premium payments are necessary as long as he/she meets the Total Disability requirements of the Policy. You must notify us and file a claim within one year of the Insured's date of disability.
- * please refer to the Waiver of Premium field of Benefit Descriptions on the proposal summary page for the age and months included in this proposal for each class.

Plan Details

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**Family and Medical
Leave and Uniform
Services Employment
and Reemployment
(USERRA) Extension**

All employers should be up to date on 2 important federal laws pertaining to family/medical leave and military leave, The Family and Medical Leave Act (FMLA, 1993) and The Uniform Services Employment and Reemployment Rights Act (USERRA, 1994). While neither of these laws requires continuation of group life insurance, we support the intent of the laws with 2 specific continuation provisions.

Coverage can continue provided the employee is on a leave that the employer approves in accordance with the terms of FLMA or that is due to the employee entering the United States military service.

For leaves due to military service, the group policy does not cover any loss occurring while on active duty if the loss is caused by or arises out of such military service, including but not limited to war or act of war (declared or undeclared).

We provide the FMLA/USERRA Extension at no additional charge under the group life insurance contract, and all of the eligibility requirements apply.

**Bereavement
Counseling Services**

We recognize everyone may need help from time to time, and may have no place to turn. Rather than let them face a tough situation alone, we provide a place for employees to turn when they need counseling. In cooperation with Health Management Systems of America (HMSA), we offer a toll-free counseling service to all household members who experience the loss of a loved one. Professional counselors who are experienced with the human emotions associated with the death of a loved one are available to help those who want to reach out.

The counseling service is available at no cost, 24 hours a day, seven days a week.

During the installation of your Group Insurance plan, we will provide you with brochures outlining details of the Group Term Life Bereavement Counseling Services

Plan Details

Prepared For Town of Ocean Ridge

Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Travel Assistance

Travel assistance services provide travel and medical assistance services for employees of our Policyholders while traveling on a trip in a foreign country or 100 miles or more from home.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

Accidental Death and Dismemberment

In the event of death, loss of limbs, loss of eyesight, loss of speech or hearing due to an accidental injury, we will pay the following benefits, based on the benefit amount shown in the proposal summary:

For Accidental Loss of:	Amount Payable:
Life	Full benefit amount
Both hands	Full benefit amount
Both feet	Full benefit amount
Sight of both eyes	Full benefit amount
One hand and one foot	Full benefit amount
One hand and sight of one eye	Full benefit amount
One foot and sight of one eye	Full benefit amount
Speech and hearing	Full benefit amount
One hand	One half the benefit amount
One foot	One half the benefit amount
Sight of one eye	One half the benefit amount
Speech	One half the benefit amount
Hearing	One half the benefit amount

We pay this benefit in addition to any other benefits provided by the Plan, subject to the terms of the Group Insurance Policy.

Limitation: These benefits are payable provided the death or dismemberment results from bodily injury caused solely by an accident which occurs while the person is insured and results in loss within 365* days of the accident.

* May vary by state. In Pennsylvania, no time limit if death results from an accident.

Only one benefit, the larger one, will be paid for more than one loss resulting from any one accident.

See Exclusions section.

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LIFE INSURANCE COMPANY

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Date: May 17, 2016

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Seat Belt Benefit

The Seat Belt Benefit provides an additional benefit to an Insured if due to an Injury sustained while riding in a private passenger Four Wheel Vehicle, he/she suffers loss of life for which an Accidental Death Benefit is payable.

Once we receive the police accident report which confirms that the Insured was properly strapped in a Seat Belt at the time of the accident, we will pay a benefit equal to a specified amount of the Insured's Accidental Death Benefit Amount shown on the proposal summary.

If the police report does not clearly establish that the Insured was or was not wearing a seat belt at the time of the accident causing his/her death, we will pay \$1,000 in lieu of this benefit.

Exclusions

We will not pay a benefit for any loss sustained by the Insured:

- 1) while driving or riding in any four-wheel vehicle used in a race, in a speed or endurance test, or for acrobatic or stunt driving;
- 2) if the Insured was not wearing a seat belt for any reason;
- 3) if the Insured was sharing a seat belt.

Limitations

Prepared For Town of Ocean Ridge

Date: May 17, 2016

Proposal Expiration Date: August 15, 2016

Benefit Schedule

The death benefits paid under an RSL Group Life Insurance program may be expressed in one of three ways:

- 1) As a multiple of earnings
- 2) As a percentage of earnings
- 3) As a flat amount. If the amount is \$150,000 or more, then
 - a) The basic coverage is the flat amount or 5 times earnings, whichever is less
 - b) Supplemental only coverage is limited to the flat amount, or 5 times earnings, whichever is less.
 - c) If coverage is basic plus supplemental, then the limit is 7 times earnings.

Basic Annual Earnings (BAE) usually excludes bonus, overtime and commissions earned by an employee. If you want bonus or commissions to be included in the definition, the amount is usually averaged over a time period which you designate and is outlined in the policy.

Exclusions

Applicable to Accidental Death and Dismemberment, Permanent Total Disability and Total Loss of Use.

A benefit will not be payable for a loss:

- 1) caused by suicide or intentionally self-inflicted injuries; or
- 2) caused by or resulting from war or any act of war, declared or undeclared; or
- 3) to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or
- 4) sustained during the Insured's commission or attempted commission of an assault or felony; or
- 5) to which the Insured's acute or chronic alcoholic intoxication is a contributing factor; or
- 6) to which the Insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor; or
- 7) caused by Injury arising out of or in the course of employment for wage or profit. (Does not apply if 24-Hour coverage is provided.)

This is not a comprehensive list of exclusions. Any one or all may apply to a specific benefit. Some of these exclusions/limitations may not apply, depending on which options you have chosen, as shown on the proposal summary page. Some of these exclusions/limitations may vary by state. Please see your local sales representative for details.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Group Short Term Disability Proposal

Prepared for
Town of Ocean Ridge

Presented by Evershore Financial Group
May 16, 2016

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TOKIOMARINE
GROUP

About this Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will govern. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of the proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 1 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan Description

Benefit Percentage:	60%
Weekly Maximum:	\$1,000.00
Benefit Duration:	26 weeks
Injury Benefits Begin:	1st day
Sickness Benefits Begin:	8th day
Maternity Coverage:	Full
Coverage:	Non-occupational
Partial Disability:	Yes, with zero day residual
Transfer of Insurance Coverage:	Yes
W2 Services:	No

Participation and Contribution

Employer Contribution:	100%
Employee Participation:	100%

Cost Summary

No. of Elig. Employees	Total Weekly Benefit Volume	Premium Rate per \$10	Monthly Premium	Rate Guarantee
27	\$18,001.22	\$0.45	\$810.05	2 Years

Note: Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Broker Evershore Financial Group
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Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 2 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan Description

Benefit Percentage:	60%
Weekly Maximum:	\$1,000.00
Benefit Duration:	12 weeks
Injury Benefits Begin:	8th day
Sickness Benefits Begin:	8th day
Maternity Coverage:	Full
Coverage:	Non-occupational
Partial Disability:	Yes, with zero day residual
Transfer of Insurance Coverage:	Yes
W2 Services:	No

Participation and Contribution

Employer Contribution:	100%
Employee Participation:	100%

Cost Summary

No. of Elig. Employees	Total Weekly Benefit Volume	Premium Rate per \$10	Monthly Premium	Rate Guarantee
27	\$18,001.22	\$0.34	\$612.04	2 Years

Note: Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Plan Details

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Short Term Disability, also known as Weekly Income, covers employees who become disabled as a result of an injury or sickness for a temporary period. It replaces a percentage of the income employees would have earned had they been able to continue working. It protects an employee's greatest asset, the ability to earn an income. This is important to an employer as a benefit that will attract and keep good employees. In addition, it is important because salary continuance or sick pay programs can be an administrative headache, and expensive.

STD benefits are designed to partially offset the income a disabled employee would have earned. The total amount of income received while disabled should be less than the employee's net after-tax income while actively at work. This is because of reduced tax liabilities and decreased work-related expenses (such as commuting). It also provides some incentive for the employee to return to work (or remain at work) if medically possible.

RSL's Short Term Disability plan requires an employee to be away from work due to illness from one to seven days or longer, before benefits begin. For accidents and hospitalization, this period may be shortened or eliminated. In addition to being absent from work, the employee must be under the care of a physician to be considered disabled and eligible for benefits.

Your proposal summary page will give you the details of your particular plan.

Benefit Payments

Benefit payments may be based on either a percentage of the employee's earnings or a flat dollar amount. Percentage plans have the benefit of automatically adjusting the benefit for salary increases. This reduces the need to review and change the plan.

Flat dollar payment plans are usually limited to 50-70% of earnings, and subject to a maximum weekly benefit amount.

Earnings

When we talk about earnings, we mean an employee's gross weekly salary in effect just before the date of the disability. It usually excludes income received from commissions, bonuses, overtime pay, and any other extra compensation or income from sources other than you, the employer.

Day Benefits Begin

Benefits begin on the days indicated in the summary page for injuries and for sickness. If First Day Hospital Outpatient coverage is included, we will pay benefits from the days indicated or from the first day the insured is hospital confined or has surgery on an outpatient basis, if earlier. In order for benefits to be payable from the first day of outpatient surgery, the Insured must be disabled for the indicated number of consecutive days.

Maximum Benefit Period

The maximum benefit period is the length of time we will continue to pay benefits for any one disability. It begins after the elimination period, and extends 13, 26, or 52 weeks, depending on the plan design you choose. If the plan extends further than 26 weeks plus the elimination period, benefits will be integrated with Social Security benefits, which begin after five calendar months of disability. For periods of disability of less than a full week, the daily benefit payable will be 1/7 of the weekly benefit.

Benefit Integration

Benefits paid by RSL under this plan will be reduced by other income an employee receives from the following sources:

- California Unemployment Compensation Disability Insurance,
- Hawaii Temporary Disability Insurance Law,
- New Jersey Temporary Disability Benefits Law,
- New York Disability Benefits Law,
- Puerto Rico Disability Benefit Act,
- Rhode Island Disability Benefits Law, or
- Social Security.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Plan Details

Prepared For Town of Ocean Ridge

Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

- Definitions of Disability** An employee is considered disabled when he/she is unable to perform his/her job, is not doing any work for payment, and is under the regular care of a Physician. This definition may vary by state, so check with your RSL Sales Representative for details.
- Partial Disability Benefit** If you have Long Term Disability (LTD) Insurance coverage with RSL, you may opt for a Partial Disability Benefit in this STD plan. To receive the benefit, an employee must:
- Be unable to perform the material duties of his/her occupation,
 - Be under the regular care of a physician, and
 - Accept rehabilitation employment approved by RSL.
- The employee may receive earnings from rehabilitation employment, and RSL will not reduce benefits until the employee's income from all sources exceeds 100% of pre-disability earnings. If total earnings exceed this level, there will be a dollar for dollar reduction.
- Please note that this benefit is not available in all states, so check with your RSL Sales Representative for details.
- Transfer of Insurance Coverage** If an employee, covered under any group short term disability insurance plan maintained by you prior to our group policy's effective date, files for disability, **then** that employee will be insured under our policy provided that he/she is actively at work and meets all the requirements for being an Eligible Person under our policy on its effective date.
- If an employee is receiving short term disability benefits, is eligible to receive such benefits, or has a period of recurrent disability under the prior group short term disability plan, **then** that employee will not be covered under our policy.
- If an employee is an Eligible Person on the effective date of the group policy, **then**:
- any time used to satisfy the pre-existing condition limitation of the prior group short term disability plan will be credited toward the satisfaction of the pre-existing condition limitation of our group policy;
 - any time used to satisfy any service waiting period of the prior group short term disability plan will be credited toward the satisfaction of the waiting period of our policy.
- W-2 Services** We will provide W-2s for Clients who have both insured STD (except for New York and New Jersey statutory coverages) and LTD coverage with us. There is a fee associated with STD insured business. W-2 statements are mailed directly to the claimants in time for any income tax filing.
- If the benefits payable are contributory by the employer, we will withhold FICA and Medicare deductions. Federal income tax deductions and state deductions must be elected by the employee and are not automatically deducted. We will provide the FICA and Medicare match only in those circumstances where it is agreed upon that RSL is to produce the W2s. Where RSL is not producing the W2s, disability income case summary reports will be provided on a monthly basis to assist the employer.

Limitations

Prepared For Town of Ocean Ridge

Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Other Exclusions Benefits are not paid for any period of disability caused by:

- 1) an intentionally self-inflicted injury, or
- 2) an act of war, declared or undeclared, or
- 3) the Insured committing a felony, or
- 4) Sickness which is covered by a Worker's Compensation Act, or other worker's disability law, or *
- 5) Injury that occurs out of or in the course of work for wage or profit. *

* Note: Exclusions 4) and 5) may not apply if we are providing occupational coverage in addition to the normal non-occupational coverage.

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Group Long Term Disability Proposal

**Prepared for
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May 16, 2016

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Situs State: Florida
Proposal Date: May 16, 2016
Proposal Effective Date: August 1, 2016
Proposal Expiration Date: August 14, 2016

Sales Representative **Broker**
Shawn Martin Evershore Financial Group

Reliance Standard Life Insurance Company
800 Corporate Drive
Suite 100
Ft. Lauderdale, FL 33334

Toll Free: (877) 268-7606
Direct: (954) 846-7372
Fax: (954) 846-7380
Email: Shawn.Martin@RSLI.COM

About this Proposal

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will govern. The provisions are explained in basic terms and may be subject to some state restrictions.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

- The terms of the proposal change;
- There is a change in the factors bearing on the risk to be assumed;
- Any information provided to us in connection with the underwriting of the proposal was incorrect; or
- There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

Plan Description & Cost Summary

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Plan 1 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week, except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan 1 Description

Benefit Percentage:	60%
Monthly Maximum:	\$5,000.00
Elimination Period:	180 days
Benefit Duration:	ADEA-B-AGE
Social Security Integration:	Full Family
Minimum Benefit:	\$100
Mental & Nervous Limitation:	2 year limit
Drug & Alcohol Limitation:	2 year limit
Pre-Existing Limitation:	3/12
Survivor Benefit:	3 Months
Managed Rehab Option:	Included
Work Incentive Benefit:	12 Months
Child Care:	to age 14/\$250
Worksite Mod Benefit:	100% up to \$2,000
Own Occupation Coverage:	36 Months
Residual Disability:	Yes
Partial Disability:	Yes
Specific Indemnity:	Yes
Travel Assistance:	Yes
Identity Theft:	Yes

Participation and Contribution

Employer Contribution: 100%
Employee Participation: 100%

Total Plan Cost Summary

Eligible Employees	Total Monthly Insurable Payroll	Premium Rate per \$100	Monthly Premium	Rate Guarantee
27	\$131,437.73	\$0.79	\$1,038.36	24 Months

Note: Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

Confidential Proposal for Group Long Term Disability
Broker Evershore Financial Group
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Plan Description & Cost Summary

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Plan 2 of 2 Plans

Eligibility

Each Active Full-Time Employee working 40 hours or more per week, except any person working on a temporary or seasonal basis.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

Plan 2 Description

Benefit Percentage:	60%
Monthly Maximum:	\$5,000.00
Elimination Period:	90 days
Benefit Duration:	ADEA-B-AGE
Social Security Integration:	Full Family
Minimum Benefit:	\$100
Mental & Nervous Limitation:	2 year limit
Drug & Alcohol Limitation:	2 year limit
Pre-Existing Limitation:	3/12
Survivor Benefit:	3 Months
Managed Rehab Option:	Included
Work Incentive Benefit:	12 Months
Child Care:	to age 14/\$250
Worksite Mod Benefit:	100% up to \$2,000
Own Occupation Coverage:	36 Months
Residual Disability:	Yes
Partial Disability:	Yes
Specific Indemnity:	Yes
Travel Assistance:	Yes
Identity Theft:	Yes

Participation and Contribution

Employer Contribution: 100%
Employee Participation: 100%

Total Plan Cost Summary

Eligible Employees	Total Monthly Insurable Payroll	Premium Rate per \$100	Monthly Premium	Rate Guarantee
27	\$131,437.73	\$0.89	\$1,169.78	24 Months

Note: Premium/benefit is payable in US currency.

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LIFE INSURANCE COMPANY

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Covered Monthly Earnings This is the amount of an employee's salary used to calculate the monthly benefit. Covered monthly earnings usually exclude bonuses, overtime and commissions earned by an employee. If commissions are to be included in the definition, the amount is averaged over a specified time period, usually 36 months. RSL can tailor a pre-determined monthly salary amount to be insured.

Elimination Period The elimination period is the period of consecutive days of total disability for which no benefit is payable. It begins on the first day of total disability and extends for the number of days specified on the proposal summary page. Premiums must be paid during the elimination period, but they will be waived once benefits begin.

Benefit Duration /Maximum Benefit Period We pay LTD benefits for a total disability due to an accident or sickness event. The maximum benefit period may range from 2 years to age 70. Our standard maximum benefit duration lasts up to a person's normal retirement age as defined by Social Security. The LTD duration schedules comply with the Age Discrimination and Employment Act (ADEA). ADEA requires that either the level of benefits or the cost of the benefit be the same for older employees as for younger workers. The following benefit schedule(s) have been quoted for your plan(s).
Extended ADEA-B

LTD benefits usually last until normal retirement age as defined by Social Security. Prior to 1983, this was age 65. Then amendments were added to the United States Social Security Act to link normal retirement age to a person's date of birth.

Therefore, we offer the following schedule:

Benefits will last the longer of (A) or (B) as stated below:

(A)

Age at Disability	Duration
Prior to age 62	to age 65
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

(B) Normal Retirement Age as defined by the 1983 amendments to the United States Social Security Act and determined by your year of birth:

Year of Birth	Normal Retirement Age
1937 or before	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943 - 1954	66 years
1955	66 years and 2 months

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Plan Details

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1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
1960 and after	67 Years

If the plan provides for a shorter maximum benefit period (two-year, five-year, etc.), the maximum benefit period will be adjusted accordingly for older employees.

We can design a schedule to fit your needs, but it is your responsibility as the Employer to comply with ADEA.

Benefit Integration

Other sources of income an Insured receives or is eligible to receive will reduce the Group LTD benefits paid by RSL. We do this so that an Insured does not receive more money while disabled than while working.

Other sources of income that will reduce benefits include:

- Disability income benefits the Insured is eligible to receive under any group insurance plan(s),
- Disability income benefits the Insured is eligible to receive under any governmental retirement system, except benefits payable under a federal government employee pension benefit,
- Disability income benefits the Insured is eligible to receive under workers' compensation laws, occupational disease law, and any compulsory benefit law,
- Wages or other compensation an Insured is entitled to receive from you, excluding the amount allowable while engaged in Rehabilitative Employment,
- Commissions or monies an Insured is entitled to receive from you, including vested renewal commissions but excluding commissions or monies that an Insured earned prior to being disabled which are paid after the disability has begun,
- That part of a disability or retirement benefit paid for by you that the Insured is eligible to receive under a group retirement plan, and
- Disability or retirement benefits under the United States Social Security Act, the Canadian pension plans, federal or provincial plans or any similar law for which an employee and his/her dependents are eligible to receive.

Income that will not reduce benefits include:

- a) Distributions from profit sharing, thrift, or stock ownership plans,
- b) Deferred compensation plans,
- c) Individual disability policies,
- d) Payments which reduce the face value of any life insurance policy,
- e) AD&D benefits,
- f) Federal government/ military pension,
- g) Group retirement plan benefits paid for by the employee,
- h) Proceeds from a 401(k), 403(b), and 457 plans.
- i) Tax sheltered annuities (TSA)

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j) Individual Retirement Accounts (IRA).

Please note that the sources of income with which we may integrate may vary by state. For more details, contact your sales representative.

Definitions of Disability

Our definition of disability is divided into two time periods. The first time period is called the own occupation period and the second time period is called the any occupation period. Please refer to the proposal summary page for the specific details of this proposal.

The "own occupation" period can range from two years or to age 65 depending on the benefit duration schedule elected.

The "any occupation" period lasts for the remainder of the disability, from the end of the "own occupation" period up to the maximum benefit duration period.

During both the "own occupation" and "any occupation" periods, an insured employee may be considered disabled if he/she is partially and/or residually disabled.

Own Occupation Definition

During the elimination period and the own occupation period, an Insured must be disabled from his/her regular occupation. An insured is considered disabled from his/her own occupation if unable, as the result of sickness or injury, to perform the material duties of his/her regular occupation.

Any Occupation Definition

During the any occupation period, the insured is required to be disabled from any occupation. An insured is disabled from any occupation if unable, as the result of sickness or injury, to perform the material duties of any occupation for which he/she is reasonably fit by education, training and experience.

Residual Disability

RSL does not require that an insured be totally disabled through the elimination period. We allow someone to work part-time and still be eligible for LTD benefits at the end of the elimination period. Once the LTD benefit is payable, the Insured is considered partially disabled.

Partial Disability

If an employee is disabled as a result of an injury or sickness, we will consider him/her partially disabled if he/she is capable of performing the material duties of his/her occupation on a part-time basis or some of the material duties on a full-time basis.

Definitions may vary by state. For more details, contact your sales representative.

Worksite Modification Benefit

This is a benefit payable to you, the employer. If you make the necessary modifications to the disabled person's worksite and the person does return to work, either part-time or full-time, RSL will reimburse you. We will pay 100% of the actual and reasonable expenses paid for the modification to a maximum of \$2,000.

This benefit may not be available in all states or may vary from state to state.

Work Incentive/Child Care Benefit

Upon satisfying the Elimination Period, during the period of time reflected on the Summary page, RSL will deduct only the amount of earnings which, when added to the employee's LTD benefit, exceeds 100% of the

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential Proposal for Group Long Term Disability
Broker Evershore Financial Group
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Plan Details

Prepared For Town of Ocean Ridge

Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

employee's covered monthly earnings. After such time, if applicable, we will offset the LTD benefit by 50% of the Rehabilitative Employment earnings.

The Child Care Expense Benefit is a feature of the Work Incentive Benefit. If there are dependent children under the age of 14, then we will add up to \$250 per month to the Insured's covered monthly earnings when calculating the benefit amount during the work incentive benefit period.

Please check the summary page to determine if the provision is part of our quote. These benefits may not be available in all states or may vary from state to state.

Temporary Recovery during the Elimination Period (Interruption Period)

Temporary recovery does not necessarily mean that the insured must begin the elimination period all over again if the disability resumes. If an insured returns to full-time work for less than 30 days during the Elimination Period, the disability will be considered continuous.

Managed Rehabilitation Employment Benefit

RSL encourages disabled employees to return to work either on a part-time or full-time basis. Vocational rehabilitation services help an employee gain the skills to go back to work doing any occupation.

The managed rehabilitation benefit encourages an employee to return to work in any gainful occupation including his/her occupation on a part-time basis, for which the employee's training, education or experience will reasonably allow.

We will continue to pay the Monthly Benefit less an amount equal to 50% of the earnings received through Rehabilitative Employment. If rehabilitation is refused, we may reduce or stop the LTD benefit depending on the circumstances. (Reduction or termination of benefits may be prohibited in some states.)

Specific Indemnity Benefit

This provision allows an employee to receive a guaranteed minimum number of benefit payments if he/she suffers any one of the following losses from an accident resulting in an injury:

Loss	Monthly Benefit Payments
Both hands	46
Both feet	46
Entire sight in both eyes	46
Hearing in both ears	46
Speech	46
One hand and one foot	46
One hand and entire sight in one eye	46
One foot and entire sight in one eye	46
One arm	35
One leg	35
One hand	23
One foot	23
Entire sight in one eye	15
Hearing in one ear	15

Survivor Benefit

The benefit is an amount equal to three (3) or six (6) times the insured's net monthly benefit before death. It is payable in a lump sum amount or a monthly benefit to a spouse or to unmarried children under age 25, upon

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LIFE INSURANCE COMPANY

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Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

the death of the insured provided the insured had been receiving a Monthly Benefit and was disabled for at least 180 consecutive days.

This benefit may vary from state to state.

Transfer of Insurance Coverage

If an employee was covered under a group LTD plan prior to the inception of your RSL plan, and is an eligible employee on the effective date of this policy:

- he/she will be insured under our plan, provided that he/she is actively at work and meets all of the eligibility requirements;
- any time used to satisfy the Pre-Existing Conditions limitation of the prior group plan will be credited towards the satisfaction of the Pre-Existing conditions limitation of your RSL policy;
- any time used to satisfy the service waiting period of the prior group plan would be credited towards the satisfaction of the service waiting period under the RSL policy.

The plan proposed contains the features and benefits requested by you. The following value added features are included in your proposed plan:

Travel Assistance

Travel assistance services provide travel and medical assistance services for employees of our Policyholders while traveling on a trip in a foreign country or 100 miles or more from home.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

Identity Theft Recovery

This full service ID Recovery Program will perform the recovery process for your employee should they or a member of their family fall victim to identity theft. Restoration services include (but are not limited to): investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft, resolution of key issues by maintaining and explaining their rights, placing phone calls and preparing appropriate documentation on their behalf including anything from dispute letters to defensible complaints, contacting, following up and escalating issues with affected agencies and institutions, providing restoration beyond just credit including criminal, DMV, medical records, and real time access to public records such as DMV, criminal, address changes, liens, judgments and more.

Identity theft recovery services are provided by InfoArmor and are not part of the insurance policy being proposed by Reliance Standard Life. InfoArmor is not affiliated with RSL and is not responsible for any acts or omissions of InfoArmor in connection with or arising under the identity theft recovery services.

For full details about the identity theft program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.

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Plan Details

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Limitations

Prepared For Town of Ocean Ridge

Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

**Mental/Nervous
Limitation**

We typically provide LTD benefits for insureds who are disabled due to a mental/nervous condition as a standard part of our policy. Benefits in these cases are paid for a limited period. If the Insured is in a hospital or institution at the end of the benefit period, he/she will receive a benefit until the release date or until he/she reaches the maximum benefit duration. The duration period does not have to be consecutive.

Disabilities related to a mental or nervous condition can also be fully covered or excluded. Please refer to the summary page for the provision that has been quoted for you.

This provision varies from state to state.

**Drug/Alcohol
Limitation**

RSL standardly offers limited benefits for insureds who are disabled due to drug addiction or alcoholism when he/she is an active participant in a substance abuse rehabilitation program approved by us. The benefit is typically paid for one or two years. However, benefits can also be fully covered or excluded. Please refer to the summary page for the provision that has been quoted for you.

This provision varies from state to state.

**Pre-Existing
Condition**

A pre-existing condition is any sickness or injury for which the Insured received medical treatment, consultation, care or services, including diagnostic procedures or took prescribed drugs or medicines, during a specific period (as outlined in the policy) immediately prior to the Insured's effective date of coverage.

An insured is covered for pre-existing condition if he / she has been actively at work for one full day following the end of the specific period (as outlined in the policy) from the date he / she becomes an Insured. An Insured is not covered for a pre-existing condition if the requirement is not met.

This provision may vary from state to state.

**Other
Exclusions**

The LTD policy does not cover any disabilities caused by:

- intentionally self-inflicted injury,
- act of war,
- commission of a felony, or
- an injury or sickness that occurs while the Insured is confined in any penal or correctional institution.

Exclusions and Limitations may vary from state to state

Appendix

Prepared For Town of Ocean Ridge
Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

DISABILITY MANAGEMENT CONCEPTS

At RSL, our goals are to control your disability costs, both indirect and direct, and to help disabled employees become more confident and productive members of society. We focus on four concepts to accomplish our goals.

- Early Intervention** Traditional thinking on controlling disability costs is reactive and "after the fact". We change that orientation by thinking in terms of how to prevent a disability before it happens. We may offer an optional employee assistance program (EAP) to help employees and families with problems that could affect their health. These problems range from depression, drug abuse to financial difficulties, or any other problem that is producing some form of stress.
- Integration** When disability occurs, we view it as a singular event, so we provide you with a single point of contact to integrate our services and address the wide ranging income protection needs of your employees. This integration may include combining short term and long term disability, workers' compensation, family leave and even statutory coverage. The absence may be reviewed and managed by one disability team.
- Cost Containment** RSL offers many resources to help your employees return to work as quickly and easily as possible. We know that the sooner a disabled person reaches the point of complete or partial recovery, the sooner that individual can resume a productive life. And ultimately, this lowers the cost of the Disability Program to you.
- These resources include:
1. *Vocational Rehabilitation Assessment* - This is performed and managed by our in-house staff, in conjunction with a field vocational rehabilitation counselor.
 2. *Social Security Assistance Program* - Our in-house service staff will assist your employees by providing the expertise necessary to guide them through filing for social security awards.
 3. *Job Search Assistance* - Our vocational counselors take extra steps to help an employee find work that does not require relocation or a change in lifestyle.
 4. *Educational Expenses* - In situations where getting back to work starts by going back to school, our rehabilitation program may help with educational expenses for training in a new occupation.
- FICA Match** This program eliminates most of your tax reporting responsibilities for LTD benefit recipients. We will pay the employer's portion of the Social Security and Medicare taxes on long term disability benefits. We will also prepare the year-end W-2 forms. This value-added service is provided free.
- Management Information Reporting** We offer a comprehensive annual renewal presentation package for larger clients that includes claim listings, experience reports and cost projections.
- Our goal is to ensure that you are satisfied with the job RSL is doing to manage your disability claims.

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Appendix

Prepared For Town of Ocean Ridge

Date: May 16, 2016

Proposal Expiration Date: August 14, 2016

Benefit Illustrations Group LTD plans are designed to replace a level of income selected by the employer. A typical plan provides 60% or 66 2/3% income replacement, coordinated with other income benefits. Common benefits we may coordinate with include workers' compensation, Social Security and work-earnings while disabled.

How an LTD benefit is determined with our Work Incentive benefit:

Claims Facts

Pre-Disability Earnings:	\$5,000
LTD Benefit %:	60%
Gross Monthly LTD Benefit:	$\$5,000 \times .60 = \$3,000$
Return to Work Earnings:	\$2,500

If an LTD claimant returns to work during the first 12 months of disability, the return to work earnings plus the gross monthly LTD benefit cannot exceed 100% of pre-disability salary. So, in this example you would add \$3,000 + \$2,500 to get \$5,500. \$5,500 is greater than \$5,000 by 500. The gross LTD benefit is reduced by \$500 to \$2,500, making the total \$5,000, or the same as the pre-disability earnings.

After the first 12 months, the employee would receive the following benefit:

Gross LTD Benefit:	\$3,000 (\$5,000 x 60%)
Less 50% of Part-time Earnings	- \$1,250 (\$2,500 x 50%)
Net Monthly LTD Benefit:	\$1,750
Total Income from all Sources:	\$4,250 (\$1,750 + \$2,500)

RELIANCE STANDARD
LIFE INSURANCE COMPANY

Confidential Proposal for Group Long Term Disability
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Agenda: August 23, 2016

Memo: Item # 3

Town of Ocean Ridge, Florida

Agenda Memorandum

Office of the Town Manager

Subject: Tentative Town Budget & Workbook Version 3.0

Mayor and Town Commissioners:

Town Staff will present the current version of the Budget Workbook (3.0) and talk about highlights, strategies, options and issues. This document may change in specific areas as a result of ongoing vetting for revenue and expenditure categories, vendor contract renewals and other third party considerations. Direction and priorities of the Town Commission can affect calculations shown as well. Once the Commission gives consensus, and verifies outstanding open issues, the staff will edit the changes and present a finalized budget workbook for the September Public hearings.

PLEASE REMEMBER TO BRING YOUR BUDGET WORKBOOK (v3.0) WITH YOU TO THE STCM & WORKSHOP MEETING.

THE PROPOSED BUDGET IS ALSO LOCATED ON THE TOWN WEBSITE.



Town of Ocean Ridge, Florida

Proposed Budget

Fiscal Year (FY17) 2016/'17

October 1, 2016 through September 30, 2017

WORKBOOK v3.0

*Replaces all earlier versions, printed for
STCM Workshop, August 23, 2016*

Maximum Millage (MM) Rate Set

*Note: Maximum Millage Rate at 5.35 Mils adopted by TC (07-13-16) cannot be raised;
but may be adjusted lower during final Public Budget Hearings.*

Town of Ocean Ridge, Florida

Proposed Budget

Fiscal Year (FY17) 2016/'17

October 1, 2016 through September 30, 2017

MAYOR

Geoffrey A. Pugh

VICE MAYOR

Richard J. Lucibella

COMMISSIONERS

Gail Adams Aaskov

James. A. Bonfiglio

Steve Coz

TOWN MANAGER

James S. Titcomb

TOWN CLERK/TREASURER

Tracey L. Stevens CMC

DEPUTY TOWN CLERK

Jean A. Hallahan

POLICE CHIEF

Hal C. Hutchins

Town of Ocean Ridge, Florida

2016-17 Proposed Budget

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Elected Mayor and Town Commissioners

Town Manager
James Titcomb

Town Attorneys
Glen Torcivia / Brian Shutt

POLICE DEPT

Police Chief
Hal Hutchins

Lieutenant
Steven Wohlfel

Lieutenant
Richard Jones

Sergeant
Bill Hallahan

Sergeant
Gary Roy

Sergeant
Frederick Stang

Sergeant
David Kurz

ADMIN

Town Clerk
Tracey Stevens

Deputy Town Clerk
Jean Hallahan

Reception Clerk
Lisa Burns

PUBLIC WKS

Maintenance I
David Johnson

Maintenance II
William Armstrong

CONTRACT

Town Engineer
Lisa Tropepe
(Engenuity)

Building Official
Don McIntosh
(Hy-Byrd)

Zoning Official
Manny Palacios
(Hy-Byrd)

Intern/ Admin PT

POLICE OFFICERS

McAllister, Robert

Massimino, Robert

Plesnik, Nubia

Ermeri, Richard

Galluscio, Mario

Giardino, John

Investigator
Pilon, Jimmy

Van Camp, Jeffrey

McClure, Scott

DISPATCH

Dispatch Supervisor
Simpson, Jessica

Barreca, Courtney

Hammond, Courtney

Conte, Kelly

Story, Thomas

RESERVES

Rosenberg, Gene
(Also PT Dispatch)

Cunningham, William

Zawistowski, Aaron

Shoiock, Steven

+ 3 Approved

TOWN OF OCEAN RIDGE

6450 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FLORIDA 33435
www.oceanridgeflorida.com

(561) 732-2635 ♦ FAX (561) 737-8359

GEOFFREY A. PUGH
MAYOR, CHAIR OF COMMISSION

JAMES S. TITCOMB
TOWN MANAGER



COMMISSIONERS
GAIL ADAMS AASKOV
JAMES A. BONFIGLIO
STEVE COZ
RICHARD J. LUCIBELLA

July 15, 2016

Dear Honorable Mayor and Members of the Town Commission:

In accordance with the requirements of State Statutes and Article IV, Section 4.04(e) of the Ocean Ridge Town Charter, the proposed budget for the fiscal year to begin on October 1, 2016 and ending September 30, 2017 is submitted for your consideration.

INTRODUCTION

This document is the proposed fiscal plan for the operations and capital projects investment of the Town of Ocean Ridge during the coming defined fiscal year. The budget is presented to the Commission in a form that conforms to the standards of public financial presentations known as Generally Accepted Accounting Principles (GAAP) promoted by the National Council of Government Accounting. We are keeping the same basic format familiar with both staff and the Commission. It is intended that this budget presentation to the Commission and citizens presents clearly the operations of the Town and the use of tax dollars and other revenues.

The annual operating budget is a basic fiscal document. Once adopted, it becomes the fiscal appropriations plan, or "blueprint," we utilize for the work program for our community and provide the basis for carrying out the Commission's decisions on policies and programs for the improvement, growth, and orderly maintenance of the Town of Ocean Ridge.

BUDGET PREPARATION

In assembling and formalizing this document, the Town Manager sought input from the entire Town Staff. The process of preparing the annual budget begins in May and involves the compilation and gathering of information. Ideas for new and improved services are received from residents, clients (i.e. contractors), elected officials, and staff throughout the year. Each department head assesses current and prior year levels of service and then calculates the costs of providing existing service levels as well as costs of providing improved levels of service. The department heads submit their budget requests to the Town Manager and priorities are set. These priorities are balanced with anticipated resources to result in the Town Manager's proposed budget. By law we present and the Commission adopts a balanced budget each year.

SUMMARY

The primary objective of the manager and staff in the preparation of this proposed document is to present to the Commission a budget plan which is within the legal framework established by state law and Town charter and addresses the needs of the community for the next fiscal year.

The budget document is intended to provide the Commission, residents, and staff information about the Town's fiscal responsibilities necessary to provide quality services.

ACKNOWLEDGEMENTS

A document of this scope is the result of many hours of preparation by many people. Special recognition goes out to Town Clerk/Treasurer Tracey Stevens, Deputy Town Clerk Jean Hallahan, Police Chief Hal Hutchins and all the rest of Town staff for their assistance in the preparation of this document.

Respectively submitted and prepared by,


James S. Titcomb
Town Manager

Note: The Maximum Millage Rate now adopted at 5.35 mils cannot be raised, however it may be adjusted lower during the final Public Budget Hearings by majority Commission vote.



CERTIFICATION OF TAXABLE VALUE

Reset Form

Print Form

DR-420
R. 5/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

Year : 2016	County : PALM BEACH
Principal Authority : Ocean Ridge	Taxing Authority : Ocean Ridge

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	884,247,574	(1)
2.	Current year taxable value of personal property for operating purposes	\$	5,273,047	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	0	(3)
4.	Current year gross taxable value for operating purposes <i>(Line 1 plus Line 2 plus Line 3)</i>	\$	889,520,621	(4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value over 115% of the previous year's value. Subtract deletions.)	\$	7,926,631	(5)
6.	Current year adjusted taxable value <i>(Line 4 minus Line 5)</i>	\$	881,593,990	(6)
7.	Prior year FINAL gross taxable value from prior year applicable Form DR-403 series	\$	822,123,022	(7)
8.	Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Number 0 (8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attached. If none, enter 0	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Number 0 (9)
Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.		
SIGN HERE	Signature of Property Appraiser:	Date :		
	Electronically Certified by Property Appraiser	6/29/2016 8:32 AM		

SECTION II : COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0-.

10.	Prior year operating millage levy <i>(If prior year millage was adjusted then use adjusted millage from Form DR-422)</i>	5.3500	per \$1,000	(10)
11.	Prior year ad valorem proceeds <i>(Line 7 multiplied by Line 10, divided by 1,000)</i>	\$	4,398,358	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value <i>(Sum of either Lines 6c or Line 7a for all DR-420TIF forms)</i>	\$	0	(12)
13.	Adjusted prior year ad valorem proceeds <i>(Line 11 minus Line 12)</i>	\$	4,398,358	(13)
14.	Dedicated increment value, if any <i>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</i>	\$	0	(14)
15.	Adjusted current year taxable value <i>(Line 6 minus Line 14)</i>	\$	881,593,990	(15)
16.	Current year rolled-back rate <i>(Line 13 divided by Line 15, multiplied by 1,000)</i>		4.9891 per \$1000	(16)
17.	Current year proposed operating millage rate		5.3500 per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate <i>(Line 17 multiplied by Line 4, divided by 1,000)</i>	\$	4,758,935	(18)

19.	TYPE of principal authority (check one)	<input type="checkbox"/> County	<input type="checkbox"/> Independent Special District	(19)
		<input checked="" type="checkbox"/> Municipality	<input type="checkbox"/> Water Management District	
20.	Applicable taxing authority (check one)	<input checked="" type="checkbox"/> Principal Authority	<input type="checkbox"/> Dependent Special District	(20)
		<input type="checkbox"/> MSTU	<input type="checkbox"/> Water Management District Basin	
21.	Is millage levied in more than one county? (check one)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(21)

DEPENDENT SPECIAL DISTRICTS AND MSTUs		STOP HERE - SIGN AND SUBMIT
--	---	------------------------------------

22.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. <i>(The sum of Line 13 from all DR-420 forms)</i>	\$	4,398,358	(22)
23.	Current year aggregate rolled-back rate <i>(Line 22 divided by Line 15, multiplied by 1,000)</i>		4.9891 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes <i>(Line 4 multiplied by Line 23, divided by 1,000)</i>	\$	4,437,907	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. <i>(The sum of Line 18 from all DR-420 forms)</i>	\$	4,758,935	(25)
26.	Current year proposed aggregate millage rate <i>(Line 25 divided by Line 4, multiplied by 1,000)</i>		5.3500 per \$1,000	(26)
27.	Current year proposed rate as a percent change of rolled-back rate <i>(Line 26 divided by Line 23, minus 1, multiplied by 100)</i>		7.23 %	(27)

First public budget hearing	Date :	Time :	Place :
------------------------------------	--------	--------	---------

S I G N H E R E	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.		
	Signature of Chief Administrative Officer :			Date :	
	Title :		Contact Name and Contact Title :		
	James Titcomb, Town Manager		Tracey Stevens, TOWN CLERK		
	Mailing Address :		Physical Address :		
6450 N OCEAN BLVD		6450 NORTH OCEAN BLVD			
City, State, Zip :		Phone Number :		Fax Number :	
OCEAN RIDGE, FLORIDA 33435		5617322635		5617378359	

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: REV
Millage Rate Comparisons from Rolled Back to Maximum
2016-17 BUDGET WORKBOOK (FY17)
FY17 DRAFT BUDGET WORKSHEETS v3.0 PRINTED 08-11-16

Prior Year Ad Valorem Adjusted Gross Value:					\$822,123,022.00
FY17 Current Year Ad Valorem Adjusted Gross Value:					\$881,593,990.00
MILLAGE RATE		GENERATED	97% Budgeted	VALUE	Revenue Increases
4.9891	Rolled Back Rate	\$4,398,361	4,266,410	0.00%	-
5.1500		\$4,540,209	4,404,003	3.23%	137,593
5.2500		\$4,628,368	4,489,517	5.23%	223,108
5.3500	Recommended (flat)	\$4,716,528	4,575,032	7.23%	308,622
5.4500		\$4,804,687	4,660,547	9.23%	394,137

The Town has historically budgeted 97% of the Ad Valorem Revenue (95% is the lowest permitted)

Revenue/Expenses shown in balancing the budget do not include transfers to the Capital Projects Fund, which is an interfund transfer.

Town of Ocean Ridge, Florida

Proposed Budget Workbook FY17

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TOWN OF OCEAN RIDGE GENERAL FUND #001 - DEPT.: REV STATEMENT OF REVENUES 2016-17 Budget Workbook (FY17) FY17 Draft Budget Worksheets v3.0 Printed 08-17-16						
Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Dept.: 310.000 Taxes					at 5.35 ml	
311.000 Ad Valorem Tax (FY17 At 97% Net)	3,963,079	4,282,715	4,144,098	96.8%	4,616,167	107.8%
312.410 Local Option 6 Cent Gas Tax	36,814	35,760	21,973	61.4%	34,500	96.5%
312.420 Second Local Option Fuel Tax	17,306	17,000	11,982	70.5%	17,000	100.0%
313.100 Electric Franchise Tax	165,337	168,000	106,643	63.5%	168,000	100.0%
314.100 Utility Service Tax (Electric)	241,251	240,000	176,049	73.4%	240,000	100.0%
314.800 Utility Service Tax (Propane)	17,712	16,000	14,874	93.0%	16,000	100.0%
314.900 Utility Service Tax (Water)	92,796	84,000	72,724	86.6%	84,000	100.0%
315.000 Communication Services Tax	42,031	48,000	29,253	60.9%	48,000	100.0%
319.100 Interest On Delinquent Taxes	317	5,000	4,254	85.1%	1,000	20.0%
Sub Totals	4,576,642	4,896,475	4,581,849		5,224,667	106.7%
Dept.: 320.000 Licenses & Permits						
321.100 Prof. & Occupational Licenses	2,666	2,000	2,790	139.5%	0	0.0%
321.200 DPS Business Permits (Rev FL Statute)	14,500	14,000	10,979	78.4%	500	3.6%
321.300 Occupational Vehicle IDs	6,946	6,000	6,672	111.2%	0	0.0%
322.100 Building Permits	259,731	200,000	344,154	172.1%	265,000	132.5%
329.100 Sign Permits	445	500	430	86.0%	500	100.0%
329.200 Alarm User Permits	562	600	488	81.3%	600	100.0%
329.500 Boats Permits	0	50	0	0.0%	0	0.0%
329.600 Rental Registrations	2,170	2,000	1,960	98.0%	2,000	100.0%
Sub Totals	287,020	225,150	367,473		268,600	119.3%
Dept.: 330.000 Intergovernmental Revenue						
331.300 JAG Grant Monies	1,000	1,000	0	0.0%	1,000	100.0%
335.120 State Revenue Sharing Proceeds	47,086	43,700	32,036	56.8%	43,700	100.0%
335.150 Alcoholic Beverage Licenses	140	150	140	93.2%	150	100.0%
335.181 Local Gov. 1/2 Cent Sales Tax	139,017	145,000	96,904	41.8%	145,000	100.0%
335.490 Rebate On Municipal Vehicles	2,220	2,000	459	22.9%	2,000	100.0%
335.900 St Light Maintenance Reimburse	8,981	9,250	0	0.0%	9,250	100.0%
338.000 PB County & Co. Wide Occ. Lic.	8,085	7,000	3,512	49.2%	7,000	100.0%
338.100 Proportion 911 Call Taker Rev	18,944	10,000	0	0.0%	10,000	100.0%
338.300 PBC Solid Waste Recycle Program	2,578	3,000	1,399	25.8%	3,000	100.0%
338.400 911 DPS Related Reimbursements	13,822	12,000	-32	-0.3%	12,000	100.0%
338.500 PB County 1250 Monies	2,853	2,500	0	0.0%	0	0.0%
Sub Totals	244,725	235,600	134,418		233,100	98.9%
Dept.: 340.000 Charges For Services						
341.200 Zoning Fees	8,962	4,000	4,718	118.0%	4,000	100.0%
341.400 Cert-Copying-Record Search-Etc.	3,184	2,500	2,476	80.7%	2,500	100.0%
341.900 Other Gen. Gov. Charges & Fees	40,809	5,000	28,633	553.3%	5,000	100.0%
342.100 Law Enforcement/Fire Service	210,826	213,145	142,097	58.3%	221,168	103.8%
342.300 Alarm Monitoring	55,367	57,000	48,500	81.1%	57,000	100.0%
342.800 Special Detail Services	585	10,000	1,445	10.1%	1,500	15.0%
342.900 Other Pub. Safety Charges-Fees	744	500	941	155.4%	500	100.0%
343.400 Garbage And Trash Revenue	304,341	302,000	295,487	95.2%	302,000	100.0%
343.900 Lot Mowing And Clearing	0	0	0	0.0%	0	
Sub Totals	624,817	594,145	524,296		593,668	99.9%
Dept.: 350.000 Fines & Forfeits						
351.100 Court Fines - Court Cases	3,619	5,000	4,819	67.3%	5,000	100.0%
351.200 Confiscated Prop. Court Cases	0	0	0	0.0%	0	
351.300 Police Education \$2.00	440	400	534	93.4%	400	100.0%

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354.000	Violations Of Local Ordinances	159,175	8,000	24,171	245.8%	8,000	100.0%
Sub Totals		163,233	13,400	29,524		13,400	100.0%
Dept.: 360.000 Miscellaneous Revenues							
361.100	Interest Earned (Saving, Invstmnt, Etc.)	45,734	14,000	20,336	144.7%	16,500	117.9%
361.320	Interest Earned-PB Co Tax Collector	29	1,000	18	0.0%	0	0.0%
361.390	Interest Other (Liens, Etc.)	7,223	2,000	1,671	77.3%	2,000	100.0%
364.410	Equipment-Sales & Compensation	1,000	9,000	7,997	37.8%	6,000	66.7%
366.600	Art Proceeds	568	1,000	0	0.0%	600	60.0%
366.900	Misc. Contrib.-Private Sources	7,543	0	2,924	0.0%	495	
Sub Totals		62,098	27,000	32,947		25,595	94.8%
Dept.: 380.000 Non - Revenues							
380.100	Fund Balance Unappropriated	0	286,650	0	0.0%	260,000	90.7%
388.200	Insurance Proceeds	0	0	0	0.0%	0	
389.100	Prior Year Carryover (Unexpended)	0	0	0	0.0%	0	
Sub Totals		0	286,650	0		260,000	90.7%
Budget Revenues Grand Totals		5,958,534	6,278,420	5,670,507		6,619,030	105.4%

TOWN OF OCEAN RIDGE CAPITAL FUND #302 - DEPT: REV STATEMENT OF REVENUES 2016-17 Budget Workbook (FY17) FY17 Draft Budget Worksheets v3.0 Printed 08-17-16						
Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Dept.: 320.000 Licenses & Permits						
314.100 Utility Service Tax (Electric)	0	0	0	0.0%	0	
Dept.: 330.000 Intergovernmental Revenue						
331.900 Federal Grants	0	0	0	0.0%	0	
334.360 DOT JPA Revenue	0	0	0	0.0%	0	
Dept.: 340.000 Charges For Services						
338.000 PB County & Co. Wide Occ. Lic.	0	0	0	0.0%	0	
Dept.: 360.000 Miscellaneous Revenues						
360.000 Contribution Revenue	0	0	0	0.0%	0	
361.100 Interest Earned (Sav, Inv ,Etc.)	25	100	39	38.9%	100	
364.000 Sales And Compensation	0	0	0	0.0%	0	
364.410 Equipment-Sales & Compensation	0	0	0	0.0%	0	
Dept.: 380.000 Non - Revenues				0.0%		
380.100 Fund Balance Unappropriated	0	14,900	0	0.0%	0	
381.000 Interfund Transfer *	0	0	0	0.0%	95,842	
381.100 Interfund Transfer	180,000	180,000	180,000	100.0%	180,000	
384.000 Debt Proceeds	0	0	0	0.0%	0	
384.100 Debt Proceed For New TH	0	0	0	0.0%	0	
Capital Revenues Sub Totals	180,025	195,000	180,039	92.3%	275,942	141.5%

Note: Final Capital Projects Fund transfers to be set after Budget workshop discussions*

TOWN OF OCEAN RIDGE GENERAL FUND #001 - DEPT: REV & EXP STATEMENT OF REVENUES AND EXPENDITURES 2016-17 Budget Workbook (FY17) FY17 Draft Budget Worksheets v3.0 Printed 08-17-16						
Department Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
FY Millage Rate Applied at 5.35 ml	at 5.35 ml				at 5.35 ml	
Revenue						
Dept.: 310.000 Taxes	4,576,642	4,896,475	4,352,035	88.9%	5,224,667	106.7%
Dept.: 320.000 Licenses & Permits	287,020	225,150	217,232	96.5%	268,600	119.3%
Dept.: 330.000 Intergovernmental Rev	244,725	235,600	90,175	38.3%	233,100	98.9%
Dept.: 340.000 Charges For Services	624,817	594,145	494,231	83.2%	593,668	99.9%
Dept.: 350.000 Fines & Forfeits	163,233	13,400	23,407	174.7%	13,400	100.0%
Dept.: 360.000 Miscellaneous Revenues	62,098	27,000	25,898	95.9%	25,596	94.8%
Dept.: 380.000 Non - Revenues	0	286,650	0	0.0%	260,000	90.7%
Total Revenue	5,958,534	6,278,420	5,202,978	82.9%	6,619,031	105.4%
Expenditures						
General Government						
511.101 Commission	22,080	25,509	6,412	25.1%	27,849	109.2%
512.102 Town Manager	135,433	174,241	125,160	71.8%	148,347	85.1%
513.103 Town Clerk & Treasurer	279,293	355,469	233,350	83.6%	329,320	92.6%
514.104 Legal Services	209,836	129,918	75,937	58.4%	128,000	98.5%
514.105 Appointed Boards	2,575	6,100	1,400	23.0%	6,265	102.7%
519.106 General Government Services	938,427	966,155	555,324	57.5%	982,705	101.7%
521.107 Law Enforcement & Fire Rescue	2,821,501	3,486,279	2,536,871	72.8%	3,713,846	106.5%
524.108 Inspection Services	154,145	143,500	81,052	56.5%	157,500	109.8%
534.111 Garbage & Solid Waste Services	243,635	250,000	122,791	49.1%	257,500	103.0%
539.112 Other Physical Environment	227,032	268,300	155,191	57.8%	290,320	108.2%
541.113 Public Works	248,006	255,949	135,752	53.0%	261,538	102.2%
590.100 Contingency & Interfund Transfers	143,488	217,000	193,762	89.3%	220,000	101.4%
590.110 Transfers to Capital Projects					95,842	
Total Expenses	5,425,451	6,278,420	4,223,001	67.3%	6,619,031	105.4%
Revenues Over Expenditures (Before Audit Adjust)	533,083	0	979,977			
Transfer To/(From) Reserves						

NOTES

This budget document includes "requests" at time of publication and applies a tentative Maximum Millage rate of 5.35 to the TRIM Revenue figures, which are budgeted at 97% for calculation.

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 511.101
TOWN COMMISSION (LEGISLATIVE) EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Town Commission						
501.100 Executive Salaries	6,000	6,000	5,000	83.3%	6,000	100.0%
502.100 FICA Taxes	459	459	383	83.3%	459	100.0%
502.200 Retirement Contributions	400	436	335	76.8%	436	100.0%
502.400 Workers Compensation	11	14	10	72.4%	14	100.0%
504.000 Travel & Per Diem	0	1,000	67	6.7%	1,000	100.0%
504.500 Insurance-Liab., Hazard, Damage	13,608	15,600	14,178	90.9%	17,940	115.0%
504.900 Other Current Charges	202	500	305	61.0%	500	100.0%
505.400 Subsc., Memberships, Education	1,400	1,500	1,400	93.3%	1,500	100.0%
Sub Totals	22,080	25,509	21,677	85.0%	27,849	109.2%

Supplemental Information

Positions Budgeted	No. FTE
Mayor	1
Commissioners	4
Total	5

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 512.102
TOWN MANAGER - ADMINISTRATION EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Town Manager (contractual employment)						
501.100 Executive Salaries	102,655	108,044	83,055	76.9%	108,044	100.0%
501.110 One Time Lump Sum Increase	0	23,550	24,025	102.0%	0	0.0%
501.200 Regular Salaries And Wages	0	0	0	0.0%	0	
501.400 Overtime	0	0	0	0.0%	0	
501.410 Vacation Pay	1,827	1,901	4,372	230.0%	1,972	103.7%
502.100 FICA Taxes	7,958	10,212	8,526	83.5%	10,212	100.0%
502.200 Retirement Contributions (FRS other)	0	0	0	0.0%	0	
502.210 ICMA Contributions	11,727	14,691	7,654	52.1%	9,686	65.9%
502.300 Life & Health Insurance	7,709	8,476	5,369	63.3%	9,324	110.0%
502.310 Long Term Disability	420	420	210	50.0%	462	110.0%
502.400 Workers Compensation	187	247	183	74.2%	247	100.0%
503.400 Other Contractual Serv (Previous TM)	0	0	8,076	0.0%	0	
504.000 Travel & Per Diem	179	1,300	3,019	232.3%	3,200	246.2%
504.100 Communications Serv.(Ph.,Etc.)	1,097	1,200	927	77.2%	1,200	100.0%
504.500 Insurance-Liab.,Hazard, Damage	46	200	45	22.7%	200	100.0%
504.620 Repair & Maintenance-Vehicle	38	0	0	0.0%	0	
505.210 Operating Supplies-Gas & Oil	1,253	3,500	129	3.7%	2,500	71.4%
505.400 Subsc., Memberships, Education	340	500	1,265	252.9%	1,300	260.0%
Sub Totals	135,433	174,241	146,855	84.3%	148,347	85.1%

Supplemental Information

Positions Budgeted	No. FTE
Town Manager	1
Assistant	0
Total	1

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 513.103
TOWN CLERK & TREASURER EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Town Clerk & Finance						
501.100 Executive Salaries	80,473	104,721	79,388	75.8%	74,000	70.7%
501.110 One Time Lump Sum Increase	0	12,929	16,218	125.4%	0	0.0%
501.200 Regular Salaries And Wages	103,338	108,549	87,747	80.8%	115,483	106.4%
501.400 Overtime	777	3,002	1,650	54.9%	3,002	100.0%
501.410 Vacation Pay	2,624	4,724	1,179	24.9%	3,700	78.3%
502.100 FICA Taxes	14,243	16,901	14,243	84.3%	14,496	85.8%
502.200 Retirement Contributions	17,749	26,318	15,429	58.6%	14,249	54.1%
502.300 Life & Health Insurance	21,234	27,724	20,322	73.3%	30,496	110.0%
502.310 Long Term Disability	1,575	1,400	700	50.0%	1,540	110.0%
502.400 Workers Compensation	335	451	362	80.2%	451	100.0%
502.500 Unemployment Compensation	0	0	0	0.0%	0	
503.100 Professional Services	0	0	0	0.0%	0	
503.200 Accounting & Auditing	22,140	30,000	20,700	69.0%	39,500	131.7%
503.400 Other Contractual Services (outsorce)	0	0	0	0.0%	9,600	
504.000 Travel & Per Diem	341	2,500	499	20.0%	3,000	120.0%
504.500 Insurance-Liab.,Hazard, Damage	152	350	152	43.3%	403	115.0%
504.610 Repair & Maintenance	7,773	8,750	8,053	92.0%	8,750	100.0%
504.900 Other Current Charges	5,709	6,500	2,355	36.2%	6,000	92.3%
505.400 Subsc., Memberships, Education	245	400	620	155.0%	750	187.5%
506.400 Machinery & Equipment	585	250	0	0.0%	3,900	
Sub Totals	279,293	355,469	269,616	75.8%	329,320	92.6%

Supplemental Information

Positions Budgeted	No. FTE
Town Clerk	1
Deputy Town Clerk	1
Building Clerk/Reception	1
Temp/Intern	1
Total	4

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 514.104
LEGAL SERVICES EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Legal Services						
501.100 Executive Salaries	53,254	41,538	43,615	105.0%	0	0.0%
501.410 Vacation Pay	0	1,732	2,304	133.0%	0	0.0%
502.100 FICA Taxes	3,730	3,310	3,513	106.1%	0	0.0%
502.200 Retirement Contributions	3,570	3,141	3,334	106.1%	0	0.0%
502.300 Life & Health Insurance	118	100	118	117.6%	0	0.0%
502.400 Workers Compensation	0	97	0	0.0%	0	0.0%
503.100 Professional Services	38,780	50,000	17,233	34.5%	98,000	196.0%
503.110 Legal Special Counsel	28,305	25,000	5,147	20.6%	25,000	100.0%
504.700 Printing	0	5,000	2,803	56.1%	5,000	100.0%
504.900 Other Current Charges	82,080	0	0	0.0%	0	
506.400 Machinery & Equipment	0	0	0	0.0%	0	
Sub Totals	209,836	129,918	78,066	60.1%	128,000	98.5%

TOWN OF OCEAN RIDGE GENERAL FUND #001 - DEPT: 515.105 APPOINTED BOARDS EXPENSE 2016-17 Budget Workbook (FY17) FY17 Draft Budget Worksheets v3.0 Printed 08-17-16						
Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Appointed Boards						
503.100 Professional Services	0	2,000	0	0.0%	2,000	100.0%
504.200 Postage, Freight	0	0	0	0.0%	0	
504.500 Insurance-Liab., Hazard, Damage	972	1,100	970	44.1%	1,265	115.0%
504.900 Other Current Charges	1,603	3,000	915	30.5%	3,000	100.0%
Sub Totals	2,575	6,100	1,885	30.9%	6,265	102.7%

TOWN OF OCEAN RIDGE GENERAL FUND #001 - DEPT: 519.106 GENERAL GOVERNMENT SERVICES EXPENSE 2016-17 Budget Workbook (FY17) FY17 Draft Budget Worksheets v3.0 Printed 08-17-16						
Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Other Government Services (General)						
503.100 Professional Services	4,525	9,000	5,850	65.0%	9,000	100.0%
503.400 Other Contractual Services	6,030	6,300	3,263	51.8%	6,300	100.0%
504.100 Communications Serv.(Ph.,Etc.)	6,437	6,350	4,920	77.5%	6,350	100.0%
504.200 Postage, Freight	3,385	3,700	1,874	50.7%	3,700	100.0%
504.300 Utility Services - Electric	11,582	15,000	7,430	49.5%	15,000	100.0%
504.400 Rentals & Leases	3,180	3,200	2,289	71.5%	3,200	100.0%
504.500 Insurance-Liab.,Hazard, Damage	60,987	64,800	60,472	93.3%	64,800	100.0%
504.610 Repair & Maintenance	41,919	39,450	25,811	65.4%	55,000	139.4%
504.700 Printing	1,480	1,500	838	55.9%	1,500	100.0%
504.900 Other Current Charges	5,131	10,000	5,790	57.9%	10,000	100.0%
504.910 Election Expenses	6,157	6,875	1,048	15.2%	6,875	100.0%
504.920 Art Show Expenses	0	1,000	0	0.0%	1,000	100.0%
505.100 Office Supplies	2,951	2,950	2,277	77.2%	2,950	100.0%
505.200 Operating Supplies	2,122	2,300	1,303	56.6%	2,300	100.0%
505.220 Operating Supplies-Uniform/Employees	0	0	0	0.0%	0	
505.400 Subsc., Memberships, Education	3,274	13,355	2,764	20.7%	13,355	100.0%
506.200 Buildings (Capital Outlay)	0	0	0	0.0%	0	
506.300 Improvements Not Buildings	0	0	0	0.0%	1,000	
506.400 Machinery & Equipment	0	1,200	0	0.0%	1,200	100.0%
507.000 Covenant From Drainage Loan	346,626	468,000	467,944	100.0%	468,000	100.0%
507.010 Covenants From TH Loan	179,680	311,175	233,290	75.0%	311,175	100.0%
507.200 Debt Service - Interest	252,962	0	0	0.0%	0	
Sub Totals	938,427	966,155	827,162	85.6%	982,705	101.7%

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 521.107
LAW ENFORCEMENT & FIRE SERVICES EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Law Enforcement & Fire Control						
501.100 Executive Salaries	118,892	95,630	76,560	65.5%	97,855	102.3%
501.110 One Time Lump Sum Increase	0	1,000	1,000	100.0%	1,000	100.0%
501.200 Regular Salaries And Wages	921,047	1,159,506	878,716	61.5%	1,217,745	105.0%
501.210 One Time Lump Sum Increase	0	0	0	0.0%	2,700	
501.400 Overtime	74,470	65,000	57,628	79.6%	65,000	100.0%
501.410 Vacation Pay	12,246	22,143	4,579	7.1%	25,299	114.3%
501.500 Special Pay-No Retire. Contribution	10,030	17,220	9,924	43.3%	17,220	100.0%
501.510 Special Detail Pay	420	7,000	1,610	16.0%	7,000	100.0%
501.600 Holiday Pay	31,852	49,056	26,465	46.4%	49,056	100.0%
502.100 FICA Taxes	89,909	108,367	80,863	60.8%	113,239	104.5%
502.200 Retirement Contributions	188,579	279,655	188,838	55.0%	330,207	118.1%
502.300 Life & Health Insurance	113,511	177,471	113,653	51.3%	195,218	110.0%
502.310 Long Term Disability	7,665	8,820	4,410	50.0%	8,820	100.0%
502.400 Workers Compensation	22,437	41,123	22,475	27.3%	41,123	100.0%
502.500 Unemployment Compensation	203	12,561	0	0.0%	12,561	100.0%
503.100 Professional Services	56,884	25,660	13,742	46.2%	25,660	100.0%
503.400 Other Contractual Services	978,969	1,018,129	1,018,127	100.0%	1,058,855	104.0%
504.000 Travel & Per Diem	6,061	16,100	9,978	42.7%	17,350	107.8%
504.100 Communications Serv. (Ph.,Etc.)	17,754	20,850	15,654	51.7%	22,080	105.9%
504.200 Postage, Freight	1,160	1,400	709	50.6%	1,600	114.3%
504.300 Utility Services - Electric	11,582	15,000	7,430	38.9%	15,000	100.0%
504.400 Rentals & Leases	1,404	2,000	1,149	44.7%	2,568	128.4%
504.500 Insurance-Liab.,Hazard, Damage	21,417	25,500	21,110	45.0%	29,325	115.0%
504.610 Repair & Maintenance	26,456	34,695	21,813	61.5%	42,386	122.2%
504.620 Repair & Maintenance-Vehicle	16,702	16,500	10,647	40.9%	16,500	100.0%
504.630 Repair & Maintenance-Dispatch	11,520	22,775	13,352	58.6%	22,775	100.0%
504.700 Printing	1,178	1,950	562	24.3%	1,950	100.0%
504.900 Other Current Charges	2,024	1,500	0	0.0%	2,000	133.3%
505.100 Office Supplies	3,707	7,500	4,678	44.6%	7,500	100.0%
505.200 Operating Supplies	3,448	9,900	3,682	33.1%	10,200	103.0%
505.210 Operating Supplies-Gas & Oil	28,611	58,000	23,525	28.9%	50,750	87.5%
505.220 Operating Supplies-Uniform/Emb	11,929	19,112	8,831	42.5%	20,225	105.8%
505.400 Subsc., Memberships, Education	6,583	8,164	6,690	42.6%	9,179	112.4%
506.400 Machinery & Equipment	22,850	136,992	207,019	149.9%	173,900	126.9%
Sub Totals	2,821,501	3,486,279	2,855,418	81.9%	3,713,846	106.5%

Supplemental Information

Positions Budgeted	No. FTE
Chief	1
Lieutenants	2
Sergeants	4
Officers	9
Dispatchers (5 FT, 1 PT)	6
Reserves (unpaid but outfitted, 7 allocated)	4
Total	26

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 524.108
INSPECTIONS SERVICES EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Inspections						
501.100 Executive Salaries	0	0	0	0.0%	0	
501.400 Overtime	0	0	0	0.0%	0	
502.100 FICA Taxes	0	0	0	0.0%	0	
502.200 Retirement Contributions	0	0	0	0.0%	0	
502.300 Life & Health Insurance	0	0	0	0.0%	0	
502.400 Workers Compensation	0	0	0	0.0%	0	
502.500 Unemployment Compensation	0	0	0	0.0%	0	
503.100 Professional Services	129,410	140,000	110,923	57.2%	154,000	110.0%
503.400 Other Contractual Services	0	0	0	0.0%	0	
504.000 Travel & Per Diem	0	0	0	0.0%	0	
504.500 Insurance-Liab.,Hazard, Damage	0	0	0	0.0%	0	
504.610 Repair & Maintenance	1,055	1,200	995	82.9%	1,200	100.0%
504.700 Printing	0	200	0	0.0%	200	100.0%
504.900 Other Current Charges	23,629	2,000	0	0.0%	2,000	100.0%
505.100 Office Supplies	51	100	46	32.0%	100	100.0%
505.400 Subsc., Memberships, Education	0	0	0	0.0%	0	
506.400 Machinery & Equipment	0	0	0	0.0%	0	
Sub Totals	154,145	143,500	111,964	78.0%	157,500	109.8%

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 534.111
GARBAGE & SOLID WASTE SERVICES
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Garbage & Solid Waste						
503.400 Other Contractual Services (Republic)	243,635	250,000	162,849	65.1%	257,500	103.0%
Sub Totals	243,635	250,000	162,849	65.1%	257,500	103.0%

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 539.112
OTHER PHYSICAL ENVIRONMENT & SERVICES EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Other Physical Environment						
503.100 Professional Services	5,943	8,000	5,163	64.5%	8,000	100.0%
503.120 Town Engineer	82,441	77,000	82,662	107.4%	77,000	100.0%
503.400 Other Contractual Services	124,269	146,800	109,552	74.6%	168,820	115.0%
504.000 Travel & Per Diem	0	0	0	0.0%	0	
504.610 Repair & Maintenance	14,292	36,000	14,477	40.2%	36,000	100.0%
505.230 Operating Supplies-Small Tools	86	500	0	0.0%	500	100.0%
Sub Totals	227,032	268,300	211,854	79.0%	290,320	108.2%

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 541.113
PUBLIC WORKS EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Public Works						
501.110 One Time Lump Sum Increase	0	0	0	0.0%	0	
501.200 Regular Salaries And Wages	92,807	98,352	80,282	81.6%	101,404	103.1%
501.210 One Time Lump Sum Increase	0	2,000	2,000	100.0%	0	0.0%
501.400 Overtime	1,453	5,000	2,600	52.0%	5,000	100.0%
501.410 Vacation Pay	1,048	1,834	797	43.5%	2,046	111.6%
502.100 FICA Taxes	7,251	8,059	6,554	81.3%	8,296	102.9%
502.200 Retirement Contributions	6,960	7,637	6,097	79.8%	8,155	106.8%
502.300 Life & Health Insurance	12,859	16,952	12,479	73.6%	18,647	110.0%
502.310 Long Term Disability	840	840	420	50.0%	840	100.0%
502.400 Workers Compensation	4,631	6,324	3,477	55.0%	6,324	100.0%
502.500 Unemployment Compensation	0	2,951	0	0.0%	2,951	100.0%
503.100 Professional Services	0	0	3,716	0.0%	0	
504.300 Utility Services - Electric	44,149	45,000	32,695	72.7%	45,000	100.0%
504.500 Insurance-Liab., Hazard, Damage	1,307	2,500	1,304	52.1%	2,875	115.0%
504.610 Repair & Maintenance	7,123	8,000	4,019	50.2%	8,000	100.0%
504.620 Repair & Maintenance-Vehicle	1,180	2,500	1,587	63.5%	2,500	100.0%
505.200 Operating Supplies	5,828	3,500	2,851	81.5%	3,500	100.0%
505.210 Operating Supplies-Gas & Oil	2,251	5,000	1,475	29.5%	5,000	100.0%
505.220 Operating Supplies-Uniform/Emb	562	500	401	80.1%	500	100.0%
505.230 Operating Supplies-Small Tools	177	500	204	40.8%	500	100.0%
505.300 Road Materials & Supplies	29,413	35,000	6,090	17.4%	35,000	100.0%
506.400 Machinery & Equipment	28,167	3,500	0	0.0%	3,500	100.0%
509.900 Contingency	0	0	0	0.0%	1,500	
Sub Totals	248,006	255,949	169,047	66.0%	261,538	102.2%

Supplemental Information

Positions Budgeted	No. FTE
Maintenance I	1
Maintenance II	1
Total	2

TOWN OF OCEAN RIDGE
GENERAL FUND #001 - DEPT: 590.100
CONTINGENCY EXPENSE
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Departments, Funds & Descriptions	FY 2015 Actual	FY 2016 Budget	FY16 @ 10 Mo.	FY16 YTD %	FY17 Budget	% To FY16
Contingency						
509.110 Transfer To Capital Projects	150,000	180,000	180,000	100.0%	180,000	100.0%
509.900 Contingency	-6,512	37,000	21,762	58.8%	40,000	108.1%
Sub Totals	143,488	217,000	201,762	93.0%	220,000	101.4%

TOWN OF OCEAN RIDGE
CAPITAL FUND
5 YEAR CAPITAL INVESTMENT PLAN WORKSHEET
2016-17 Budget Workbook (FY17)
FY17 Draft Budget Worksheets v3.0 Printed 08-17-16

Police Department Five Year Capital Outlay Plan					
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Reconyx Covert Cameras for Investigations. (2)	2,500	0	0	0	0
Redundant SIS Alarm Receiver.	2,550	0	0	0	0
Taser EC Weapons / Less than Lethal	26,500	0	0	0	0
New Telephone and Voicemail for Town Services	23,000	0	0	0	0
New Video and Audio security for Town Hall	13,000	0	0	0	0
Automated License Plate Recognition System.	225,000	0	0	0	0
Totals	292,550	0	0	0	0

Public Works Five Year Capital Outlay Plan					
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Annualized Road Repair & Paving*	100,000	100,000	100,000	100,000	100,000
HVAC Repair & Replacement	7,500	7,500	7,500	7,500	7,500
Building & Grounds Maintenance	5,000	5,000	5,000	5,000	5,000
Bridges, Landscaping and ROWs	5,000	5,000	5,000	5,000	5,000
Totals	117,500	117,500	117,500	117,500	117,500

General Government Five Year Capital Outlay Plan					
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Media Audio Upgrade for Commission Chambers	70,000	0	0	0	0
Machinery & Equipment	3,900	3,900	3,900	3,900	3,900
Contingency Fund	3,000	3,000	3,000	3,000	3,000
Totals	6,900	6,900	6,900	6,900	6,900

IT Communications Five Year Capital Outlay Plan					
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Computers & Software IT Licenses	2,900	2,900	2,900	2,900	2,900
Network & Communications Equipment	5,000	5,000	5,000	5,000	5,000
Totals	7,900	7,900	7,900	7,900	7,900

*\$100,000 per lane mile estimated cost of milling/overlay (1"). Mobilization, maintenance of traffic, etc. are not included. Estimate 20% per mile for related expenses, engineering, MOTs and peripherals.

HR - TOWN OF OCEAN RIDGE EMPLOYEES 2016 REMUNERATION TABLE WORKSHEET

Last Name	First	Title	DOH	Adj%	FY16 Salary	FY16YE Adj.	FY17 Merit Range AVG	
							2%	5%
Armstrong	William	Public Works	07/12/10	5	\$39,520	\$41,496	\$42,326	\$43,570.80
Barreca	Courtney	Dispatcher	10/01/13	0	\$37,586	\$37,586	\$38,337	\$39,464.88
Burns	Lisa	Receptionist	12/09/02	5	\$48,963	\$51,411	\$52,440	\$53,981.93
Conte	Kelly	Dispatcher	01/05/16	0	\$34,112	\$34,112	\$34,794	\$35,817.60
Ermeri	Richard	Officer	07/27/15	5	\$49,402	\$51,872	\$52,910	\$54,465.79
Galluscio	Mario	Officer	12/13/04	0	\$68,883	\$68,883	\$70,261	\$72,327.53
Giardino	John	Officer	10/13/09	0	\$66,197	\$66,197	\$67,521	\$69,506.89
Hallahan	Jean	Dep. Town Clerk / Dep. Treas.	07/28/05	2	\$55,557	\$56,668	\$57,801	\$59,501.33
Hallahan	William	Sergeant	06/13/88	0	\$75,919	\$75,919	\$77,438	\$79,715.18
Hammond	Courtney	Dispatcher	08/12/14	5	\$35,818	\$37,608	\$38,361	\$39,488.90
Hutchins	Hal	Chief	11/15/05	0	\$90,480	\$93,194	\$95,058	\$97,854.12
Johnson	David	Public Works	10/17/95	0	\$55,078	\$55,078	\$56,180	\$57,832.32
Jones	Richard	Lieutenant	09/09/14	10	\$66,165	\$72,781	\$74,237	\$76,420.34
Kurz	David	Sergeant	10/18/10	0	\$66,197	\$66,197	\$67,521	\$69,506.89
Massimino	Robert	Officer	07/06/09	5	\$63,053	\$66,205	\$67,530	\$69,515.71
McAllister	Robert	Officer	10/01/02	0	\$67,529	\$67,529	\$68,880	\$70,905.74
McClure	Scott	Officer (New)	07/12/16	0	\$49,402	\$49,402	\$50,390	\$51,872.18
Pilon	James	Investigator	07/27/15	5	\$50,647	\$53,179	\$54,243	\$55,838.27
Plesnik	Nubia	Officer	03/05/13	0	\$57,199	\$57,199	\$58,343	\$60,058.91
Rosenberg	Gene	Dispatcher (PT)	06/09/11	0	\$14,328	\$14,328	\$14,615	\$15,044.40
Roy	Gary	Sergeant	11/07/11	0	\$60,038	\$60,038	\$61,239	\$63,040.07
Simpson	Jessica	Dispatcher	02/15/05	5	\$55,058	\$57,810	\$58,967	\$60,701.00
Stang	Frederick	Sergeant	12/10/13	0	\$57,177	\$57,177	\$58,321	\$60,035.98
Stevens	Tracey	Town Clerk / Treas.	01/04/16	5	\$65,500	\$68,775	\$70,151	\$72,213.75
Story	Thomas	Dispatcher	02/01/16	0	\$34,112	\$34,112	\$34,794	\$35,817.60
Titcomb	James	Town Manager	10/26/15	0	\$102,500	\$102,500	\$104,550	\$107,625.00
VanCamp	Jeffrey	Officer	09/28/15	5	\$49,402	\$51,872	\$52,910	\$54,465.79
Wohlfiel	Steven	Lieutenant	02/01/93	0	\$79,747	\$79,747	\$81,342	\$83,734.56
Totals					\$1,595,569	\$1,628,880	\$1,661,457	\$1,710,323

Table Key* [Remuneration tables reflect proposed raise ranges from 2 to 5%. Individual rates will depend upon merit evaluations]			
New	New Hire	Anniversary	Annv. Date Merit (5%) & New FY No.
Legislative	Raise Cap Previously Set (2%)	Administrative	Administrative Change for Performance
Classification	Duty / Assignments Change	Merit Raise Evals	Increase Adjustments on Eval Merit

Note: PBA Unit Bargaining Members are all "whole" per contract at the close of FY16 reflected.