



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Florida Combined Life Insurance Company, Inc.

ATTN: Privacy Officer

P.O. Box 1650

Little Rock, AR 72203-1650

GRAMM- LEACH- BLILEY ACT PRIVACY NOTICE

To Our Customers:

Insurers such as Florida Combined Life Insurance Company, Inc. are affected by the privacy provisions of two federal privacy laws, the Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act – Administrative Simplification (HIPAA-AS). Both require that we provide you with Privacy Notices that explain our privacy practices.

This GLBA Privacy Notice is provided to help you better understand how we obtain, use, share, and protect your non-public personal financial information even after our customer relationship with you has ended. Our HIPAA-AS Privacy Notice explains how we use and share your non-public personal health information and how you can access it. You may obtain a copy of our HIPAA-AS Privacy Notice by contacting us at the address noted above.

What Kind Of Non-Public Personal Financial Information Do We Obtain and How Do We Obtain It?

Generally, we obtain your name, address, phone number, social security number, date and place of birth, age, sex, and other demographic information. Depending on the product or service in which you are enrolled and whether that product or service is group or individual, we may also obtain your occupation, salary, transactional information, billing preferences, beneficiary information, and work history.

We obtain non-public personal financial information about you from:

- You, on your application for insurance or other service;
- You, concerning your transactions with us and other companies;
- Your physician or other health care provider;
- Your employer, if you are enrolled in a group health plan; and
- Other third parties within and outside our family of companies, depending on the product or service in which you are enrolled.

How Do We Use Your Non-Public Personal Financial Information?

We use your non-public personal financial information to perform transactions and functions necessary to implement and administer the product or service in which you are enrolled. These functions include enrollment, premium payment processing, customer service, claim payment, health care benefit management, fraud and abuse protection, and other similar activities. We also use your non-public personal financial information to determine if you might be interested in any of our other health products or services.

What Non-Public Personal Financial Information Do We Share About You and With Whom?

We may share all of the non-public personal financial information we obtain about you, as described above, with our affiliates when the sharing is in accordance with the HIPAA-AS Privacy law. Our affiliates include, for example, our family of companies that provide life insurance, dental insurance, health insurance and long term care insurance.

We may share any of your non-public personal financial information we obtain with our affiliates as well as non-affiliates as necessary to provide our products and services to you. For example, we may share such information with companies and individuals with whom we contract to assist with administration of the product or service in which you are enrolled. Those companies and individuals may help us mail benefit booklets and other communications to you, process your claims, collect delinquent accounts, conduct satisfaction surveys, manage your benefits, or perform other activities. We require each unaffiliated third party with whom we contract to assist in administering a product or service to agree in writing to abide by the same privacy standards we do.

We may share any of your non-public personal financial information we obtain with affiliated and unaffiliated third parties as otherwise permitted or required by law. For example, we may share information with an insurance regulatory authority, a government agency, or a law enforcement official to comply with a regulatory examination or investigation, a state statute, a subpoena, or a court order.

We may share all of the non-public personal financial information we obtain about you, as described above, with unaffiliated third parties that act on our behalf to market the products and services we offer when the sharing is in accordance with the HIPAA-AS Privacy law.

How Do We Protect Your Non-Public Personal Financial Information?

We maintain physical, electronic, and procedural safeguards to protect your non-public personal financial information. We use and share your non-public personal financial information to the extent minimally necessary to administer the products and services in which you are enrolled. We restrict our employees' access to your non-public personal financial information to those employees who need to know the information to administer the product or service in which you are enrolled.

How to Contact Us?

You do not need to reply to this GLBA Privacy Notice. However, please feel free to call us at 1-800-648-0271 Extension 8871 (toll-free) or contact us at the address listed above if you have any questions about the notice. Our office hours are Monday through Friday from 9:00 A.M. - 4:00 P.M.



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 45132
Jacksonville, FL 32232-5132
Phone: (800) 333-3256

POLICYHOLDER:
SUMTER COUNTY BOARD OF COUNTY
COMMISSIONERS

PREMIUM DUE DATE:
First Day of Each Policy Month

POLICY NUMBER:
60668

ANNIVERSARY DATE:
October 1, 2012 and Each
Succeeding October 1

EFFECTIVE DATE:
October 1, 2011

STATE OF DELIVERY:
FLORIDA

Florida Combined Life agrees with the policyholder to insure covered persons who are entitled to the insurance provided by this policy. This policy is issued in consideration of the application of the policyholder, and the payment of the first premium. The first premium is due and payable on the effective date of the policy. Subject to the policy's grace period provision, all premiums after the first must be paid when or before they are due.

Premiums may change in accordance with the Premium Changes provision of this policy.

To present inquiries, obtain information about coverage, or get assistance to resolve a complaint, please call us at 1-(800) 333-3256. To receive claims assistance, please call us at 1-(800) 696-8562.

This policy is a legal contract between the policyholder and Florida Combined Life. PLEASE READ THIS POLICY CAREFULLY.

Signed for Florida Combined Life:

Secretary

President

Nonparticipating
Renewable
Group Term Life

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Section 1 – Schedule of Insurance

Policyholder: SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS
Policy Number: 60668
Policy Effective Date: October 1, 2011
Renewal Date: October 1, 2012

The Schedule(s) of Insurance for the Group Term Life Insurance Policy are shown in the Certificate(s) of Insurance.

The Schedule of Insurance will control the:

1. benefit amounts and maximum limits;
2. eligibility and effective date rules; and
3. other schedule amounts and limits,

which apply to the employees of the policyholder.

Section 2 – Associated Company

We will insure the eligible employees of the policyholder's affiliates or subsidiaries listed on the Group Insurance Application.

Newly Acquired Organizations

The policy applies only to the policyholder as composed on the effective date of the policy or as thereafter amended.

New employees acquired through merger, stock purchase, exchange of stock, or otherwise may be covered under the policy. Their coverage is subject to the following conditions:

1. that the policyholder report to us the name of the newly acquired organization along with any underwriting data we may need to determine the correct premium;
2. that we accept the newly acquired organization for coverage; and
3. that the policyholder pays the correct additional premium.

Coverage will start in accordance with the "Eligibility and Effective Date" provisions in the certificate. In no case, however, will coverage continue for more than 60 days after the acquisition or merger unless:

1. the required report has been made; and
2. the newly acquired organization has been accepted for coverage and the additional premium has been agreed on and paid.

The policyholder must pay for any period in which coverage is in effect.

Section 3 – Incorporation Provision

Certificate

The certificate(s) and the endorsement(s) or rider(s), which are attached to this policy are hereby incorporated in, and made a part of, this policy. If there is any conflict between the terms and conditions of this policy and an attachment, this policy shall be controlling.

The terms found in the certificate(s) include:

1. the benefit plan provisions;
2. the eligibility and effective date of insurance rules;
3. the termination of insurance rules; and
4. exclusions.

Section 4 – Premium Provisions

Premium Payments

The policyholder must pay all premiums in advance at our Home Office or to one of our agents in accordance with the policy application, which is incorporated as the signature page of this policy upon acceptance and issuance of this policy by Florida Combined Life. The policyholder may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such policy.

Calculation of Premiums

The first premium is due on the policy effective date. Payment of that premium shall constitute acceptance of the policy. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance in effect for the month reported on the premium due date. We will furnish premium rates to the policyholder with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

1. after the first renewal date;
2. at the end of any rate guarantee period; or
3. when our liability changes.

Payment of the changed premium rate shall constitute acceptance of that change.

Unless our liability changes:

1. we will not change the rates more than once in any period of 12 consecutive months;
and
2. we will give the policyholder 45 days advance written notice of an increase in rates.

Section 5 – Policy Provisions

Entire Contract

The contract between the parties consists of:

1. the policy, any amendments and addenda; and
2. the application of the policyholder, a copy of which is attached to and made a part of the policy when issued, as may be amended during the term of this policy; and
3. the certificates, and the endorsements or riders which are attached to and made a part of the policy when issued, as may be amended during the term of this policy; and
4. the enrollment forms, if any, of each covered person.

All statements made by the policyholder and persons insured under the policy will be deemed representations and not warranties.

Incontestability

Except for non-payment of premium, the insurance provided to each covered person by the policy cannot be contested after a period of two (2) years from the effective date of each covered person. No statement will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his authorized representative.

Changes to the Policy

The policyholder owns the policy. We may change any or all of the provisions of this policy by notifying the policyholder. We must give the policyholder at least 45 days advance written notice of any change, unless the policyholder accepts an amendment during that period. The policy may be changed at any time by an amendment agreed upon by the policyholder and us. The policy may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the policy. A change must be approved by one of our executive officers. No agent can change the policy or waive any of its provisions. Payment of the applicable premium following any change of this policy in accordance with this section shall constitute acceptance of that change.

Grace Period

We will allow the policyholder a 45 day grace period for the payment of all premiums after the first. During this 45 day period, the policy will stay in force. If the owed premium is not paid by day 45, the policy will automatically terminate retroactive to the last day that the applicable premiums had been paid. The policyholder is liable, however, for the payment of any premium due while coverage remained in force. If the policyholder gives us written advance notice of an earlier cancellation date, the policy will terminate on the earlier date.

Termination of Policy

For Cause

1. We may terminate this policy if we do not receive any premium when due in accordance with the Grace Period provision of the policy.
2. The policyholder may terminate this policy with written notice at any time. Any unearned premium will be refunded.
3. We may terminate this policy on any premium due date by giving the policyholder written notice at least 45 days in advance. We may not terminate this policy prior to the first anniversary date of the effective date of this policy except for non-payment of premium or failure to meet continued underwriting standards.

4. We may terminate this policy, upon 45 days advance written notice, if the policyholder breaches its obligations and fails to cure that breach to our reasonable satisfaction within that 45 day notice period.
5. We may terminate this policy, upon not less than 45 days written notice if the employer fails to comply with a material plan provision relating to the employer's premium contribution or group participation rules or if we determine there has been a material change affecting the risk assumed under this policy.
6. Upon written notice, we may terminate or rescind the policy or the coverage on a covered person for fraud or misrepresentation by the employer or a covered person of material fact concerning the employer or covered person. However, no statement made by a covered person about insurability will be used to deny a claim for a loss incurred or disability starting after coverage has been in effect for two years.

Termination of the policy will be without prejudice to any claims, accrued liabilities, and/or benefit continuations that arise prior to the termination date.

Certificate

We will give the policyholder an individual certificate for distribution to each covered employee. The certificate is part of the policy, and will explain the important features of the policy.

Data to Be Furnished

The policyholder will give us all information we need regarding matters pertaining to the insurance. At any reasonable time while the policy is in force and for one year after that, we may inspect any of the policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

If the policyholder gives us any incorrect information, the relevant facts will be reviewed to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the policyholder or covered individual. Any required adjustment may be made in coverage, premiums or benefits. However, payment of premium by or on behalf of an ineligible person will not entitle that person to coverage.

No Replacement for Workers' Compensation

The policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Time Period

All periods begin and end at 12:01 a.m., standard time, at the policyholder's address.

Jurisdiction

The laws of the state where it is delivered govern this policy.

Section 6 – Self-Administered Provisions

The Parties to this provision are Florida Combined Life and the policyholder.

Statement of Work

As a Self-Administered Group with respect to this policy, it is the responsibility of the policyholder to properly enroll its eligible employees for insurance coverage; to accurately collect premium for each employee's coverage; to remit that premium to us, and to maintain all documentation necessary for the administration of the coverages shown on the Schedule of Insurance.

The Policyholder's Obligation

The policyholder agrees to perform, while this policy is in force, the following functions:

1. verify eligibility, as defined under the policy;
2. obtain enrollment documentation for its eligible employees on forms approved and acceptable to us, such documentation to contain sufficient information to establish proof of coverage;
3. forward all enrollment documentation for coverage that requires underwriting approval to us immediately upon receipt and inform employees that coverage is not effective until approved in writing by us;
4. maintain enrollment documentation containing proof of coverage and beneficiary designations and changes thereto;
5. provide us on an annual basis, or as requested, and no less than 60 days prior to the Anniversary Date of the policy a census of all covered persons including the following data:
 - a. Full name;
 - b. Date of birth;
 - c. Gender;
 - d. Salary, if coverage is based on salary;
 - e. Class or coverage amount by type of coverage;
 - f. Occupation, if coverage based on occupation class;
6. remit timely payment of premiums in accordance with the policy's premium provisions;
7. enforce all policy provisions including, but not limited to, guaranteed issue (GI) amount of coverage, if applicable; late enrollee requirements; Eligibility and Effective Date provisions; limits of coverage, and changes in coverage;
8. deliver certificates of insurance to each eligible employee within 30 days of the covered person's effective date of coverage. We reserve the right to review and modify, if necessary, any and all materials pertaining to the benefits provided by us, to ensure accuracy and compliance with the policy, the certificate of insurance, and any applicable federal or state law.

Terms

1. As a Self-Administered Group, the policyholder will cooperate in audits performed by us and will provide all documentation required within the requested time frame. Such audits not to occur more frequently than once per 12-month period.
2. As a Self-Administered Group, the policyholder shall be responsible for proper deductions and administration of payroll functions for benefits that are funded partially or wholly by employees. Failure to deduct the proper amount, the calculation of which is determined by the Premium provisions of the policy, and duties listed in this Section of the policy will in no way increase our liability. We do not retain or exercise the right to direct, control or supervise the policyholder as to the policyholder's procedures for premium collection and reporting.
3. As a Self-Administered Group, the policyholder agrees to make an equitable adjustment of premiums, upon our approval, based on either or both of the following factors:
 - a. the amount of premium due based on the covered person's coverage;
 - b. the difference between the premium paid and the premium which would have been paid if the covered person's coverage had been correctly stated.
4. As a Self-Administered Group, the policyholder is responsible for compliance with applicable federal and state laws and specifically assumes exclusive responsibility for collection of premiums and the reporting of accurate premiums to us.
5. Enrollment periods and the period of time for any enrollment must be approved in writing by us. Enrollment documentation submitted after such approved enrollment period will require Evidence of Insurability (EOI) on a form acceptable to us, and coverage will not be effective until approved in writing by our Underwriting Department.

Underwriting Approval

The policyholder may not alter, amend or expand the underwriting approval limits specified in the policy or certificate of insurance. All individual applications that require underwriting approval, as identified in item 3 of The Policyholder's Obligations provision above, must receive our written approval before coverage shall become effective.

Records

All enrollments, beneficiary and premium records, and supplies kept by the policyholder relating to this Section of the policy shall be opened for inspection/audit by us or our representative at all reasonable times during the continuance of this policy. All such records and supplies shall be retained until authorization for their destruction is obtained from us.

Assignment

The obligations of the policyholder set out in this Section shall not be assignable, nor may any of its functions or duties be delegated without our prior written consent.

Termination

Either party may terminate self-administration of the policy by providing 30 days written notice to the other party. Notice shall be sent by certified mail and shall be effective upon receipt. The provisions of this Section shall terminate at the end of the month following the expiration of the 30 days.

Notice

Notice required to be given to us under this Section shall be sent to our address Attention: Corporate Document Manager. Notice required to be given under this Section to the policyholder shall be sent to the address shown in our records.

Hold Harmless and Indemnification

As a Self Administered Group, the policyholder shall indemnify and hold harmless Florida Combined Life, its parents, affiliates, officers, directors, agents, successors, assigns and employees against any and all claims, demands and expenses of all kinds made against or incurred by us, resulting from or arising out of any act, negligence or misconduct of the policyholder or any agent, employee or representative of the policyholder in connection with the policyholder's duties hereunder.

Confidentiality

The Financial Services Modernization Act (Gramm-Leach-Bliley Act), hereinafter "GLB" requires that all parties that perform services on behalf of the Insurer and receive nonpublic personal, financial or health information, with respect to any applicant or insured of the Insurer, for use or disclosure during the service performance, are prohibited from disclosing or using such information for any reason other than to carry out the business purposes for which the information was disclosed.

Relationship of the Parties

In regards to this Section of the policy, the relationship between the parties shall be that of independent contractors. The parties further acknowledge that the policyholder is not our agent and shall not hold itself out as such and that the policyholder acts solely on behalf of its employees in the performance of its obligations under this Section of the policy.



Florida Combined Life

An Independent Member of the Sun Life Group

APPLICATION FOR VOLUNTARY GROUP LIFE INSURANCE

P.O. Box 48182

JACKSONVILLE, FLORIDA 32232

Home office use -
 Group number: 60888
 3. Tax ID number:
 59600865
 6. Nature of business:
 EXECUTIVE OFFICERS
 9. Fax
 3526894421
 10. Fax
 3526894491 4436
 16. Effective date 12:01 a.m.
 (Mo/Day/Yr):
 10/01/2011
 18. First Anniversary Date
 2012-10-01

1. Legal name of policyholder:
 SUMNER COUNTY BOARD OF COUNTY COMMISSIONERS
 Type of Company: OTHER
 2. SIC code:
 9111
 4. Address:
 FINANCIAL SERVICES
 DEPARTMENT, 7375 POWELL RD
 STE 206
 City: WILDWOOD State: FL Zip code: 34785
 6. Benefits Contact Person
 KATY FIELDS
 7. Telephone number:
 3526894420
 8. Email
 Kfity.fields@sumnercountyfl.gov
 10. Billing Contact Person
 ART BISNER
 11. Telephone number:
 3526894435
 12. Email art.bisner@sumnercountyfl.gov
 14. Names of subsidiaries, divisions, or affiliates to be covered:
 N/A
 15. Nature of their business:
 N/A
 17. Do you have any employees located in states other than the policyholder's street address?
 No
 If yes, please list states.

18. Do you allow Domestic Partner Coverage under your existing group medical plan? No

20. Ineligible classes and/or divisions (if none, please state):
 21. Minimum participation requirements: minimum of 6 employees or 25%, whichever is greater.

22. Class Definitions (If more than one class, definitions must be specific)
 (The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

| Class | Description of Class | Waiting Period, if Different |
|-------|--|------------------------------|
| 1 | 1- All eligible regular active full-time and part-time employees | |
| 2 | | |
| 3 | | |
| 4 | | |

23. Regular active employees:
 The normal work week for your permanent active employees is 20 hours. Usually, the normal work week is at least 30 hours.
 24. Premiums are to be paid: Monthly
 Premium due 1st of Month
 date:

25. Eligible Waiting period: (Should an employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.)
 First of Policy Month following or Day following:
 (a) completion of 90 days of continuous active work
 (b) hire date
 Does Waiting Period apply to employees rehired within 12 months of their termination date? Yes No
 26. Eligible Waiting period applies to:
 Future employees;
 Present & Future employees
 27. Number of employees:
 Eligible: 573
 Enrolled:

Policyholder Group Name (full and complete legal name): **SUMNER COUNTY BOARD OF COUNTY COMMISSIONERS**

Tax ID Number: **596000865**

28. Basic monthly earnings will include:
None
If pay is from commissions/bonuses, annual salary will be based on average commissions/bonuses for the prior 1 Year years

29. Rate Guarantee Period:
1 Years

30. Billing Method:
FCL (self)

31. Every Annual Enrollment Period Requires prior approval by Florida Combined Life.

32. SCHEDULE OF BENEFITS (Use additional sheet of paper, if needed. Sign and date it.)

| Eligible Classes | Employee Life Amount* | Spouse Life Amount** | Child(ren) Life Amount** |
|---|--|--|---|
| 1 - All eligible reg. active full-time and part time employees. | Employee coverage elected in \$10,000 increments: \$10,000 minimum \$500,000 Maximum | Spouse coverage elected in \$5,000 increments: \$5,000 minimum \$250,000 Maximum | Child(ren): Select One <input type="checkbox"/> Birth to 6 months: \$500 <input checked="" type="checkbox"/> 14 days to 6 months: \$500 Select One <input type="checkbox"/> 6 months to 25 years <input checked="" type="checkbox"/> 9 months to 27 years |

*Maximum cannot exceed 5 times salary.

**Insurance amount for spouse and/or children cannot exceed 60% of the employee's maximum benefit.

33. Employer percent contribution: 0 %

34. Employee percent contribution: 100 %

35. Employee and spouse rates per \$1,000 per month, based on attained age: **Un/Smoker Rates**

36. Guaranteed issue amount:
Employee: \$100,000
Spouse: \$50,000

Child 14 days to 6 months: \$500
Child 6 months or older: \$15,000

| Age | Un/Smoker Rates |
|--------------|-----------------|
| 20 and Under | 0.06 |
| 30-34 | 0.08 |
| 35-39 | 0.12 |
| 40-44 | 0.18 |
| 45-49 | 0.3 |
| 50-54 | 0.49 |
| 55-59 | 0.75 |
| 60-64 | 1.04 |
| 65-69 | 1.72 |
| 70-74 | 2.88 |
| 75+ | 5.49 |

Note: For Ages 70 and above, there is no guaranteed issue.

37. Reductions and Terminations:

Reduction due to age will be effective on insured's birthday
Other: Other

Benefits for the covered person(s) terminate when no longer eligible or retirement, whichever occurs first.

All reductions apply to coverage amounts in effect on the date of a covered person's first age related reduction.

38. Is this a replacement of similar coverage now in force with another insurer covering employees eligible for this insurance? (If yes, attach copy of current policy.)

Yes No Date to which premiums paid: _____

Policyholder Group Name (full and complete legal name) **SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS** Tax ID Number **596000865**

Current Insurer's name: _____ Child(ren) rates per \$1,000 per month: **19**

Termination date of current plan (Mo/Day/Yr): _____ Portability Option: Yes No Waiver of Premium: Included No

Special remarks: **No reductions apply. Child Benefit is increments of \$5,000 to a maximum of \$25,000. Benefit reduces by 50% at age 70.**

The applicant hereby certifies that the information contained in this application, including any attachment to it, is true and complete to the best of their knowledge and belief. The applicant understands that Florida Combined Life Insurance Company, Inc. (FCL), relies upon such information in considering or accepting this application, which will become part of the contract. If the policy is issued, it will be binding on you and us. It is also agreed that no insurance will become effective until approved by FCL. (Please print, except where signature is requested.)

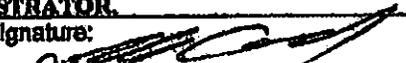
FRAUD NOTICE: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through Florida Combined Life and agrees to comply with all terms and provisions of the Group Policy (ies) issued in response to this application.

The undersigned employer and/or authorized representative certify to the best of their knowledge, replacement is is not involved at this time.

| | | |
|--|--|---|
| For (name of applicant): SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS | Group representative: ANDY CARROLL | Licensed agent (Fla.): WILLIS OF FLORIDA INC. |
|--|--|---|

| | | |
|---|--|---|
| By and title: BRADLEY ARNOLD COUNTY ADMINISTRATOR | Group Representative Code & License#: J02 | License # (Social Security #/Federal tax ID): |
|---|--|---|

| | | |
|---|--|---------------------------|
| Signature:  | Group representative signature:  | Licensed agent signature: |
|---|--|---------------------------|

| | | |
|---|--------------------------|-------|
| Signature of Witness:  | Dated at: 8/16/11 | Date: |
|---|--------------------------|-------|

AGENT'S (OR GROUP REPRESENTATIVE'S) USE ONLY:
To the best of my knowledge, replacement is is not involved at this time.

AGENT (IF NONE, GROUP REPRESENTATIVE) NAME (Please print): _____ DATE: _____
SIGNATURE _____

