



**CONSOLIDATED
SCHOOL DISTRICT
— OF —
NEW BRITAIN**

**NEW BRITAIN BOARD OF EDUCATION
PERSONNEL COMMITTEE MEETING**

MARCH 25, 2024 – 6:00 PM | NEW BRITAIN EDUCATIONAL ADMINISTRATION CENTER



NOTICE OF MEETING

TO: New Britain Board of Education Members
Mayor Erin Stewart
Mr. Mark H. Bernacki, Town and City Clerk
New Britain Common Council Members

DATE: March 22, 2024

RE: New Britain Board of Education Committee Meetings

The following Board of Education committee meetings will be held:

- **The New Britain Board of Education Personnel Committee** will hold a regular meeting on Monday, March 25, 2024 at 6:00 PM at the New Britain Educational Administration Center, located at 272 Main Street in New Britain, Connecticut.
- **The New Britain Board of Education Finance, Facilities, and Transportation Committee** will hold a regular meeting on Monday, March 25, 2024 at 6:15 PM at the New Britain Educational Administration Center, located at 272 Main Street in New Britain, Connecticut.

Members of the public may attend meetings in person or view a live broadcast of the proceedings online via the livestream link:

<https://www.csdnb.org/board/>

The agendas and board packets in their entirety can be found on the Board of Education website:

<https://www.csdnb.org/board/BOE-2024-Meetings-Documents-Calendar.php>





CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

New Britain Board of Education | Personnel Committee Regular Meeting

March 25, 2024 – 6:00 PM | New Britain Educational Administration Center

Members of the public may attend meeting in person or view a live broadcast of the proceedings online via the livestream link:
<https://www.csdnb.org/board/>

1. Call to Order and Opening

- A. Meeting Called to Order

2. Presentation

- A. Increasing Educator Diversity Plan
Submitted by Dr. Nicole Sanders

3. New Business

- A. Review and approve minutes from Personnel Committee meeting on February 26, 2024
Submitted by Ms. Aja Edwards | Page 6
- B. Review Exit Survey Data
Submitted by Dr. Nicole Sanders | Page 7
- C. Approve Memorandum of Understanding between CSDNB and Local 871, The New Britain Federation of Teachers allowing the instruction of two additional classes articulated with Central Connecticut State University
Submitted by Mr. Damon Pearce | Page 10
- D. Review and approve CSDNB Standard Life Policy with amendments to align with certain collective bargaining union agreements ratified after 2018
Submitted by Dr. Nicole Sanders | Page 13
- E. Review new position request and job description – Food Service Manager
Submitted by Ms. Rebecca Gonzalez | Page 58
- F. Review and approve Increasing Educator Diversity Plan
Submitted by Dr. Nicole Sanders | Page 62

4. Closing and Adjournment

- G. Other Business as Permitted by Law
- H. Adjournment



**CONSOLIDATED
SCHOOL DISTRICT
— OF —
NEW BRITAIN**

NEW BUSINESS



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

New Britain Board of Education | Personnel Committee Regular Meeting

February 26, 2024 – 6:00 PM | New Britain Educational Administration Center

Members of the public may attend meeting in person or view a live broadcast of the proceedings online via the livestream link:
<https://www.csdnb.org/board/>

1. Call to Order and Opening

Personnel Chair, Ms. Annie Parker called the meeting to order at 6:00 PM

Board Members Present

Mr. Anthony Cane[#], Mr. Joseph Listro^{*}, Ms. Barbara Marino, Ms. Annie Parker^{*}, Ms. Joan Pina^{*}, Mr. Jose Rivera^{*}, and Ms. Tina Santana[#]

**committee member*

#attended remotely

CSDNB Staff Present

Ms. Ann Alfano, Ms. Amy Anderson, Ms. Lara Bohlke, Ms. Kristie Bourdoulous, Dr. Tony Gasper, Ms. Rebecca Gonzalez, Ms. Maryellen Manning, Mr. Damon Pearce, Mr. Jeff Prokop, Mr. Andrew Mazzei, Ms. Silvia Mayo-Molina, Mr. Tyrone Richardson, Ms. Sondra Sanford, Dr. Nicole Sanders, Mr. Robert Smedley, Mr. Mark Spalding, Mr. John Taylor, Ms. Ivelise Velasquez and Mr. Nathan Zeigler

2. New Business

- A. Review and approve minutes from Personnel Committee meeting on January 29, 2024
Submitted by Ms. Aja Edwards

Mr. Listro motioned to approve minutes from personnel committee meeting on January 29, 2024, seconded by Ms. Pina. Motion carried unanimously.

- B. Review Vacancy List / Staffing Update
Submitted by Ms. Heather Barrett and Dr. Nicole Sanders

Vacancy List/Staffing update provided for informational purposes only. Please see attached.

- C. New position request – 2 FTE World Language Spanish
Submitted by Ms. Silvia Mayo-Molina

The personnel committee recommended to add new position request – 2 FTE World Language Spanish Teachers to the regular agenda for the upcoming meeting in March.

- D. New position request – 1 FTE Pupil Services Assistant
Submitted by Ms. Donna Clark

Ms. Alfano clarified that this position in total will cost \$53,000.00, as there was a mistake on the memo submitted. The personnel committee recommended to add new position request – 1 FTE Pupil Services Assistant to the consent agenda for the upcoming meeting in March.

A. Closing and Adjournment

- A. Other Business as Permitted by Law
- B. Adjournment

Meeting adjourned at 6:11 pm

Year	Total Resignation Count
2021 - 2022	155
2022 - 2023	190
2023 - 2024 (to-date)	152
Total Employees	~2,000
Percent Resigned vs Total (21 - 22)	7.75%
Percent Resigned vs Total (22 - 23)	9.50%
Percent Resigned vs Total (23 - 24)	7.60%

Reasons for Resignation (2022 - 2023 School Year)	Count	Percentage
Accepted a teaching position with an out of state school district	2	1.06%
Accepted a teaching position with another CT school district	48	25.26%
Commute, travel difficulties, work closer to home	3	1.58%
Dissatisfaction with hiring process	1	0.53%
Dissatisfaction with job or type of work	4	2.11%
Dissatisfaction with working conditions	25	13.16%
Education/to attend school	5	2.63%
Family	10	5.26%
Health	4	2.11%
New employment opportunity in the education field	15	7.89%
New employment opportunity outside of the education field	30	15.79%
Personal	18	9.47%
Prefer not to provide reason	17	8.95%
Relocation	8	4.21%
Grand Total	190	
Reasons for Resignation (2023 - 2024 School Year)	Count	Percentage
Accepted a teaching position with an out of state school district	2	1.32%
Accepted a teaching position with another CT school district	43	28.29%
Commute, travel difficulties, work closer to home	2	1.32%
Dissatisfaction with hiring process	0	0.00%
Dissatisfaction with job or type of work	5	3.29%
Dissatisfaction with working conditions	6	3.95%
Education/to attend school	4	2.63%
Family	10	6.58%
Health	5	3.29%
New employment opportunity in the education field	27	17.76%
New employment opportunity outside of the education field	19	12.50%
Personal	15	9.87%
Prefer not to provide reason	8	5.26%
Relocation	6	3.95%
Grand Total	152	

Teacher Resignations by Position	21 - 22 Count	22 - 23 Count	23 - 24 Count
Art Teacher	6	4	4
Arts Integration Enrichment Teacher	1	0	0
Creative Expressions Teacher	1	0	0
CTE Enrichment Teacher	3	4	1
English Teacher	3	3	1
ESL Teacher	0	0	2
Grade 1 Teacher	6	4	1
Grade 2 Teacher	3	2	1
Grade 3 Teacher	1	4	3
Grade 4 Teacher	2	1	3
Grade 5 Teacher	2	1	3
Grade 6 Teacher	2	4	1
Instructional Coach	0	6	5
Kindergarten Teacher	2	6	2
Math Teacher	4	2	5
Music Teacher	1	1	1
PE Teacher	3	6	0
Preschool Teacher	4	2	3
Pupil Services Specialist Out-of-District Liaison	0	2	0
Pupil Services Transition Specialist	0	1	1
School Counselor	0	2	1
School Psychologist	2	0	0
School Social Worker	1	0	2
Science Teacher	3	3	2
Small Classroom Setting Teacher	0	0	1
Social Studies Teacher	3	2	3
Special Education Teacher	11	10	13
Special Education Teacher - Bridges	1	2	0
Special Education Teacher - KEY	2	3	2
Special Education Teacher - Pathways	0	1	1
Speech Pathologist	0	3	0
STEAM Teacher	6	4	1
World Language Spanish Teacher	3	2	0
Totals	76	85	63
	21 - 22	22 - 23	23 - 24
Total Teacher Positions	~890	~900	~908
Percentage Resigned vs Total	8.54%	9.44%	6.94%



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Board Memorandum

Submitted by Damon Pearce () for approval at the Regular Board Meeting on April 1, 2024.
Senior Leadership Sponsor: Tyrone Richardson Staff Presenter: Damon Pearce and Sondra Sanford

Type of Memorandum

Other -

Background and Purpose/Rationale

Seeking MOU for teachers to instruct two additional classes that are articulated with CCSU.

The two classes are TE 218 (Electrical Applications for STEM) and SPED 215 (Diversity, Equity and Inclusion through (dis)ability Perspectives). These classes will be after school as we do not have the staffing required to offer the courses during the regular school day.

Financial Information

The total is \$12,400 and the funding source is Perkins Grant 202896910001-51191.

Committee Review

To be reviewed by the Personnel Committee on March 25, 2024

[Perkins Grant.MOU - Local.871 - 2023.24.semester.2 - Damon.Pearce.docx](#)

Memorandum of Understanding
between
The Consolidated School District of New Britain and
The New Britain Federation of Teachers, Local 871

The parties agree to the following:

1. Eric Nelson is teaching one additional class (TE 218, articulated with CCSU) effective semester 2 of the 2023-2024 school year.
2. The compensation for this class will be six-thousand two hundred dollars per semester.
3. This agreement will terminate on June 30, 2024.
4. This agreement is not precedent setting.

For the Board/Date

For the Union/Date

Memorandum of Understanding
between
The Consolidated School District of New Britain and
The New Britain Federation of Teachers, Local 871

The parties agree to the following:

1. Heather Miano and Collen Moffet-Mals are team teaching one additional class (SPED 215, articulated with CCSU) effective semester 2 of the 2023-2024 school year.
2. The compensation for this class will be six-thousand two hundred dollars per semester split between the two teachers.
3. This agreement will terminate on June 30, 2024.
4. This agreement is not precedent setting.

For the Board/Date

For the Union/Date



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Board Memorandum

Submitted by Nicole Sanders () for approval at the Regular Board Meeting on April 1, 2024.
Senior Leadership Sponsor: Ann Alfano Staff Presenter: Ann Alfano, Nicole Sanders and Kristin Salerni

Type of Memorandum

Other -

Background and Purpose/Rationale

CSDNB's current standard life insurance policy does not reflect accurate coverage to align with certain collective bargaining unit agreements ratified after 2018.

In order to ensure alignment, the following amendments are being proposed:

- Expand the definition of a member to include non-union members, ex. BSA, Deans, etc., that follow collective bargaining units.
- Update independent contract employees job titles to reflect current organizational structure. Increase basic maximum benefit amount for administrators and independent contract employees to align with salaries.
- Revise several life insurance benefit amounts to align with collective bargaining agreements.

The effective date to implement amendments once approved is January 1, 2024.

Financial Information

N/A

Committee Review

To be reviewed by the Personnel Committee on March 25, 2024

[Group Insurance Amendment - Nicole Sanders.pdf](#), [Original Group Life Insurance Policy - Nicole Sanders.pdf](#)

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

GROUP LIFE INSURANCE POLICY

Policyholder:	City of New Britain
Policy Number:	754247-A
Effective Date:	July 1, 2016

The consideration for this Group Policy is the application of the Policyholder and the payment by the Policyholder of premiums as provided herein.

Subject to the **Policyholder Provisions** and the **Incontestability Provisions**, this Group Policy (a) is issued for the Initial Rate Guarantee Period shown in the **Coverage Features**, and (b) may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by us, but will not be less than 12 months.

This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

Benefits as specified under the Group Policy will be reduced upon receipt of an Accelerated Benefit. The Group Policy is not a long term care policy as defined in Section 38a-501 and 38a-528 of the Connecticut general statutes.

For purposes of effective dates and ending dates under this Group Policy, all days begin and end at 12:00 midnight Standard Time at the Policyholder's address.

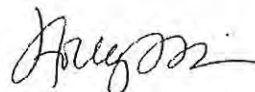
All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary

GP190-LIFE/S399

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COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	754247-A
Type of Insurance Provided:	
Life Insurance:	Yes
Supplemental Life Insurance:	Not applicable
Dependents Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Policyholder:	City of New Britain
Employer(s):	City of New Britain Consolidated School District of New Britain
Group Policy Effective Date:	July 1, 2016
Policy Issued in:	Connecticut

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The Active Work requirement does not apply to Members who are retired on the Group Policy Effective Date. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:

Active Members: You are a Member if you are an active employee of the Employer regularly working at least 20 hours each week and one of the following:

1. A City of New Britain employee subject to a collective bargaining agreement who is a professional or technical employee, general government employee, firefighter, police officer, supervisor, telecommunication 911 operator or outside agencies employee; or
2. A City of New Britain employee not subject to a collective bargaining agreement who is an elected employee, civil service management employee or outside agencies employee; or
3. A New Britain Board of Education employee subject to a collective bargaining agreement who is an administrator, clerical or custodial employee, supervisor, paraprofessional or teacher; or
4. A New Britain Board of Education superintendent, assistant superintendent, human resource director, finance director, or director of manager of information systems.

Retired Members: You are a Member if you are an employee who retired under the Employer's retirement program and one of the following:

1. A retired City of New Britain firefighter or police officer subject to a collective bargaining agreement who meets the provisions of the Pension Plan as outlined by their union's collective bargaining agreement; or
2. A retired City of New Britain employee subject to a collective bargaining agreement who retired as a general government employee, professional or technical employee, supervisor or dispatch employee; or
3. A retired City of New Britain department head represented by Managers and Professionals Union (MPA), non-union elected employee or a member of Fund A of the Municipal Employees Retirement Fund; or
4. A retired City of New Britain non-union civil service management employee not subject to a collective bargaining agreement; or
5. A retired New Britain Board of Education employee subject to a collective bargaining agreement who retired as a supervisor, clerical or custodial employee, administrator or teacher.

You are not a Member if you are:

1. A temporary or seasonal employee.
2. A leased employee.
3. An independent contractor.
4. A full time member of the armed forces of any country.

Class Definition:

Active Members:

Class 1:	City of New Britain Professional and Technical Employees with Local 1303, AFSCME
Class 2:	City of New Britain General Government Employees with Local 1186, AFSCME
Class 3:	City of New Britain Firefighters with Local 992, IAFF
Class 4:	City of New Britain Elected Employees
Class 5:	City of New Britain Civil Service Management Employees
Class 6:	City of New Britain Police Officers with Local 1165, AFSCME, Council 15, AFL-CIO
Class 7:	City of New Britain Supervisors with Local 818, AFSCME
Class 8:	City of New Britain Tele-communication 911 Operators with Local 25, CILU
Class 9:	City of New Britain Outside Agencies, Library, MEDA and Art Museum Employees
Class 10:	New Britain Board of Education Administrators with Local 51 or NBSSA
Class 11:	New Britain Board of Education Clerical and Custodial Employees with Local 1186, AFSCME
Class 12:	New Britain Board of Education Supervisors with Local 818, AFSCME

- Class 13: New Britain Board of Education Paraprofessionals with Local 2407
- Class 14: New Britain Board of Education Teachers with Local 871
- Class 15: New Britain Board of Education Superintendent, Assistant Superintendents, Human Resource Director, Finance Director, and Director of Manager of Information Systems

Retired Members:

- Class 16: City of New Britain Firefighters with Local 992, IAFF who retired on or after July 1, 1974 but prior to January 28, 1993*
- Class 17: City of New Britain Firefighters with Local 992, IAFF who retired on or after January 28, 1993 but prior to July 1, 1999*
- Class 18: City of New Britain Firefighters with Local 992, IAFF who retired on or after July 1, 1999*
- Class 19: City of New Britain Police Officers with Local 1165, AFSCME, Council 15, AFL-CIO who retired prior to July 1, 1990*
- Class 20: City of New Britain Police Officers with Local 1165, AFSCME, Council 15, AFL-CIO who retired on or after July 1, 1990 but prior to July 1, 1993*
- Class 21: City of New Britain Police Officers with Local 1165, AFSCME, Council 15, AFL-CIO who retired on or after July 1, 1993 but prior to July 1, 2010*
- Class 22: City of New Britain Police Officers with Local 1165, AFSCME, Council 15, AFL-CIO who retired on or after July 1, 2010*
- Class 23: City of New Britain General Government Employees with Local 1186, AFSCME who retired prior to April 1, 1970*
- Class 24: City of New Britain General Government Employees with Local 1186, AFSCME who retired on or after April 1, 1970 but prior to July 1, 1988*
- Class 25: City of New Britain General Government Employees with Local 1186, AFSCME who retired on or after July 1, 1988 but prior to July 1, 1997*
- Class 26: City of New Britain General Government Employees with Local 1186, AFSCME who retired on or after July 1, 1997*
- Class 27: City of New Britain Department Heads Represented by Managers and Professionals Union (MPA) who retired on or after July 1, 1992 but prior to July 1, 1998*
- Class 28: City of New Britain Department Heads Represented by Managers and Professionals Union (MPA) who retired on or after July 1, 1998*
- Class 29: Retired City of New Britain Non-Union Elected Employee*
- Class 30: Retired City of New Britain Non-Union Civil Service Management Employees who were not subject to a collective bargaining unit*
- Class 31: City of New Britain Professional and Technical Employees with Local 1303, AFSCME who retired prior to April 1, 1970*
- Class 32: City of New Britain Professional and Technical Employees with Local 1303, AFSCME who retired on or after April 1, 1970 but prior to July 1, 1999*

Class 33:	City of New Britain Professional and Technical Employees with Local 1303, AFSCME who retired on or after July 1, 1999*
Class 34:	City of New Britain Supervisors with Local 818, AFSCME who retired prior to July 1, 1992*
Class 35:	City of New Britain Supervisors with Local 818, AFSCME who retired on or after July 1, 1992 but prior to July 1, 1998*
Class 36:	City of New Britain Supervisors with Local 818, AFSCME who retired on or after July 1, 1998 but prior to July 1, 2008*
Class 37:	City of New Britain Supervisors with Local 818, AFSCME who retired on or after July 1, 2008*
Class 38:	Retired New Britain Board of Education Administrators with Local 51 prior to their retirement*
Class 39:	Retired New Britain Board of Education Clerical and Custodial Employees with Local 1186, AFSCME electing \$5,000*
Class 40:	Retired New Britain Board of Education Supervisors with Local 818, AFSCME*
Class 41:	Retired New Britain Board of Education Teachers with Local 871, AFSCME*
Class 42:	City of New Britain Dispatch Employees with Local CILU 25 who retired on or after July 2, 1995*
Class 43:	Members of Fund A of the Municipal Employees Retirement Fund*
Class 44:	Retired New Britain Board of Education Clerical and Custodial Employees with Local 1186, AFSCME electing \$30,000*

* This class does not include a Member who is covered under Waiver Of Premium.

Eligibility Waiting Period:

You are eligible on one of the following dates:

Active Members:

Class 1, 3, 4, 5, 6, 8, 9, 11 and 12: If you are a Member on the Group Policy Effective Date, you are eligible on that date.

If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member.

Class 2, 7, 10, 13, 14 and 15: You are eligible on the first day of the calendar month following 90 consecutive days as a Member.

Retired Members: The date you become a retired Member.

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

Evidence Of Insurability:

Required:

- a. For late application for Contributory insurance.
- b. For reinstatements if required.
- c. For Members and Dependents eligible but not insured under the Prior Plan.
- d. Class 2: For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$100,000. However, this requirement

will be waived on the Group Policy Effective Date for an amount equal to the amount of additional life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.

Class 5: For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of the lesser of a) 3 times your Annual Earnings or b) \$200,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of additional life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.

Class 7, 10, 11 and 12: For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$200,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of additional life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.

- e. For any Dependents Life Insurance Benefit for your Spouse in excess of the Guarantee Issue Amount of \$30,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of dependents life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- f. For any increase resulting from a plan or option change you elect.

PREMIUM CONTRIBUTIONS

Class 1:

Life Insurance:	Plan 1: Noncontributory
	Plan 2: Contributory
AD&D Insurance:	Noncontributory
Dependents Life Insurance:	
Spouse:	Contributory
Child:	Contributory

Class 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12 and 14:

Life Insurance:	Plan 1: Noncontributory
	Plan 2: Contributory

Class 9, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 42 and 43:

Life Insurance:	Plan 1: Noncontributory
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Class 38, 41 and 44:

Life Insurance:	Plan 1: Contributory
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SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

You will become insured under Plan 1 if you meet the requirements to become insured under the Group Policy.

Class 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12 and 14: If you are insured under Plan 1, you may also become insured under Plan 2 if you meet the requirements to become insured under Plan 2 Life Insurance under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

Plan 1 (basic):

Class 1 and 5: \$50,000

Class 2: \$40,000

Class 3, 4, 6, 11 and 44: \$30,000

Class 7: \$75,000

Class 8 and 13: \$25,000

Class 9: \$15,000

Class 10: 2.5 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$400,000.

Class 12: \$60,000

Class 14 and 41: \$35,000

Class 15: 3 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$450,000.

Class 16, 19, 23 and 31: \$1,000

Class 17, 20, 24, 34 and 42: \$4,000

Class 18, 26 and 29: \$7,000

Class 21, 25, 27, 30, 32 and 35: \$6,000

Class 22, 28, 33, 37 and 40: \$10,000

Class 36: \$7,500

Class 38: 2.5 times your pre-retirement Annual Earnings as determined on your last full day of Active Work, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$400,000.

Class 39: \$5,000

Class 43: \$1,500

A Member may not be insured as both an active Member and a retired Member.

Plan 2 (additional):

Class 1:

You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to \$100,000.

Class 2, 7 and 11:

You may apply for Life Insurance in multiples of \$5,000, from \$5,000 to \$200,000.

Class 3 and 6:

You may apply for Life Insurance in multiples of \$5,000, from \$5,000 to \$50,000.

Class 4 and 8:

\$10,000

Class 5:

You may apply for Life Insurance in multiples of \$5,000, from \$5,000 to \$400,000.

Class 10:

You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to \$400,000.

Class 12:

You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to \$200,000.

Class 14:

You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to \$80,000.

Class 9, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43 and 44:

None

The Repatriation Benefit:

The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

Dependents Life Insurance Benefit:

Class 1:

If you are insured under Plan 2 Life Insurance, you may apply for Dependents Life Insurance for your Dependents. You may elect to insure your Spouse, your Child(ren), or both.

For your Spouse:

You may apply for Dependents Life Insurance in multiples of \$5,000 from \$5,000 to \$100,000.

The amount of Dependents Life Insurance for your Spouse may not exceed 50% of the amount of your Plan 2 Life Insurance.

For your Child:

\$10,000

The amount of Dependents Life Insurance for your Child may not exceed 100% of the amount of your Plan 2 Life Insurance.

Class 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43 and 44:

None

SCHEDULE OF AD&D INSURANCE

For you:

Class 1

AD&D Insurance Benefit:	The amount of your AD&D Insurance Benefit is equal to the amount of your Plan 1 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.
Seat Belt Benefit:	The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.
Air Bag Benefit:	The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.
Career Adjustment Benefit:	The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Child Care Benefit:	The total child care expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Higher Education Benefit:	The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Occupational Assault Benefit:	The lesser of (1) \$25,000; or (2) 50% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Public Transportation Benefit:	The lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss of your life.

Class 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43 and 44:

AD&D Insurance Benefit: None

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%

c.	Sight in one eye, speech, or hearing in both ears	50%
d.	Two or more of the Losses listed in b. and c. above	100%
e.	Thumb and index finger of the same hand	25% *
f.	Quadriplegia	100%**
g.	Hemiplegia	50% **
h.	Paraplegia	50% **

No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.

* No AD&D Insurance Benefit will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.

** No AD&D Insurance Benefit will be paid for loss of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving that same hand or foot.

REDUCTIONS IN INSURANCE

Life Insurance:

Class 38:	Age Of Member	Percentage
	65 or over	65%

Your Life Insurance terminates when you reach age 70.

Class 41:

Your Life Insurance terminates when you reach age 65.

Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 42, 43 and 44:

Not Applicable

Dependents Life Insurance for Your Spouses

Dependents Life Insurance for Your Spouse terminates when your Spouse reaches age 70.

OTHER BENEFITS

Waiver Of Premium:	Active Members: Yes
	Retired Members: No
Accelerated Benefit:	Active Members: Yes
	Retired Members: No

OTHER PROVISIONS

Limits on Right To Convert if
Group Policy terminates
or is amended:

Minimum Time Insured: 5 years

Maximum Conversion Amount: \$10,000

Suicide Exclusion: Applies to:

- a. Plan 2 Life Insurance
- b. Dependents Life Insurance on your Spouse
- c. AD&D Insurance

Leave Of Absence Period: 60 days

Continuity of Coverage: Yes

Insurance Eligible For Portability: If as a retired Member you are insured or eligible for insurance under the Group Policy, you are not eligible to buy portable group insurance coverage.

For you:

Life Insurance Yes

Minimum amount: \$10,000

Maximum amount: \$300,000

AD&D Insurance Yes

Minimum amount: \$10,000

Maximum amount: \$300,000

For your Spouse:

Dependents Life Insurance Yes

Minimum amount: \$5,000

Maximum amount: \$100,000

For your Child:

Dependents Life Insurance Yes

Minimum amount: \$1,000

Maximum amount: \$5,000

Annual Earnings based on: Earnings in effect on your last full day of Active Work.

PREMIUM RATES AND RENEWALS

Premium Rates:

Life Insurance:

Plan 1:

Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 42 and 43: \$0.120 monthly per \$1,000 of Life Insurance

Class 10, 11, 12, 13, 14 and 15: \$0.130 monthly per \$1,000 of Life Insurance

Class 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36 and 37: \$1.020 monthly per \$1,000 of Life Insurance

Class 38, 39, 40, 41 and 44: \$5.300 monthly per \$1,000 of Life Insurance

Plan 2:

Age of Member on 1st Day of Month Coinciding with or Next Following Change in Age

Monthly Rate Per Multiple of \$1,000

24 or under	\$ 0.050
25 through 29	0.060
30 through 34	0.079
35 through 39	0.089
40 through 44	0.099
45 through 49	0.149
50 through 54	0.228
55 through 59	0.426
60 through 64	0.654
65 through 69	1.258
70 through 74	2.041
75 or over	2.041

Dependents Life Insurance:

Spouse:

Age of Spouse on 1st Day of Month Coinciding with or Next Following Change in Age

Monthly Rate Per Multiple of \$1,000

24 or under	\$ 0.050
25 through 29	0.060
30 through 34	0.079
35 through 39	0.089
40 through 44	0.099
45 through 49	0.149
50 through 54	0.228
55 through 59	0.426
60 through 64	0.654
65 through 69	1.258
70 through 74	2.041
75 or over	2.041

Child:	\$0.203 monthly per \$1,000 of Dependents Life Insurance for each Member electing Dependents Life Insurance for their Children, regardless of the number of Children covered
AD&D Insurance:	\$0.020 monthly per \$1,000 of AD&D Insurance
Premium Due Dates:	July 1, 2016 and the first day of each calendar month thereafter.
Grace Period:	45 days
Initial Rate Guarantee Period:	July 1, 2016 to July 1, 2019
Notice of Rate Change:	180 days
Minimum Participation:	
Life Insurance:	
Plan 1 (basic):	
Class 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 42, and 43:	
Number:	10 insured Members
Percentage:	100% of active Members eligible for Plan 1
Class 38, 41, and 44:	None
Plan 2 (additional):	The greater of 10 insured Members or 20% of eligible active Members
Dependents Life Insurance:	20% of insured active Members with eligible Dependents must elect to insure those Dependents

LIFE INSURANCE

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

C. Changes In Life Insurance

1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase or the date of change in your classification, age or Annual Earnings.

2. Decreases

A decrease in your Life Insurance because of a change in your classification, age or Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the date of the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

E. Suicide Exclusion: Life Insurance

If your death results from suicide or other intentionally self-inflicted Injury, while sane or insane, 1 and 2 below apply.

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.
2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

F. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance subject to Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Life Insurance not subject to Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

G. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

- 1. The date the last period ends for which a premium was paid for your Life Insurance;
- 2. The date the Group Policy terminates;
- 3. The date your employment terminates, unless you are covered as a retired Member or you are receiving compensation under the Connecticut Workers' Compensation Chapter of the Connecticut General Statutes; and
- 4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.
 - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
 - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy.
 - c. During the first 60 days of:
 - (1) A temporary layoff; or
 - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
 - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
 - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than the period shown in the **Coverage Features**.

- f. While you are receiving compensation under the Connecticut Workers' Compensation Chapter of the Connecticut General Statutes.

H. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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DEPENDENTS LIFE INSURANCE

A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Dependents Life Insurance

See the **Coverage Features** for the amount of your Dependents Life Insurance.

C. Changes In Dependents Life Insurance

1. Increases

You must apply in writing for any elective increase in your Dependents Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve that Dependent's Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase.

An increase in your Dependents Life Insurance because of an increase in your Life Insurance becomes effective on the date your Life Insurance increases.

2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

D. Suicide Exclusion: Dependents Life Insurance

If a Dependent's death results from suicide or other intentionally self-inflicted Injury, while sane or insane, 1 and 2 below will apply.

1. The amount payable will exclude the amount of Dependents Life Insurance which has not been continuously in effect for at least 2 years on the date of death. In computing the 2-year period, we will include time insured under the Prior Plan.
2. We will refund all premiums paid for Dependents Life Insurance which is excluded from payment under this suicide exclusion which we determine are attributable to that Dependent.

E. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

F. Becoming Insured For Dependents Life Insurance

1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date you become eligible for Life Insurance; and
- b. The date you first acquire a Dependent.

A Member may not be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

2. Effective Date

The **Coverage Features** states whether your Dependents Life Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the later of:

1. The date your Life Insurance becomes effective; and
2. The first day of the calendar month coinciding with or next following the date we approve the Dependent's Evidence Of Insurability.

b. Dependents Life Insurance Not Subject To Evidence Of Insurability

1. Noncontributory Dependents Life Insurance

Noncontributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the later of:

- i. The date your Life Insurance becomes effective; and
- ii. The date you first acquire a Dependent.

2. Contributory Dependents Life Insurance

You must apply in writing for Contributory Dependents Life Insurance and agree to pay premiums. Contributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the latest of:

- i. The date your Life Insurance becomes effective if you apply on or before that date;
- ii. The date you become eligible to insure your Dependents if you apply on or before that date; and
- iii. The date you apply if you apply within 31 days after you become eligible.

Late Application: Evidence Of Insurability is required for each Dependent if you apply more than 31 days after you become eligible.

- c. While your Dependents Life Insurance is in effect, each new Child becomes insured immediately.
- d. Takeover Provision

Each Dependent who was eligible under the Prior Plan for more than 31 days but was not insured must submit satisfactory Evidence Of Insurability to become insured for Dependents Life Insurance.

G. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die (no premiums will be charged for your Dependents Life Insurance during this time);
2. The date your Life Insurance ends;
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy;
4. The date the last period ends for which you made a premium contribution, if your Dependents Life Insurance is Contributory;
5. For your Spouse, the date of your divorce or termination of your Domestic Partner relationship;
6. For any Dependent, the date the Dependent ceases to be a Dependent; and
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

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ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

If you have an accident, including accidental exposure to adverse weather conditions, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, thumb and index finger of the same hand and Quadriplegia, Hemiplegia or Paraplegia which meets all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.
4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to Quadriplegia, Hemiplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs.

C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

D. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

E. AD&D Insurance Exclusions

No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing a felony.
4. The voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, unless used in accordance with the directions of your Physician. The voluntary use or consumption of alcohol, unless used or consumed according to the direction of a Physician.
5. Sickness or Pregnancy existing at the time of the accident.
6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Additional AD&D Benefits

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your Life; and
2. You are wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

Occupational Assault Benefit

The amount of the Occupational Assault Benefit is shown in the **Coverage Features**.

We will pay an Occupational Assault Benefit if all of the following requirements are met:

1. While Actively At Work you suffer a Loss for which an AD&D Insurance Benefit is payable.
2. The Loss is the result of an act of physical violence against you that is punishable by law and is evidenced by a police report.

Public Transportation Benefit

The amount of the Public Transportation Benefit is shown in the **Coverage Features**.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The accident occurs while you are riding as a fare-paying passenger on Public Transportation.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.

G. Becoming Insured For AD&D Insurance

1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

b. Contributory AD&D Insurance

You must apply in writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- (i) The date you become eligible if you apply on or before that date.
- (ii) The first day of the calendar month coinciding with or next following the date you apply, if you apply after you become eligible.

H. When AD&D Insurance Ends

AD&D Insurance ends automatically on the earlier of:

1. The date your Life Insurance ends.
2. The date your Waiver Of Premium begins.
3. The date AD&D Insurance terminates under the Group Policy.
4. The date the last period ends for which a premium was paid for your AD&D Insurance.

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ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

LI.AW.OT.1

PORTABILITY OF INSURANCE

A. Portability Of Insurance

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the **Coverage Features** for yourself and your Dependents without submitting Evidence Of Insurability. To be eligible you must satisfy the following requirements:

1. On the date your employment terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.

(If you are unable to meet this requirement, see the **Right To Convert and Waiver Of Premium** provisions for other options that may be available to you under the Group Policy.)

2. On the date your employment terminates, you are under age 65.
3. On the date your employment terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date your employment terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

B. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the **Coverage Features**. You may buy less than the maximum amounts in increments of \$1,000.

The combined amounts of insurance purchased under this **Portability Of Insurance** provision and the **Right To Convert** provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

C. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 31 days after the date your employment terminates.

If death occurs within 31 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of

the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates.

(WITH DL REF_WITH ADAD REF) LLTP.OT.1

CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement. See **Active Work Provisions**.

B. Payment Of Benefit

The benefits payable before you meet the Active Work requirement will be:

1. The benefits which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

LI.CC.01X

WAIVER OF PREMIUM

A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us satisfactory Proof Of Loss.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy, except AD&D Insurance.
2. Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.
3. Waiting Period means the 180 consecutive day period beginning on the date you become Totally Disabled. Waiver Of Premium begins when you complete the Waiting Period.

C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium.

D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled.

E. Amount Of Insurance

The amount of Insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled. However, the following will apply:

1. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you become insured under a group life insurance plan that replaces the Group Policy while you are eligible for Waiver Of Premium, any death benefit payable under the Group Policy will be reduced by the amount payable under the replacement group life insurance plan.
3. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.
4. The amount of Supplemental Life Insurance on your Spouse will be the lesser of:
 - a. The amount in effect on the day before you become Totally Disabled; and
 - b. The amount in effect one year before the date you become Totally Disabled.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given;
3. The date you fail to attend an examination or cooperate with the examiner;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured; and
5. The date you reach age 65.

(ELIG 60_TERMS 65) LLWP.OT.2

ACCELERATED BENEFIT

A. Accelerated Benefit

If you qualify for Waiver Of Premium and give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

If your Insurance is scheduled to end within 12 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give us satisfactory Proof Of Loss on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is 25% of your Insurance.

If the amount of your Insurance is scheduled to reduce within 12 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the Group Policy, the amount of your Insurance will be the amount in (2) below.

(1) 10% of the amount of your Insurance as if no Accelerated Benefit had been paid; or

(2) The amount of your Insurance as if no Accelerated Benefit had been paid; minus

The amount of the Accelerated Benefit; minus

An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

The amount of your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit. AD&D is not continued under Waiver Of Premium.

Note: If you assign your rights under the Group Policy, the amount of your Insurance after payment of the Accelerated Benefit will be the amount in (2) above.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit and Supplemental Life Insurance Benefit, if any, under the Group Policy.

LI.AB.CT.5

RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under Waiver Of Premium, but excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:
 - a. The Member's failure to make a required premium contribution.
 - b. Payment of an Accelerated Benefit.
4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.
2. The maximum amount you have a Right To Convert is the lesser of:
 - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
 - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

LI.RC.OT.1

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the Waiver Of Premium claim (or other benefits based on disability); or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the Waiver Of Premium claim (or other benefits based on disability), the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.

3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium (or other benefits based on disability);
2. Within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to Waiver Of Premium claims (or other benefits based on disability), within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to Waiver Of Premium claims (or other benefits based on disability), the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium (or other benefits based on disability).

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

(2ND REV PUB WRDG_NEW WOP WRDG) LI.CL.OT.5

ASSIGNMENT

The rights and benefits under the Group Policy cannot be assigned.

LI.AS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 5 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
2. AD&D Insurance benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living.
 - a. AD&D Insurance benefits payable because of the death of your Dependent.
 - b. Dependents Life Insurance benefits.
 - c. Accelerated Benefits.
4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.
5. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits. Your Beneficiary designations for Life Insurance and your Supplemental Life Insurance may be different.

You may name or change Beneficiaries in writing. Writing includes a form signed by you; or a verification from us, or our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;

2. Must be delivered to us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent; during your lifetime.
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered or, if a telephonic or electronic designation, verified by us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent.

If we approve it, a designation, which meets the requirements of a Prior Plan, will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the following classes:

1. Your Spouse. (See **Definitions**)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest at a rate equal to the 13-week Treasury Bill (T-Bill) auction rate, but not to exceed 5%;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(FB_REPAT_ELECT/TEL DESIG_WITH DEF SP_WITH REV SSA_SPOUSE DEF TERM_THIRD PARTY DESIG) LI.BB.CT.6

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. Amount of benefits payable;
 - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

LIAL.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LITL.OT.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement made to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years during the lifetime of the insured.

B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

LI.IN.OT.2

CLERICAL ERROR AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

B. The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LI.CE.OT.2

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

LI.TA.OT.1

DEFINITIONS

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Features**). Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.

2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Stock options or stock bonuses.
6. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
7. Any other extra compensation.

Child means:

1. Your child from live birth through age 25; or
2. Your child who meets either of the following requirements:
 - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child; or
- ii. Your stepchild and the child of your Spouse, if living in your home.

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your Spouse, or the brother, sister, parent or child of either you or your Spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Employer, and filed that affidavit for public record if required by law.

For purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced or from whom you have terminated a Domestic Partner relationship.

Supplemental Life Insurance means supplemental life insurance, if any, under the Group Policy.

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POLICYHOLDER PROVISIONS

A. Premiums

The premium due on each Premium Due Date is the sum of the premiums for all persons then insured. Premium Rates are shown in the **Coverage Features**.

B. Contributions From Members

The Policyholder determines the amount, if any, of each Member's contribution toward the cost of insurance under the Group Policy.

C. Changes In Premium Rates

We may change Premium Rates for Supplemental Life Insurance upon 31 days written notice, but not more often than once in any calendar year.

We may change any other Premium Rates when:

1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations; or
2. Factors material to underwriting the risk we assumed under the Group Policy, including, but not limited to, number of persons insured, age, Annual Earnings, gender and occupational classification, change by 25% or more; or
3. We and the Policyholder mutually agree to change Premium Rates.

Except as provided above, Premium Rates will not be changed during the Initial Rate Guarantee Period shown in the **Coverage Features**. Thereafter, except as provided above, we may change Premium Rates upon advance written notice to the Policyholder. The minimum advance notice is shown in the **Coverage Features** as Notice of Rate Change. Any such change in Premium Rates may be made effective on any Premium Due Date, but no such change will be made more than once in any contract year. Contract years are successive 12 month periods computed from the end of the Initial Rate Guarantee Period.

D. Payment Of Premiums

All premiums are due on the Premium Due Dates shown in the **Coverage Features**.

Each premium is payable on or before its Premium Due Date directly to us at our home office. The payment of each premium as it becomes due will maintain the Group Policy in force until the next Premium Due Date.

E. Grace Period And Termination For Nonpayment

If a premium is not paid on or before its Premium Due Date, it may be paid during the following Grace Period. The length of the Grace Period is shown in the **Coverage Features**. The Group Policy will remain in force during the Grace Period.

If the premium is not paid during the Grace Period, the Group Policy will terminate automatically at the end of the Grace Period.

The Policyholder is liable for premium for insurance under the Group Policy during the Grace Period. We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

F. Termination For Other Reasons

The Policyholder may terminate the Group Policy by giving us written notice. The effective date of termination will be the later of:

1. The date stated in the notice; and
2. The date we receive the notice.

We may terminate the Group Policy as follows:

1. On any Premium Due Date if the number of persons insured is less than the Minimum Participation shown in the **Coverage Features**.
2. On any Premium Due Date if we determine that the Policyholder has failed to promptly furnish any necessary information requested by us, or has failed to perform any other obligations relating to the Group Policy.

The minimum advance notice of such termination by us is 60 days.

G. Premium Adjustments

Premium adjustments involving a return of unearned premiums to the Policyholder will be limited to the 12 months just before the date we receive a request for premium adjustment.

H. Certificates

We will issue certificates to the Policyholder showing the coverage under the Group Policy. The Policyholder will distribute a certificate to each insured Member. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

I. Records And Reports

The Policyholder or Employer will furnish on our forms all information reasonably necessary to administer the Group Policy. We have the right at all reasonable times to inspect the payroll and other records of the Policyholder or Employer which relate to insurance under the Group Policy.

J. Agency And Release

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard Insurance Company. The Policyholder, Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The Policyholder and each Employer hereby release, hold harmless and indemnify Standard Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agents or employees.

K. Notice Of Suit

The Policyholder or Employer shall promptly give us written notice of any lawsuit or other legal proceedings arising under the Group Policy.

L. Entire Contract, Changes

The Group Policy and the application of the Policyholder constitute the entire contract between the parties. A copy of the Policyholder's application is attached to the Group Policy when issued.

The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. No agent has authority to change the Group Policy or to waive any of its provisions.

M. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.

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GROUP POLICY AMENDMENT NO. 1

Attached to and made a part of Group Policy 754247-A issued to
City of New Britain as Policyholder.

Effective July 1, 2016, and subject to the **Active Work Provisions**, the Group Policy is amended as follows:

1. The Schedule Of Insurance portion of the **Coverage Features** is amended to provide the following amount of Plan 2 (additional) Life Insurance Benefit for Norma Patterson and Lisa Foligno:

<u>Name:</u>	<u>Plan 2 (additional) Life Insurance Benefit:</u>
Norma Patterson	\$50,000
Lisa Foligno	\$25,000

Your insurance is not subject to reductions due to age.

2. The Schedule Of Insurance portion of the **Coverage Features** has been amended to provide the following amount of Dependents Life Insurance Benefit for the Spouse of Norma Patterson:

Dependents Life Insurance Benefit for your Spouse: \$30,000

Your Spouse's insurance is not subject to reductions due to age.

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary

GROUP POLICY AMENDMENT NO. 2

Attached to and made a part of Group Policy 754247-A issued to
City of New Britain as Policyholder.

Effective October 1, 2016, and subject to the **Active Work Provisions**, the Group Policy is amended as follows:

1. The Schedule Of Insurance portion of the **Coverage Features** is amended to provide the following Class Definition for Class 26 Members:

Class 26: City of New Britain General Government Employees with
Local 1186, AFSCME who retired on or after July 1, 1997,
but prior to October 1, 2016*

* This class does not include a Member who is covered under Waiver Of Premium.

2. The Schedule Of Insurance portion of the **Coverage Features** is amended by the addition of the following Class Definition:

Class 45: City of New Britain General Government Employees with
Local 1186, AFSCME who retired on or after October 1,
2016*

* This class does not include a Member who is covered under Waiver Of Premium.

3. The Schedule Of Insurance portion of the **Coverage Features** has been amended to provide the following amount of Plan 1 (basic) Life Insurance Benefit for Class 2 Members:

Life Insurance Benefit: \$50,000

Your insurance is not subject to reductions due to age.

4. The Schedule Of Insurance portion of the **Coverage Features** has been amended to provide the following for Class 45 Members:

Life Insurance Benefit:

Plan 1 (basic): \$10,000

Plan 2 (additional): None

Dependents Life Insurance Benefit: None

AD&D Insurance Benefit: None

Your insurance is not subject to reductions due to age.

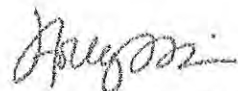
5. The Premium Rate for Life Insurance for Class 45 Members will be \$1.02 monthly per \$1,000 of Life Insurance, beginning October 1, 2016, and continuing until changed as provided in the Group Policy.

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary

GROUP POLICY AMENDMENT NO. 4

Attached to and made a part of Group Policy 754247-A issued to
City of New Britain as Policyholder.

Effective July 1, 2018, and subject to the **Active Work Provisions**, the Schedule Of Insurance portion
of the **Coverage Features** is amended to provide the following for Class 13:

Life Insurance Benefit: \$35,000

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary

GROUP POLICY AMENDMENT NO. 4

Attached to and made a part of Group Policy 754247-A issued to
City of New Britain as Policyholder.

Effective July 1, 2018, and subject to the **Active Work Provisions**, the Schedule Of Insurance portion
of the **Coverage Features** is amended to provide the following for Class 13:

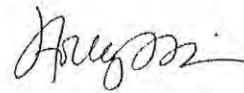
Life Insurance Benefit: \$35,000

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary



Request for Group Insurance Amendment

Standard Insurance Company
900 SW Fifth Avenue
Portland, OR 97204-1282

Employee Benefits Consultant: Jim Russell
Employee Benefits Service Representative: Katie Heselton
Employee Benefits Sales and Service Office: Hartford

Policyholder: City of New Britain
Employer Name: Consolidated School District of New Britain
Group Number: 754247

As an authorized representative of the Employer, I request that Standard Insurance Company (“The Standard”) amend the above Employer’s coverage under the Group Policy to make the following change(s):

Class 10: Increase Basic Life maximum benefit to \$500,000 and update class description to include non-union employees following CBA

Class 11: Increase Basic Life benefit to \$50,000 and update class description to include non-union employees following CBA.

Class 12: Update class definition to include non-union employees following CBA.

Class 13: Increase Basic Life benefit to \$50,000 and update class definition to include non-union employees following CBA.

Class 15: Update class description to reflect updated Job Titles and increase maximum benefit to \$600,000.

Class 39: Increase Basic Life benefit to \$10,000

Class 44: Decrease Basic Life benefit to \$25,000

Updates to Member Definitions to reflect changes in Job Titles and include non-union employees following CBA.

I request that the amendment become effective on 01/01/2024. I understand that the amendment will not become effective unless approved and issued by The Standard.

I request that the amendment be approved by The Standard subject to The Standard’s usual underwriting requirements, including, if applicable, Evidence of Insurability or a Pre-existing Condition provision.

I understand that the amendment, if approved by The Standard, will be issued in the policy language customarily used by The Standard.

I understand that any increase in Insurance for a Member who is not Actively At Work all day on the Member’s last regular work day before the scheduled effective date of the amendment will be deferred until the first day after the Member completes one full day of Active Work.

I request that the amendment, if approved and issued by The Standard, become effective by its terms without any further acceptance by the Employer, and that a copy of this Request for Group Insurance Amendment form be attached to and made a part of the amendment.

Sign Name: _____ Title: _____
Authorized Representative

Print Name: _____ Date: _____



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Board Memorandum

Submitted by Rebecca Gonzalez () for approval at the Regular Board Meeting on April 1, 2024.
Senior Leadership Sponsor: Tony Gasper Staff Presenter: Rebecca Gonzalez

Type of Memorandum

New Position Request

Background and Purpose/Rationale

A Food Service Manager position is needed to oversee the day-to-day operations of the food service program and ensure the district is meeting all standards of food quality, program efficiency, and compliance with sanitation and safety requirements as specified by local, state, and federal guidelines.

Financial Information

The total is In alignment with 818 Grade 1A Pay Range: \$116,806 -\$120,337 and the funding source is Cafeteria Account.

Committee Review

To be reviewed by the Personnel Committee on March 25, 2024

[Food Service Manager - Revised 03.18.24 - Rebecca Gonzalez.docx](#)



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN
PERSONNEL & TALENT DEVELOPMENT

Food Service Manager

POSITION SPECIFICATIONS

REPORTS TO

Chief Operations Officer

PRIMARY FUNCTION

- Proficiency in all Microsoft Office applications is required
- Bilingual Spanish is highly desirable
- Able to learn new programs easily and quickly
- Must be knowledgeable of all local health and food safety ordinances
- Culinary background is required - Must have a passion and an interest in food
- Working knowledge of cooking procedures and recipe adherence and scaling
- Must have demonstrated experience developing talent and managing multiple priorities
- Ability to effectively communicate verbally, electronically and written with clients, parents, students and support staff
- Must possess excellent time management and organizational skills

QUALIFICATION PROFILE

CERTIFICATION / LICENSE

- Valid State Certificate in food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, or business.
- ServSafe Certified
- Valid driver's license is required

EDUCATION

- Bachelors' degree

EXPERIENCE

- Well-versed in all aspects of food service management, with a proven track record of success, ideally in K-12 foodservice
- Proven track record of leading a business and a team, along with good business and financial acumen

SKILLS, KNOWLEDGE & ABILITIES

- Exhibits initiative, organization, responsibility, flexibility, resiliency, and leadership
- Fosters a culture of transparency, understanding, education, safety, and accountability

- Has the ability to think critically, analytically, strategically, quickly, and accurately, can evaluate problems and make appropriate recommendations to person(s) involved
- Has demonstrated the ability to multitask and prioritize in a fast-paced, dynamic work environment
- Must be able to climb, bend, stoop and reach.
- Must be able to walk and stand for long periods.
- Working in confined spaces is sometimes required.
- Must be able to push, pull or lift at least 15 pounds.

ESSENTIAL PERFORMANCE RESPONSIBILITIES

- Oversight of the District's Food Service Management Company to ensure all standards of food quality, program efficiency, and compliance with sanitation and safety requirements as specified by local, state, and federal guidelines are maintained
- Maintains compliance with USDA regulations and guidance for all applicable meal and retail programs Coordinate with the District and Food Service Management Company to prepare for the CSDE Administrative Review that occurs every three (3) years
- Conduct annual on-site monitoring requirements required by the State Department of Education prior to February 1st of each year
- Conduct the required Triennial Assessment of Wellness Policy implementation
- Responsible for all State and Federal reporting including, ED103 claim submissions, Verification Report, Healthy Food Certification Statement, Street Assignment Verification, and all parent notification forms
- Complete and submit the Community Eligibility Provision documentation and application
- Assist with preparing food service program updates for board reporting
- Establishes policies and procedures around menu planning based on principles of good nutrition and established guidelines, as well as student acceptance
- Analyze monthly menus prepared by the Food Service Management Company, ensuring all menu requirements are being met and in compliance with USDA nutrient composition at all grade levels
- In collaboration with our Food Service Management Company, maintain systems and operating procedures for daily sales and the ordering, receiving and storage of food and supplies, maximizing opportunities for subsidies and reimbursements
- Schedule for the inspection of all safety and food service equipment in the kitchens, as required
- Attend State and Board of Education meetings and food shows, and serve on district level committees, as required
- Markets the breakfast and lunch programs to students, families, and staff through effective merchandising and promotions while monitoring quality using feedback surveys and advisory groups
- Oversight of food service accounts (accounts receivable, accounts payable, bank deposits, withdrawals, cash management). Verifies all invoices for accuracy and ensures payment in a timely manner
- In collaboration with the District's Food Service Management Company, writes grant applications for Child Nutrition Programs
- Bid Preparation and execution following State & Federal procurement guidelines for contracting with a Food Service Management Company
- Make recommendations to improve program quality and operations
- Review of FSMC's Profit and Loss Statement and provide recommendations for management of food, labor, and direct expenses

ADDITIONAL DUTIES

Performs other related duties as assigned by supervisor or designee.

EQUIPMENT

Uses computers, network systems, provided district technology and job-related equipment as required.

TRAVEL REQUIREMENTS

- Travel required to all school district buildings regularly.

TERMS OF EMPLOYMENT

SALARY & BENEFITS

Non-union exempt position in alignment with Local 818 contract - Grade 1a

WORK SCHEDULE

- Twelve-month work year.
- 40 hours per week, with the ability to work flexible hours.
- Exempt position.
- Annual \$2,500 mileage reimbursement stipend.

UNION AFFILIATION

Non-Union

Job description is illustrative of tasks and responsibilities. It is not meant to be all inclusive of every task or responsibility.

The Consolidated School District of New Britain (CSDNB) is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information.

Applicants requiring reasonable accommodations for the hiring process must request the necessary accommodations when scheduled for an interview.

CREATED: 12/1/23 by NS/DS
PERSONNEL REVIEW:
BOARD APPROVAL:



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Board Memorandum

Submitted by Nicole Sanders () for approval at the Regular Board Meeting on April 1, 2024.
Senior Leadership Sponsor: Maryellen Manning Staff Presenter: Nicole Sanders

Type of Memorandum

Presentation

Background and Purpose/Rationale

This is a presentation for board approval to comply with Public Act 23-167 Section 10. The Public Act requires local boards of education to submit an Increasing Educator Diversity (IED) plan.

Financial Information

Alliance Grant: Increasing Educator Diversity allocation is \$391,847.00. Budget code: 234394125700.

Committee Review

To be reviewed by the Personnel Committee on March 25, 2024

[IED Plan - Nicole Sanders.pdf](#)

Consolidated School District of New Britain

Increasing Educator Diversity Plan

RECRUITMENT

What are we trying to do? CSDNB is dedicated to recruiting, hiring, and retaining educators who reflect the diversity not only in color but also in various aspects such as ethnicity, culture, language, and background, mirroring the student and community demographics. This objective will be pursued through both traditional and alternative routes to certification.

Key Activities: (What are we going to do?)

Grow Your Own Pathways:

- Connecticut Teacher Apprentice Program
- Educators Rising Program (EdRising)
- RELAY
- Explore paraeducator teacher residency program at CCSU

Certified Staff Endorsement Pathways:

- Reciprocity
- Cross Endorsement in shortage areas

District and school social media management and campaigns:

- **CSDNB Why Diversity Matters** recruitment video showcasing district diversity and the importance of inclusive hiring
- Individual schools reflect recruitment efforts/postings
- Each school has spotlight and/or webpage
- Alignment of diversity recruitment information and events across all platforms simultaneously

Cultivating Connections:

- Develop action plan for outreach outside of continental USA
- Strengthen in state university partnerships to include outreach to student affinity groups
- Actively engage in university and SDE teacher of college career

Indicators of Success: (How will we know that we are successful?)

Grow Your Own Pathways:

- 50 % Increase in the number of teacher residents who successfully complete the program and are hired. 12 teachers over the last 3 years to 18 teachers over the next 3 years.
- Establish baseline data for percentage of residents recruited in shortage area programs
- Establish baseline data for percentage of 2022 EdRising graduating high school Cohort hired in district after college graduation in 2026

Certified Staff Endorsement Pathways:

- Establish a baseline data of certified staff receiving reciprocity and participating in cross endorsed programs to fill shortage area vacancies

District and school social media campaigns:

- Viewership statistics for social media platforms
- Attendance at teacher of color recruitment and social events that yield increase in hires that is systematically tracked

Cultivating Communications:

fairs and social events	<ul style="list-style-type: none"> ● Board resolution to engage in strategic planning for outreach outside the continental USA <ul style="list-style-type: none"> ○ Establish partnership/communications with Hartford ● At least one partnership with student affinity groups at in state universities
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Resources: (What people, time, money, and technology will be needed?)

- Personnel: Communications Department (strategic planning regarding marketing), Recruitment team, and Connecticut Teacher Residency Program and RELAY program directors.
- Technology: Communication and MIS Department
- Funding: Annual Alliance Increasing Educator Diversity grant allocation

Risks/Mitigation: (What could go wrong? How will we make it less likely to happen?)

- Limited visibility and marketing strategies to recruit candidates. Increase social media presence through targeted advertising, networking and outreach efforts
- Outdated recruitment resources. Enhance the design of recruitment materials and publications to maximize their reach and appeal to a broad spectrum of potential applicants.
- Not all schools are active on social media, and each school may have its own manager for social media platforms. Prioritize maintenance through education tech stipend position on the school level as well as district level

Communication: (Who needs to be consulted/ engaged? What needs to be communicated? To whom?)

- District Talent department, DELT committee, and Communications Department.
- District administrators and staff will be aware of recruitment efforts to be able to support hiring goals.

HIRING and SELECTION

What are we trying to do? Prioritize leadership development and implement unbiased interviewing practices to increase the recruitment and selection of educators and leaders from diverse backgrounds. The district's emphasis will be on promoting applicant diversity, expediting processing times, and improving vacancy fill rates.

Key Activities: (What are we going to do?)

- Revise CSDNB Hiring Procedure Manual to include:
 - interview questions that afford candidates an opportunity to share personal experiences
 - district's commitment to diversity and inclusive interview committees
- Identify Vector Solutions leadership development training on culturally responsive hiring and selection practices
- Explore Frontline reporting structure to capture demographics of applicant pool
- Explore with legal consult distribute anticipated hire letters during recruitment fairs
- Coordinate with Helpdesk and administrators to explore opportunities to ease operational components of onboarding

Indicators of Success: (How will we know that we are successful?)

- Updated and professional development of the CSDNB hiring manual
- Increase in minority applicants interviewed and hired
- Track applicant demographics within Frontline to assist with targeted recruitment, interviewing, and hiring processes
- Implicit bias training completion among administrators
- Creation on an anticipate hire letter and establish baseline of number given to teachers of color

Resources: (What people, time, money, and technology will be needed?)

- Technology: Vector solutions leadership development training and functions in Frontline
- Collaborate with Department of Academics

Risks/Mitigation: (What could go wrong? How will we make it less likely to happen?)

- Implicit bias training for administrators not a module in Vector Solutions and completed once identified. Collaboration with the Academics Department to ensure training is detailed in the professional development schedule.
- Professional development on revised CSDNB Hiring Procedure Manual. Collaboration with the Academics Department to ensure training is outlined in the professional development schedule. Academics and Accountability Officers and Personnel Department will ensure procedures are followed during network meetings when necessary.
- Inconsistencies between communication and actions. Regular assessments of the hiring process to ensure alignment with the district's diversity commitment. Adjustments should be made as necessary to maintain this alignment.

Communication:(Who needs to be consulted/ engaged? What needs to be communicated? To whom?)

- Senior Leadership and the Communications Department: Dedicate at least three communications touchpoints in the District Dispatch to

communicate the district's commitment to diversity

- Personnel and Talent Department: Proactively solicit feedback from current employees through newly implemented hire and engagement surveys to gather valuable insights and suggestions.

RETENTION

What are we trying to do?

The district will foster a workplace culture that recognizes and prioritizes diversity where all individuals feel a sense of value. This will be a supportive learning environment that supports and nourishes communication and a sense of belonging with opportunities for growth and advancement. Salaries, benefits, and workplace culture will retain diverse staff members.

Key Activities: (What are we going to do?)

Inclusive Onboarding

- Continue advancing the development of a thorough onboarding program designed to introduce new hires to the district's commitment to diversity and inclusion.
- Explore and establish a New Teacher Induction Program and Policy
- Ensure new hires are familiar with TEAM and the teacher evaluation process for differentiated support based on individual needs

Employee Survey Data

- Analysis of demographics of staff new teacher, exit, engagement and stay data

Systematize Mentorship Program

- Strategic school based and district community of practice to connect employees with experienced mentors who can provide guidance and support (in addition to TEAM) similar to what teacher residence experience in the program

Indicators of Success: (How will we know that we are successful?)

Inclusive onboarding:

- Stay survey data indicates percentage of new hires reporting feeling well-informed about the district's commitment to diversity and inclusion during onboarding process
- Monitor the number of mentorship pairings established and gather feedback on the effectiveness of mentorship in providing guidance and support.

Employee Survey Data:

- Principals provided with school specific attrition data and jointly plan with Academics and Accountability Officer to increase retention for teacher of color
- Establish a baseline using the number of teachers of color exiting district and develop targeted retention strategies aimed at retaining all staff members

Systematize Mentorship Program

- Establish school and district mentorship programs with meeting touchpoints at least three times annually

Affinity Groups

- Partner and consult with Waterbury and Meriden's Equity

<p>Affinity Groups</p> <ul style="list-style-type: none"> ● Explore implementation of affinity groups focused on providing support for employees to connect, sharing experiences and self care opportunities. <p>Teacher Certification</p> <ul style="list-style-type: none"> ● Financial assistance and tutoring sessions for teacher residents struggling to pass certification assessments. ● Analyze teacher retention data by demographics <p>Leadership Opportunities and Career Pathways</p> <ul style="list-style-type: none"> ● Explore opportunities with CCSU for entrance into 092, 093 and doctoral programs 	<p>Directors to create blueprint to establish employee affinity groups</p> <p>Teacher Certification</p> <ul style="list-style-type: none"> ● Decrease incidences that teacher residents take teacher certification assessment <p>Leadership Opportunities and Career Pathways</p> <ul style="list-style-type: none"> ● Partnership with CCSU Leadership Program ● Establish a baseline of percentage of NBHS EdRising graduates attending CCSU who are hired by CSDNB.
<p>Resources: (What people, time, money, and technology will be needed?)</p> <p>District Senior Leadership Funding: Annual Alliance Increasing Educator Diversity grant allocation School based leadership Mentorship Modules</p>	
<p>Risks/Mitigation: (What could go wrong? How will we make it less likely to happen?)</p> <ul style="list-style-type: none"> ● Partnership in school and district mentorship program. Coordination with Academics Department on professional development schedule ● Leadership responsiveness to survey data: Academics and Accountability Officers integrate data into networking meetings and other touchpoints with administrators ● Strategically time the implementation of surveys to ensure maximum participation, aligning with the communicated purpose and expected outcomes. ● Monitor the progress of EdRising highschool graduates and enhance the capabilities for more teacher leaders to track students throughout their college years at CCSU and other educational institutions. ● Limited to no interested in leadership opportunities and becoming a National Certified Board Teacher can be mitigated through targeted marketing 	
<p>Communication: (Who needs to be consulted/ engaged? What needs to be communicated? To whom?)</p> <ul style="list-style-type: none"> ● District Senior Leadership on the importance of school and district based mentorship program and use of survey data to promote school climate and culture through retention strategies 	