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MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

Everett School Employee Benefit Trust
January 1, 2010 Renewals
Disclosure and Consent Form - Quotations

Disclosure and Consent Form Delivery Date: November 17, 2009

Client
Molly Ringo Chairperson Everett School Employee Benefit Trust Post Office Box 2098 Everett, WA 98203 mringo@everettsd.org Phone: Fax:

Consultant
Sean White Principal Mercer 1301 Fifth Avenue, Suite 1900 Seattle, Washington sean.white @mercer.com Phone: 206-214-3705 Fax: 206-214-3501

In the absence of instruction to market these policies, Mercer has secured the renewal quotations shown on this form without marketing.
In response to requests for quotes on your behalf, carriers/vendors may issue a binding quote (Q), provide an indication quote that is not binding (I), decline to quote (D), fail to respond altogether (N), or issue a quote that fails to conform with your strategy as we understand it (NC).

Certain policies renew automatically when you continue to pay required premium after a renewal ("auto-renewal" policies). By paying these renewal premiums, you consent to our carrier compensation and any related Intermediary. For these policies, on an ongoing basis, we will obtain any renewal quote from the incumbent carrier and perform any additional marketing as you direct.

Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at www.mercer.com/transparency.

Please refer to the Disclosure & Consent Form Explanation and the Footnotes and Comments page for additional information.

SIGNATURE AND CONSENT

By signing below, I instruct Mercer to confirm coverage or service for those coverage and service options marked "Y" on the Quotations Page of this Disclosure and Consent Form.
I agree to the compensation payable to Mercer as identified on the Quotations Page and to the use of, and compensation paid to, any disclosed Intermediary, Co-Broker, or Sub-Broker.
Further, for any "direct bill" policy (a policy which is directly billed by the insurance carrier), your payment of required premium shall constitute consent to Mercer's compensation disclosed and/or use of, and compensation paid to, any Intermediary, Co-Broker, or Sub-Broker disclosed unless you object within ten (10) business days from the date of this notice.
Where applicable, if you do not wish Mercer to receive Enhanced Commission Compensation (ECC) on the coverage selected, please cross out the entry in the ECC column, write in "Decline ECC", and initial.

Acknowledged and Accepted by: Molly Ringo — November 25, 2009
Print Name Molly Ringo — Date

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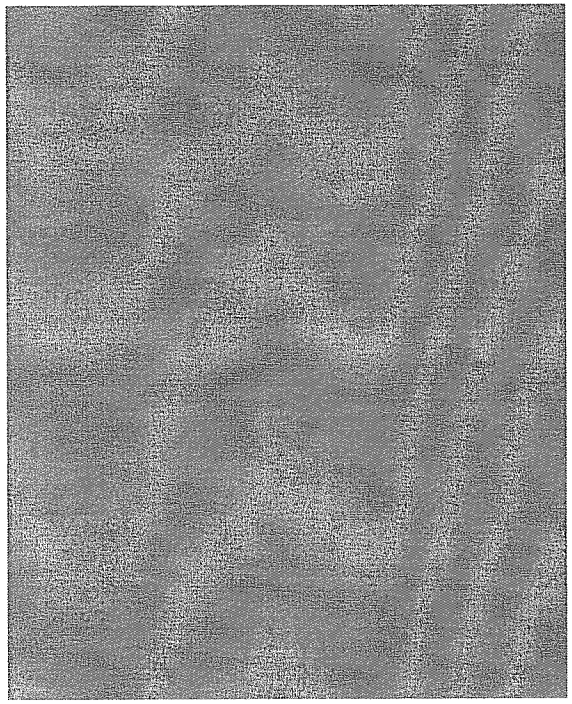

November 17, 2009

Everett School Employee Benefit Trust

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Sean White

Please see attached Explanation for further details regarding the information contained in this report

Response: Q - Quote; I - Indication; D - Decline; N - No Response; NC - Non-Conforming
Policy Type: T - Term-Specific; A - Auto-Renewal; C - Continuous; SI - Self-Insured; SC - Service Contract
Enhanced Commission Compensation (ECC): Includes supplemental commission and other forms of Mercer-approved non-contingent carrier compensation.
Client's Coverage Selection: Indicate the client's coverage selection by placing a "Y" next to the selected plan or service.

Line of Coverage	Carrier	Plan Description / Location	Current Plan	Response	Coverage Start	Coverage End	Policy Type	Rate Tier	Rate	Base Commission	Enhanced Commission Compensation (ECC)	Policy Specific Footnotes	Policy Specific Comments	Client's Coverage Selection
Medical	**Group Health Cooperative**		Y	Q	01/01/2010	12/31/2010	A	EE Spouse Child(ren)	$432.00 $432.00 $432.00	.5%		1		Y
Medical	**PacifiCare of Washington**		Y	Q	01/01/2010	12/31/2010	A	EE Only EE+Spouse EE+Child(ren) EE+Family	$455.04 $910.08 $910.08 $1,365.12	5%		1		Y
Stop Loss	**Sun Life Assurance Company of Canada**	**$175,000 ISL**	Y	Q	01/01/2010	12/31/2010	T	ISL- Single Family ASL	$13.49 $36.17 $3.22	0%		2		Y
Stop Loss	Sun Life Assurance Company of Canada	$200,000 ISL		Q	01/01/2010	12/31/2010	T	ISL- Single Family ASL	$11.24 $30.13 $3.22	0%		2		
Stop Loss	Sun Life Assurance Company of Canada	$225,000 ISL		Q	01/01/2010	12/31/2010	T	ISL- Single Family ASL	$9.42 $25.26 $3.22	0%		2		
Life & AD&D	**MetLife**	**Contract Update**		Q	01/01/2010	12/31/2011	A	per $1,000 of insurance	see attached	0%		2,4,6,32	under rate guarantee	Y
Medical	Group Health Options			Q	01/01/2010	12/31/2010	A	EE Spouse Child(ren)	$443.72 $443.72 $443.72	.5%		1		

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Disclosure and Consent Form - Carrier Information

See the accompanying brochure for information related to A.M. Best financial ratings. Financial ratings source: © A.M. Best Company - used by permission.

Line of Coverage	Carrier	Plan Description	Current Plan	Insurance Company (if different from carrier)	A.M. Best Rating	Rating Effective Date
Medical	**Group Health Cooperative**		Y	Group Health Cooperative	B++	06/06/2008
Medical	**PacifiCare of Washington**		Y	PacifiCare of Washington, Inc.	A-	06/15/2009
Stop Loss	**Sun Life Assurance Company of Canada**	**$175,000 ISL**	Y	Sun Life Assurance Company of Canada	A+	02/27/2009
Stop Loss	Sun Life Assurance Company of Canada	$200,000 ISL		Sun Life Assurance Company of Canada	A+	02/27/2009
Stop Loss	Sun Life Assurance Company of Canada	$225,000 ISL		Sun Life Assurance Company of Canada	A+	02/27/2009
Life & AD&D	**MetLife**	**Contract Update**		Metropolitan Life Insurance	A+	02/20/2009
Medical	Group Health Options			Group Health Options	Not Rated	03/18/2009

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Disclosure and Consent Form - Footnotes and Comments

DISCLOSURE AND CONSENT FOOTNOTES AND COMMENTS
POLICY-SPECIFIC FOOTNOTES
The following footnotes apply as indicated in the Comments / Footnotes column on the Quotations page. *1. As further defined in our service engagement documents, commissions may be used to offset fees otherwise payable to Mercer.* *2. As defined in our service engagement documents, our services are covered by fees payable to Mercer.* *4. Our services related to this policy are covered by commissions received on other policies.* *6. A detailed rate table is attached for your reference.* *32. This carrier is a Mercer Value Service Provider; see the attached brochure concerning Mercer Value Service Providers.*
GENERAL NOTES AND COMMENTS
None
ATTACHMENTS
See the following attachments to the Disclosure and Consent Form. Explanation Brochure