



August 20, 2009

**Everett School Employee Benefit Trust** 

January 1, 2010 Renewals

Sean White



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

#### Client

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

Disclosure and Consent Form Delivery Date: August 20, 2009

### 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 ma	arked "Y" on the Quotations Page of this Disclosure and	Consent Form.				
I agree to the compensation payable to Mercer as identif	fied on the Quotations Page and to the use of, and co	ompensation paid to, any disclosed Intermediary, Co-Br	oker, or Sub-Broker.				
Further, for any "direct bill" policy (a policy which is dire	ctly billed by the insurance carrier), your payment of	required premium shall constitute consent to Mercer's of	compensation				
disclosed and/or use of, and compensation paid to, any	Intermediary, Co-Broker, or Sub-Broker disclosed unle	ess you object within ten (10) business days from the	date of this notice.				
Where applicable, if you do not wish Mercer to receive E	Enhanced Commission Compensation (ECC) on the co	overage selected, please cross out the entry in the ECO	C column, write in "Decline ECC", and initial.				
Acknowledged and Accepted by:							
Print Name	Molly Ringo	Date					





## 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	PolicyType	Rate Tier	Rate	Base Commission	Enhanced Commission Compensation (ECC)	Policy Specific Footnotes	Policy Specific Comments	Client's Coverage Selection
Medical	Group Health Cooperative		Υ	Q	01/01/2010	12/31/2010	A	EE Spouse Child(ren)	\$432.00 \$432.00 \$432.00	.5%		1		
Medical	Pacif iCare of Washington		Υ	Q	01/01/2010	12/31/2010	А	EE Only EE+Spouse EE+Child(ren) EE+Family	\$455.04 \$910.08 \$910.08 \$1,365.12	5%		1		
Stop Loss	Sun Life Assurance Company of Canada		Υ											
Life & AD&D	MetLif e	Contract Update		Q	01/01/2010	12/31/2011	Α	per \$1,000 of insurance	see attached	0%		2,4,6,32	under rate guarantee	
Medical	Group Health Options			Q	01/01/2010	12/31/2010	А	EE Spouse Child(ren)	\$443.72 \$443.72 \$443.72	.5%		1		

Page 3





## Everett School Employee Benefit Trust January 1, 2010 Renewals Disclosure and Consent Form - Carrier Information

See the accompanying brochure for information related to AM. Best financial ratings. Financial ratings source: © AM. 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		Υ	PacifiCare of Washington, Inc.	A-	06/15/2009
Sun Life Assurance Company of		of	· ·	Sun Life Assurance Company of		
Stop Loss	Canada	Canada		Canada		
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





# Everett School Employee Benefit Trust January 1, 2010 Renewals 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**