

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 2

TO: OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS), HUMAN RESOURCES DIVISION (HRD),
BENEFITS ADMINISTRATION SERVICES (BAS)

FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: CONTRACT FOR FULLY INSURED EXEMPT EMPLOYEE BASIC GROUP LIFE AND ACCIDENTAL DEATH
AND DISMEMBERMENT (AD&D) INSURANCE AND GROUP VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Attached are pages 2 and 3 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to correct cost for Children's Supplemental Life rate.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Carol Clingman
carol.clingman@das.ohio.gov

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Affected Contractor(s):

HR0000000306
Minnesota Life Insurance Co.
400 Robert St. North
St Paul, MN 55101
mark.walker@minnesotalife.com

COST SUMMARY FORM

RFP: Fully Insured Exempt Employee Basic Group Life and Accidental Death & Dismemberment (AD&D) Insurance and Group Voluntary Supplemental Life Insurance

Contract No.: CSP904314

UNSPSC CATEGORY CODE: 84131601

OAKS ID Number: 25193

Basic Life and Occupational Accidental Death & Dismemberment (AD&D) Insurance		Cost per \$1,000 per Month
Basic Life		\$ 0.105
Occupational Accidental Death & Dismemberment (AD&D)		\$ 0.012
Total Basic Life and Occupational Accidental Death & Dismemberment (AD&D) Insurance		\$ 0.117
Voluntary Supplemental Life		
		Cost per \$7,000 Coverage per Month
Children		\$ 0.82 *
	Employee and Spouse Smokers	Employee and Spouse Non-Smokers
Ages	Cost per \$10,000 Coverage per Month	Cost per \$10,000 Coverage per Month
20 - 24	\$ 0.64	\$ 0.49
25 - 29	\$ 0.64	\$ 0.49
30 - 34	\$ 0.64	\$ 0.60
35 - 39	\$ 0.95	\$ 0.68
40 - 44	\$ 1.45	\$ 1.08
45 - 49	\$ 2.42	\$ 1.67
50 - 54	\$ 3.73	\$ 2.59
55 - 59	\$ 5.54	\$ 4.16
60 - 64	\$ 8.49	\$ 6.30
65 - 69	\$ 15.24	\$ 10.23
70 +	\$ 27.29	\$ 17.34

* To correct cost for Children's Supplemental Life rate.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

Vendor ID: HR0000000306
Minnesota Life Insurance Co.
400 Robert St. North
St Paul, MN 55101

CONTRACT NO: CSP904314-3 (12/30/16)

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Mark Walker,

Telephone: (651) 665-1580
FAX: (651) 665-7898
E-mail: mark.walker@minnesotalife.com

REMIT TO ADDRESS:

Minnesota Life Insurance Co.
Attn: B2-4256
400 Robert St. North
St Paul, MN 55101

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
2	01/01/14	To correct cost for Children's Supplemental Life rate.
1	01/01/14	To advise of a new Vendor ID and Contract Number.