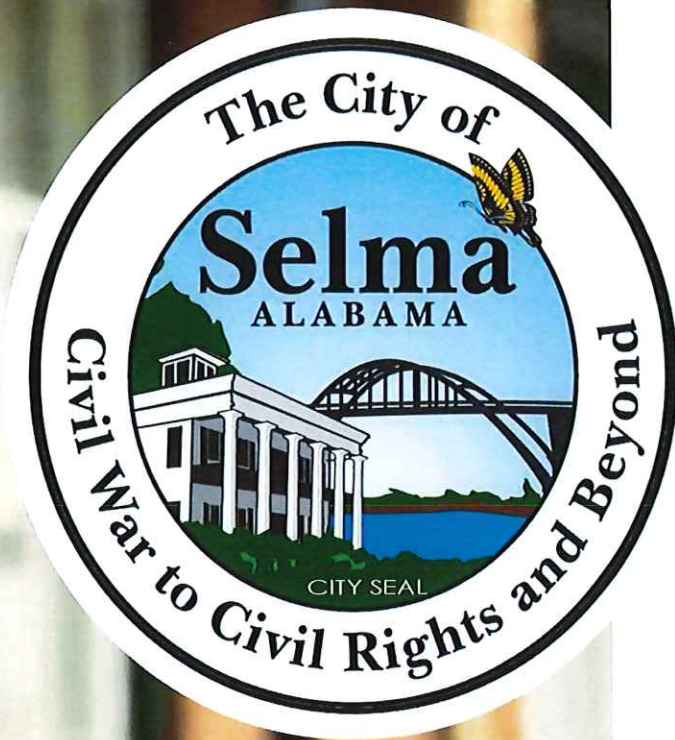


CITY OF SELMA
WE ARE TOGETHER



ELIZABETH RUTLEDGE
DIRECTOR,
PERSONNEL

MAYOR'S REPORT
COUNCIL MEETING

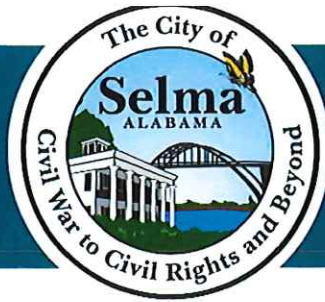
September 12, 2023

MAYOR JAMES PERKINS, JR.

SUBMITTED: WEDNESDAY, SEPTEMBER 6, 2023

   @selmacityhall

JAMES PERKINS,
JR. MAYOR



222 BROAD STREET
SELMA, ALABAMA 36702

OFFICE OF THE MAYOR

WE ARE TOGETHER

Mayor's Report

Submitted on September 6, 2023

Council Meeting September 12, 2023

6:00 PM

AGENDA

Mayor's Report

Items

1. Approval for Change of Carrier for Basic Term Life and AD&D Insurance – Elizabeth Rutledge, Director, Personnel
 - A. Memorandum to Council
 - B. Memorandum to the Mayor
 - C. Mutual of Omaha Proposal
 - D. USABLE.Life Remittance Form
 - E. USABLE.Life Product Summary

1

JAMES PERKINS, JR.
MAYOR



222 BROAD STREET
SELMA, ALABAMA 36702

OFFICE OF THE MAYOR

WE ARE TOGETHER.

MEMORANDUM

To: Selma City Council

From: James Perkins, Jr., Mayor, City of Selma

Date: September 6, 2023

Re: **Approval for Change of Carrier for Basic Term Life and AD&D Insurance**

Find attached documents supporting the above referenced subject. The same are submitted for your consideration.

I ask for your favorable consideration and vote.

If you have questions, please respond in writing. In advance, thank you.

JPJ/dt



CITY OF SELMA, ALABAMA
PERSONNEL DEPARTMENT

Liz Rutledge
Personnel Director

PHONE (334) 874-5328
E-MAIL lrutledge@selma-al.gov

To: Mayor James Perkins, Jr.
From: Liz Rutledge, Personnel Director
Date: Wednesday, September 6, 2023
Re: Approval for Change of Carrier for Basic Term Life and AD&D Insurance

The Personnel and Finance Department is requesting a change from US Able Life to Mutual of Omaha.

- Mutual of Omaha premium is .14 cents per employee where US Able Life is .22 cents per employee.
 - Mutual of Omaha protection coverage amount maximum will be up to \$200,000.00 depending upon employee's salary.
 - US Able Life premium rate is higher and their maximum allowed is \$100,000.00 depending upon employee's salary.
- ❖ Both insurance companies offer A&D – The Principle Sum amount is equal to the amount of the basic term life insurance.

* Please see attached coverage from both insurance companies. *



BASIC TERM LIFE AND AD&D INSURANCE

Proposal for: City of Selma
Alternate: 1.02

The following Basic Term Life and AD&D plan is being proposed on a fully-insured basis effective 11/01/23. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S) Class 1: All Eligible Employees

ELIGIBILITY REQUIREMENT This proposal provides coverage for all actively at work employees on the policy effective date working the minimum number of hours shown below in the United States, unless otherwise approved by Mutual of Omaha. Certain requirements apply.

MINIMUM WORK HOURS Class 1: 30 or more hours each week

BENEFIT SUMMARY

EMPLOYEE TERM LIFE BENEFIT AMOUNTS	Benefit	Maximum Benefit	Guarantee Issue Amount	Minimum Benefit
	2X Annual Salary	\$200,000	\$200,000	\$10,000

EMPLOYEE BENEFIT REDUCTION SCHEDULE*	At Age	Benefits Reduce to:
	70	45%
	75	30%
	80+	20%

* All benefit reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

EMPLOYEE AD&D BENEFIT AMOUNT The AD&D Principal Sum amount is equal to the amount of basic term life insurance.

PARTICIPATION AND COST SUMMARY

PARTICIPATION ASSUMPTIONS	Minimum Participation	Number of Eligible Employees	Contribution Structure
	100%	183	Non-Contributory

COST SUMMARY	Number of Lives	Total Monthly Volume	Monthly Rate	Total Monthly Premium	Total Annual Premium
Employee Term Life	183	\$12,948,950	\$0.14/\$1,000	\$1,812.85	\$21,754.20
Employee AD&D	183	\$12,948,950	\$0.04/\$1,000	\$517.96	\$6,215.52
Total	--	--	--	\$2,330.81	\$27,969.72

PACKAGE PRICING The rates and benefits for this coverage assume package pricing. The rates and/or benefits are subject to change if one or more coverages included in Option 1 are not selected by the employer.

RATE GUARANTEE 2 Years

RATE GUARANTEE DATE 11/01/2025

P.O. Box 204678
Dallas, TX 75320



CITY OF SELMA
PAULINE WILLIAMS
PO BOX 450
SELMA, AL 36701

Group: 50012513-0001
Premium Due: 9/1/2023
Invoice Number: 0004835705
Total Net Due: \$2,605.12
Bill Print Date: 08/21/2023
Customer Service: 1 (800) 370-5856

1485 | 12



Remittance Form

Please return this form with payment to: USABLE Life, P.O. Box 204678, Dallas, TX 75320-4678

Helpful Tips:

To expedite processing of bill changes you may do one of the following:

- Create a new account at www.usablelife.com and make employee changes online
- Log in to your account at www.usablelife.com and make employee changes online
- Email bill changes to maintenance@usablelife.com
- Fax bill changes to 501.235.8419

EOI's are required when:

- An employee elects coverage over the guaranteed issue amount
- An employee elects coverage outside of their initial eligibility period
- Salary increases for employee paid, salary based benefits may be subject to EOI based on policy requirements

Pending amounts: Please do not remit premiums for pending amounts of coverage. This information is provided to you for reference only, showing amounts of coverage applied for but awaiting underwriting approval. These amounts are not yet in effect, and payment cannot be applied to pending coverage.

For current forms specific to your state, please visit the Document Center at www.usablelife.com.

Payment Remittance

Group Number 50012513-0001
Bill Group ALL MEMBERS
Invoice Number 0004835705
Premium Due 9/1/2023
Next Bill Cycle Date 9/21/2023

Remit payment prior to the 1st of the month.

Always include this Remittance Form with your payment.

If your group has multiple invoices, include the Remittance Form for each invoice being paid to ensure accurate posting of funds to each account.

Total Net Due	\$2,605.12
*Additions	_____
*Changes/Adjustments	_____
*Terminations/Waivers	_____
*TOTAL REMITTED	_____

*Please provide detailed support for premium billing differences by employee and product, using the Billing Change Form included with your bill. Failure to provide appropriate supporting documentation may result in the return of premium.

US Able Life

P.O. Box 204678
Dallas, TX 75320

CITY OF SELMA
PAULINE WILLIAMS
PO BOX 450
SELMA, AL 36701

Group: 50012513-0001
Premium Due: 9/1/2023
Invoice Number: 0004835705
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Bill Print Date: 08/21/2023
Customer Service: 1 (800) 370-5856

Product Summary

Type of Insurance	Number of Insured	Total Approved	Total Pending	Employee Premium	Employer Premium	Total Due
AD&D	184	11,870,450	0	0.00	474.82	474.82
Group Term Life	184	11,870,450	0	0.00	2,136.68	2,136.68
Current Charges:				\$0.00	\$2,611.50	\$2,611.50

Totals

Current Premium Due:	\$2,611.50
Balance Forward:	\$0.00
Adjustments:	(\$6.38)
Total Net Due:	\$2,605.12

Please Pay This Amount

Billing Mode: Monthly
Benefit Coverage Period: 9/1/2023 to 9/30/2023
Next Bill Cycle Date: 9/21/2023
PAYMENTS AND ADJUSTMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON A FUTURE STATEMENT. IN ORDER FOR US TO ADD NEW EMPLOYEES TO YOUR BILL, PLEASE PROVIDE A COMPLETED APPLICATION.

150 X Salary

