



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

**Board of Selectmen Agenda
Regular Meeting @ 7:00 PM
Thursday, June 19, 2014
Colchester Town Hall
Meeting Room 1**

1. Call to Order
2. Additions to the Agenda
3. Approve Minutes of the June 4, 2014 Special Board of Selectmen Meeting
4. Approve Minutes of the June 5, 2014 Regular Board of Selectmen Meeting
5. Citizen's Comments
6. Boards and Commissions – Interviews and/or Possible Appointments and Resignations
 - a. Chatham Health District – Priya Tandon Possible Appointment for a for a Three Year Term to expire 12/31/2016
 - b. Conservation Commission – Rebecca Ann Meyer to be interviewed
 - c. Ethics Commission – Charles Logan to be interviewed
 - d. Charter Review Commission-
 1. Elizabeth Wagner to be interviewed
 2. Michael Hinchliffe to be interviewed
 3. Monica Egan to be interviewed
7. Budget Transfer
8. Tax Refunds & Rebates
9. Discussion and Possible Action on approving the Senior Center Zumba Gold Instructor Contract
10. Discussion and Possible Action on approving the Annual Support and License Agreement for Munis Crystal Reports Application
11. Discussion and Possible Action on approving the Insurance Trust Joinder Agreements with National Insurance Services
12. Presentation and Discussion on KX Dispatch Consolidation – Doug Knowlton, KX Project Manager
13. Discussion and Possible Action on Liaison Assignments
14. Citizen's Comments

FANCY A. BRAY
TOWN CLERK

Fancy A. Bray

2014 JUN 16 PM 3:45

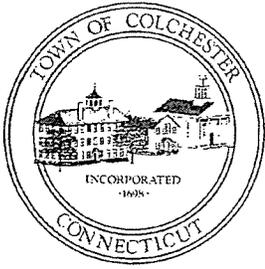
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COLCHESTER, CT

Pg 2 BOS Reg. Mtg.

15. First Selectman's Report

16. Liaison Report

17. Adjourn



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

**BOARD OF SELECTMAN
SPECIAL MEETING MINUTES
WEDNESDAY, JUNE 4, 2014**

**IMMEDIATELY FOLLOWING BOARD OF FINANCE MEETING AT 7:00 PM
TOWN HALL-MEETING ROOM 1**

Members Present: First Selectman Stan Soby, Rosemary Coyle, William Curran, Denise Mizla, Kurt Frantzen (via telephone)
Members Absent: None

RECEIVED
COLCHESTER, CT
2014 JUN -5 AM 1:43
MURPHY A. BRYAN
TOWN OF COLCHESTER

1. Call to Order

First Selectman S. Soby called the meeting to order at 9:20 PM.

2. Discussion and Possible Action on FY2014-15 Budget

Motion by R. Coyle to set the date of the Town Budget Meeting for Tuesday, June 17th.
Seconded by W. Curran. Unanimously approved. **Motion carried.**

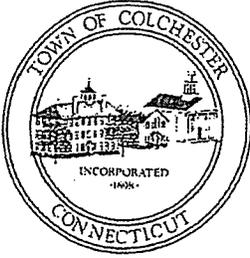
Motion by R. Coyle to set the date of the referendum for Tuesday, June 24. Seconded by D. Mizla. Unanimously approved. **Motion carried.**

3. Adjourn

Motion by D. Mizla to adjourn. Seconded by W. Curran. Unanimously approved.
Meeting adjourned at 9:22 PM.

Respectfully Submitted,

Justin LaFountain
Clerk



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

**Board of Selectmen Minutes
Regular Meeting Minutes
Monday, June 5, 2014
Colchester Town Hall
Meeting Room 1**

MEMBERS PRESENT: First Selectman Stan Soby, Selectman Denise Mizla, Selectman Rosemary Coyle, Selectman Bill Curran and Selectman Kurt Frantzen.

MEMBERS ABSENT: none

OTHERS PRESENT: Dot Mrowka, Rob Tarlov, Don Phillips, Chris Ferrante, Eric Kundahl, Cheryl Hancin, Tricia Dean and other citizens.

RECEIVED
COLCHESTER, CT
2014 JUN 12 PM 12:31
NANCY A. BRY
TOWN CLERK

1. **Call to Order**
First Selectman Stan Soby called the meeting to order at 7:02 p.m.

S. Soby recognized and presented a plaque to Sean O'Leary for his 10 years of service on the Park & Recreation Commission.
2. **Additions to the Agenda –**
Item #8, A2 - Chatham Health District, Rosemary Coyle Possible Appointment to a Three Year Term to Expire 5/19/2017.
Item #8, B1 – Park & Rec Commission, David O'Brien Possible Appointment as a member, as recommended by the Commission Chair, with a Four Year Term to Expire 11/1/2016
Item #8, B2 – Park & Rec Commission, Sharon Murphy Boski Possible Appointment for a Three Year Term as Alternate to Expire 11/30/2016
Item # 19 move to # 11
R. Coyle moved to add all items listed, seconded by K Frantzen. Unanimously approved. MOTION CARRIED
3. **Approve Minutes of the May 14, 2014 Special Board of Selectmen Meeting**
S. Soby stated under Item #3, Discussion and Possible Action on FY2014-2015 Budget, first paragraph remove Unanimously approved and motion carried. Third paragraph should read "S. Soby moved the question, seconded by R. Coyle. Same line after Motion CARRIED, should add Vote on original motion: Unanimously approved, MOTION CARRIED.

D. Mizla moved to approve the Special Board of Selectmen Meeting minutes of May 14, 2014 as amended, seconded by R. Coyle. Unanimously approved, two abstentions made by K. Frantzen and Bill Curran. MOTION CARRIED.
4. **Approve Minutes of the May 15, 2014 Regular Board of Selectmen Meeting**
R. Coyle stated under Item #6, C. B. add after to accept the resignation of S. O'Leary "with regret".
R. Coyle moved to approve the Regular Board of Selectmen Meeting minutes of May 15, 2014 as amended, seconded by D. Mizla. Unanimously approved, two abstentions made by K Frantzen and Bill Curran. MOTION CARRIED.
5. **Approve Minutes of the May 22, 2014 Special Board of Selectmen Meeting**
R. Coyle moved to approve the Special Board of Selectmen Meeting minutes of May 22, 2014, seconded by D. Mizla. Unanimously approved, two abstentions made by K Frantzen and Bill Curran. MOTION CARRIED
6. **Approve Minutes of the June 2, 2014 Special Board of Selectmen Meeting**
R. Coyle moved to approve the Special Board of Selectmen Meeting minutes of June 2, 2014, seconded by B. Curran. Unanimously approved. MOTION CARRIED.
7. **Citizen's Comments-** D. Mrowka reported on a solicitation call she received on her home phone

8. **Boards and Commissions – Interviews and/or Possible Appointments and Resignations**
 - a. **Chatham Health District –**
 1. Priya Tandon to be interviewed - P. Tandon was interviewed
 2. Rosemary Coyle Possible Appointment for a Three Year Term to expire 5/19/2017
D. Mizla moved to appoint Rosemary Coyle as a Board Member to Chatham Health District for a Three Year Term to expire 5/19/2017 to replace G. Schuster position due to resignation, seconded by K. Frantzen. Unanimously approved. MOTION CARRIED
 - b. **Parks & Recreation Commission –**
 1. David O'Brien Possible Appointment as a member as recommended by the Commission Chair, with a Four Year Term to Expire 11/1/2016
R. Coyle moved to appoint D. O'Brien as a member to the Park & Rec Commission to a Four Year Term to Expire 11/1/2016, seconded by D. Mizla. Unanimously approved. MOTION CARRIED.
 2. Sharon Boski Possible Appointment for a Three Year term as alternate to expire 11/30/2016
No action taken. Requesting feedback from the recently appointed Commission Chair.
 - c. **Charter Review Commission –**
 1. David Anderson to be interviewed – D Anderson was interviewed
 2. Steven Schuster to be interviewed – S Schuster was interviewed
 3. Gregg LePage to be interviewed – G LePage was interviewed
 4. Charles Csere to be interviewed – C Csere was interviewed
 5. Tearice Peters to be interviewed – T Peters was interviewed
9. **Budget Transfers - none**
10. **Tax Refunds & Rebates –**

R. Coyle moved to approve tax refunds in the amounts of \$90.80 Leonard & Karen Przekopski Jr, \$31.52 Anelli Real Estate LLC, \$670.07 Sean Gillespie & Jessica Orf, \$234.43 EAN Holdings LLC, seconded by D Mizla. Unanimously approved. MOTION CARRIED
11. **Tax Collector Status Report**

Activities to date; Training session with software vendor, office policy & procedures review and ways to improve office and service efficiencies; researching online bill pay services; attended a demonstration on use of remote deposit capture; delinquent taxes update, teleconference with attys on foreclosure procedures.
12. **Discussion and Possible Action on approving Summer Camp lunch provider**

R. Coyle moved accept the bid by John Sawchuck Catering and Concessions and authorize the First Selectman to sign all necessary documents, seconded by D. Mizla. Unanimously approved. MOTION CARRIED.
13. **Discussion and Possible Action on approving Ice Cream provider for Concerts on the Green**

R Coyle moved to accept the bid from New England Soft Serve of \$151/concert and authorize the First Selectman to sign all necessary documents, seconded by K Frantzen. Unanimously approved. MOTION CARRIED.
14. **Discussion and Possible Action on approving Food Concession Provider for Concerts on the Green**

D Mizla moved to accept the bid by Rollinred's Mobile Kitchen and authorize the First Selectman to sign all necessary documents, seconded by K Frantzen. Unanimously approved. MOTION CARRIED.
15. **Discussion and Possible Action on approving Senior Center Exercise Vendor Contract**

R Coyle moved to authorize the First Selectman to sign the contract with Anne Beauregard, Exercise and Sittercize Instructor beginning 6/2/14 and ending 12/29/14. Unanimously approved. MOTION CARRIED.
16. **Discussion and Possible Action on Warrant Signatures**

R Coyle moved to appoint D Mizla as one of the signatory on warrants, seconded by K Frantzen. Unanimously approved. MOTION CARRIED.
17. **Discussion and Possible Action on Liaison Assignments**

The Board of Selectmen will review Boards & Commissions and select amongst the group on Liaison assignments.

18. Discussion and Possible Action on Election of Vice Chair

D Mizla moved to nominate R Coyle as Vice Chair for the Board of Selectmen until 11/16/15, seconded by B Curran. Unanimously approved. MOTION CARRIED.

19. Citizen's Comments – D Mrowka commented that it was a great meeting

20. Liaison Report

K Frantzen reported on Conservation facing more enforcement issues vs development; Sewer & Water commission is dealing with issues from over the summer.

D Mizla reported on Youth & Social Services have Summer Palooza on 6/14, Youth leadership award being awarded at Palooza, decided against the drug paraphernalia letter going out to businesses, and working on a back to school drive for collecting donations from businesses around town.

B Curran reported on Economic Development working with leaders about regionalization coming towards the end of the year.

21. First Selectman's Report

S. Soby reported on the Budget \$105,000 reductions to be made, department heads have given their recommendations. Budget info is on the web; eblast to go out regarding the Town meeting and Referendum vote; Meetings for next week for the public as an informal informational on the budget; Dollar General opening soon; Settlers Green on Lebanon Ave received financing; Becker's Grand Opening on 6/4; CBA Picnic 6/3; Assistant Town Clerk submitted his resignation, posting position internally first; First Selectman's IT employee was hired by the BOE full time, he will be available to the Town during the week in the late afternoon; 6/6 Norton Dam tour with partners, State delegation. The Nature Conservancy DEP Grant was a major driver of the project as well as STEAP Grant; S&S Worldwide donating Campership for Day Camp program; National Trails Day, Regional Hazardous Waste, Tag Sale on the Green, Colchester Land Trust Hike and the Eagle Scout Court all taking place over the weekend; Blight issue- a long standing residential issue will be resolved.

22. Adjourn

R Coyle moved to adjourn at 9:31 p.m., seconded by B Curran . Unanimously approved. MOTION CARRIED.

Respectfully submitted,

Tricia Dean, Clerk



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

DATE: 05/07/2014 1303

BOARDS & COMMISSIONS APPLICATION

Name: Dr. Priya Tandon

Address: 7 Park Avenue, Suite 1

Colchester, CT. 06415

Home Phone: _____

Email: _____

FAX: 888-297-2226

Work Phone: 860-537-2309

Email: ptandon@myupdox.com

Town Residency 17

Years

Party Affiliation: Democrat

Republican

Unaffiliated

(circle one)

Commission or Board you are interested in serving on: Board of Directors of Chatham Health District

Educational Background: List name and location of school, # of years attended, Subjects/Major, Did you graduate?

High School: Kodaikanal International School, India. Completed high school in 4 years

College: M.S. Ramaiah Medical College India, 1986-1992 followed by mandatory internship

Trade, Business UCONN Medical Center

Or Correspondence _____

School _____

CONTINUED ON REVERSE SIDE

Work Experience: List length of employment, name and address of employer, position & reason for leaving

- Private Practice March 2008-present
- Hospitalist at Hospital of Central CT August 2006- July 2007
- Assistant Clinical Director at Brownstone Ambulatory Clinic- Hartford Hospital November 2004-August 2006
- Covering Physician in MICU- Hartford Hospital August 2001-November 2004
- Internist at Generations Family Health Center- Norwich, CT 1993-2001

Are you capable of making the commitment of time necessary to serve on this Board or Commission? Yes

Why are you interested in serving? I have lived and worked in Colchester for over 15 years and have enjoyed watching this to surrounding areas grow into beautiful communities. I am interested in helping my neighbors stay informed and healthy. I look forward to serving to help care for and educate them in any way I can.

Do you have any experience or familiarity with this area? Medical practioner in the community for the past 6 years and over medical field for 15 years.

If you are not appointed to this board or commission, would you be interested in other forms of public service? Which ones? No

Date: 05/07/2014 1309

Signature: *Quinn Tardon*

Priya Tandon, M.D
7 Park Ave., Suite 1
Colchester, CT 06415

Current Position-

Internal Medicine Private practice
(March 2008 –present)

Hospital Affiliation

W.W Backus Hospital
Norwich , CT 06360

Work Experience

Hospitalist at Hospital Of Central CT
(August 2006- July 2007)

Assistant Clinical Director
Brownstone Ambulatory Clinic
Hartford Hospital
Hartford, CT
(Nov 2004-Aug 2006)

Covering Physician in MICU
Hartford Hospital
Hartford, CT
(Aug 2001-Nov 2004)

Internist
Generations Family Health Center
Norwich, CT
(1998-2001)

Professional Training

Fellowship in Hematology and Oncology
University of Connecticut Health Center
Farmington, CT
(1997-1998)

Chief Medical Resident
Hartford Hospital
Hartford, CT 06102
(1996-1997)

Residency in Internal Medicine
University of Connecticut Health Center
Farmington, CT
(1994-1996)

Residency in Internal Medicine
Coney Island Hospital
Brooklyn, NY
(1993-1994)

Bachelor of Medicine, Bachelor of Surgery
MS Ramiah Medical College
Bangalore, India
(1986-1992)

Board Certification

Board Certified in Internal Medicine 1997
Recertified in Internal Medicine 2007

Licensure

Connecticut License # 035115

Awards

Harold Willard Award for Excellence in
Ambulatory Medicine
University of Connecticut Health Center
Farmington, CT
(1996-1997)

Faculty Award for Excellence in Teaching
University of Connecticut
Farmington, CT
(2006-2007)

Publications

P.Tandon, B. Lahiri, K. Rao.
Evaluation of Neuromuscular disorders in
Ventilator dependent ICU patients
Chest Oct 1996 : vol 110.
Also presented at ACCP 62nd Annual Meeting
San Francisco, CA Oct 1996.

Clinical Vignette

P.Tandon, H.Keating. Presentation and
discussion of a case of Hyperthyroidism
masquerading as chondrocalcinosis.
Courtlandt Forum Jan1997.

P. Tandon. Osmolar and anion acidosis in
P. Tandon. Osmolar and anion acidosis in
an Alcoholic without toxin ingestion.
ACP Connecticut chapter May 1997.

P.Tandon. Paraneoplastic cutaneous syndromes.
ACP Connecticut chapter May 1997.



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

DATE: 6/2/2014

BOARDS & COMMISSIONS APPLICATION

Name: REBECCA ANN MEYER

Address: 72 BROOKSTONE DRIVE Colchester, CT. 06415

Home Phone: 860-754-7838 Email rebecca.meyer33@gmail.com FAX: _____

Work Phone: _____ Email _____ Town Residency 4 Years

Party Affiliation: Democrat Republican Unaffiliated (circle one)

Commission or Board you are interested in serving on: Conservation Commission

Educational Background: List name and location of school, # of years attended, Subjects/Major, Did you graduate?

High School: MYERS PARK HIGH SCHOOL, ^{Graduated} JUNE 1995, Charlotte, North Carolina, Attended 3 years,

College: Bachelor of Arts, Political Science, North Carolina State University, Graduated May 1999

• Master of Arts, Environmental & Natural Resources Policy, The George Washington University, Graduated January 2005

• Project Management Certificate, Boston University, December 2008

Trade, Business Or Correspondence School _____

CONTINUED ON REVERSE SIDE

Work Experience: List length of employment, name and address of employer, position & reason for leaving:

- Senior Program Administrator - Evaluator, Northeast Utilities, December 2004 - Present (9.5 years) Design, manage & implement energy education & community outreach programs, Berlin, CT
- Research Assistant, The Progress & Freedom Foundation, August 2001 - June 2001 Washington, DC (left to move to CT w/ family)
- Research Assistant; Smith, Anderson, Blair, Dorsett, Mitchell & Jernigan, June 1999 - July 2001 (18 yrs for grad sch mos DC)

Are you capable of making the commitment of time necessary to serve on this Board or Commission?

YES

Why are you interested in serving? ^{I am} Interested in helping conserve Colchester's natural resources and providing support to my community. I have a successful resume of working with Connecticut's towns and cities through the Clean Energy Communities program. I would like to apply my environmental policy education to help my community regarding other environmental issues/policies.

Do you have any experience or familiarity with this area? Developed version 2.0 of the Clean Energy Communities program in CT where 102 towns and cities have committed to reducing energy consumption 20% by 2018 and purchasing 20% of electricity from renewable sources by 2018. My focus in graduate school was on wetlands and my thesis was regarding the Dead Zone in the Gulf of Mexico (hypoxic area created by nitrogen/phosphorus runoff along the Mississippi River Basin).

If you are not appointed to this board or commission, would you be interested in other forms of public service?

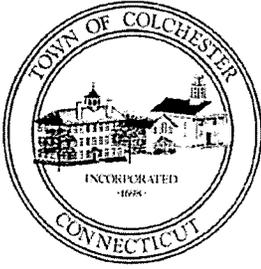
Which ones? Planning & Zoning Commission;

Date: 6/2/14

Signature: [Handwritten Signature]

Conservation Commission-5 Members, 3 Alternates, 3 year terms

<i>Position</i>	<i>Name</i>	<i>Party</i>	<i>Phone</i>	<i>E-mail</i>	<i>Expiration Date</i>
Chair	Falk Von Plachecki	R	860-537-3167	afvp@netzero.com	10/31/2016
Vice Chair	Kurt Erantzen	D	860-537-8524	kafrantzen@comcast.net	10/31/2016
Member	Susan Bruening	U	860-537-1162		10/31/2014
Member	Morris Epstein	D	860-537-1735		10/1/2015
Member	Darrell York	R	860-295-1090	dyork@msipump.com	10/1/2015
Alternate	Erika Fuery	U	860-367-5883	erika.fuery@cardinotec.com	10/1/2015
Alternate	Andrew George	D	860-537-5596	aageorge27@sbcglobal.net	10/31/2014
Alternate	VACANT				10/1/2014



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

DATE: June 12, 2014

BOARDS & COMMISSIONS APPLICATION

Name: Charles S. Logan

Address: 37 Esther Lane Colchester, CT. 06415

Home Phone: 860-531-9062 Email logancs@msn.com FAX: _____

Work Phone: 860-682-1348 Email clogan@amnucins.com Town Residency 1 month Years

Party Affiliation: Democrat Republican Unaffiliated (circle one)

Commission or Board you are interested in serving on: Ethics Commission

Educational Background: List name and location of school, # of years attended, Subjects/Major, Did you graduate?

High School: Whitcomb High School Bethel, VT 4 years Graduated 1981

College: Trident University Intentional MBA (IT Management) Graduated 2004

Thomas Edison State College BSAST (nuclear Technology) Graduated 2003

Southern Illinois University BS (Education) Graduated 2000

Trade, Business Lean Six Sigma Black Belt

Or Correspondence _____

School _____

CONTINUED ON REVERSE SIDE

Work Experience: List length of employment, name and address of employer, position & reason for leaving:

28+ Years in the US Naval Nuclear Power Program (retired Last month)

Stationed in CT for the last 8 years and lived in Colchester for the last 7 years.

Are you capable of making the commitment of time necessary to serve on this Board or Commission? YES

Why are you interested in serving? We have lived here for 7 years and want to get involved in Colchester and give back to the Community.

Do you have any experience or familiarity with this area? _____

Have Familiarity but have not had experience due to Navy Schedule in the past.

If you are not appointed to this board or commission, would you be interested in other forms of public service?

Which ones? Board of Education, Board of Finance

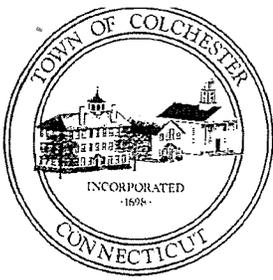
Date: 6/12/2014

Signature: clogan@amnucins.com

Digitally signed by clogan@amnucins.com
DN: cn=clogan@amnucins.com
Date: 2014.06.12 12:09:58 -0400

Ethics Commission-5 Members, 3 year terms

Position	Member Name	Party	Phone	E-mail	Expiration Date
Member	Debra Marvin VACANT (D. Ward)	D	860-334-8267	dentse.ward@uscm.edu	11/1/2015
Member	Debra Marvin	U	860-537-3222-5240	debimarvin@msn.com	11/1/2015
Member	Daniel Henderson	D	860-537-5709	daniel.m.henderson@us.army.mil	5/30/2014
Member	Shannon Bergquist	U	860-267-6546	shannonbergquist@sbcglobal.net	11/1/2016
Member	John Dilorio	D	860-537-8213	jandcilorio@comcast.net	10/13/2016



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

DATE: _____

BOARDS & COMMISSIONS APPLICATION

Name: Elizabeth (Betty) Wagner

Address: 172 Stollman Rd. Colchester, CT. 06415

Home Phone: 537-5327 Email: wfwagner01@snet.net FAX: _____

^{cell} Work Phone: 280-8133 Email _____ Town Residency _____ Years

Party Affiliation: Democrat Republican Unaffiliated (circle one)

Commission or Board you are interested in serving on: Charter Review

Educational Background: List name and location of school, # of years attended, Subjects/Major, Did you graduate?

High School: graduated Academic

College: SUNY Oswego, NY BS Education

UConn. MA Education

extensive training in employment law, negotiation,
team building.

Trade, Business _____

Or Correspondence _____

School _____

CONTINUED ON REVERSE SIDE

ELIZABETH S. WAGNER
172 Stollman Road
Colchester, Connecticut 06415
(860) 537-5327
Cell (860) 280-8133

PROFESSIONAL SUMMARY:

Competent professional with a solid background in leadership, team development and training. Excellent verbal and written communication skills and proven organizational, planning and problem solving capabilities. Able to set priorities, meet deadlines and achieve results in a demanding environment.

EXPERIENCE:

February 2013 to present: State of Connecticut, Alternate Member, Employment Security Board of Review.

2007 to February 2013: State of Connecticut, Department of Labor
Member, Employment Security Board of Review.

Final appeal board for Unemployment. We review all unemployment appeal cases that come before the board and issue a determination. The board regularly reviews over 2000 cases per year.

2001- 2007: U.S. House of Representatives, Congressman Rob Simmons.
Constituent Services Director.

Responsible for monitoring all district office casework for responsiveness, quality and even distribution of workload. Recruited and trained all interns. Served as liaison to district labor unions and farmers. Maintained goal of providing outstanding constituent service by contacting constituents the same day their letters arrived and maintaining regular communication with them and government agencies.

- Assisted constituents with unemployment problems, including hearing preparation. Have extensive training in and knowledge of employment law.
- Responsible for all casework involving the U.S. Postal Service, the Internal Revenue Service, Federal Aviation Administration, Amtrak, student loans, federal pensions, unemployment and worker's compensation. Attended training workshops throughout my tenure.
- Represented the Congressman at various functions, including regular attendance at the Connecticut River Estuary Council of Elected Officials and the Connecticut River Valley Council of Elected Officials meetings. Regularly attended Middlesex Chamber of Commerce meetings while staffing the Middletown office.
- Designed and implemented a method for providing excellent service to each constituent, which involved regular communication with the constituent and the agency involved. Successfully closed over 2000 cases in 5 years.
- Maintained excellent relationships with agency contacts.
- Recruited, scheduled and trained all interns, working closely with high schools and the University of Connecticut.
- Worked with the Congressman to restore leave time to over 300 union members at the Naval Undersea Warfare Center. This project took over two years, required legislation, and involved working closely with the two NAGE unions and Navy personnel to assure that the employees' leave time would be restored.

**1989-2001: The Wiremold Company, West Hartford, Connecticut
Human Resources Manager. Administrative Team Leader**

Hired in 1989 to evaluate and upgrade the staffing function. Was promoted to Employment and Employment Relations Manager in 1991 and to Human Resources Manager in 1998.

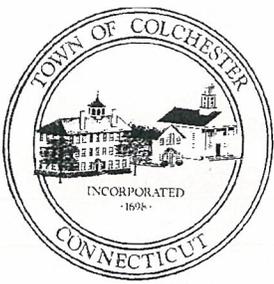
- Developed and implemented a comprehensive plan for employee development. Recruited leaders to mentor employees, worked on a daily basis with individuals on their development plans, including those at our West Virginia plant and the Memphis warehouse. Certified by the Center for Creative Leadership as a Benchmarks administrator. Thirty-five employees were initially accepted into the program.
- Designed and implemented with a team of two others, a training program for new employees that included orientation, team building, Quality Function Deployment and Kaizen (lean manufacturing). Personally designed and presented the team building module to all new employees on first and second shift.
- Responsible for all employment activities, including recruitment of all hourly and salary hires and all management hires for all 6 subsidiaries. Maintained a turnover rate well below the national average during the entire 12 years. Designed and validated an aptitude test for hourly workers. Hired over 60 students each summer for the summer employment program. Trained all our managers in interviewing skills. Planned and implemented a college recruiting program for Engineers.
- Worked with the IBEW on a daily basis, meeting with union officials to handle potential problems before they became a grievance. Was one of three members of the management team that reviewed and settled step two grievances on a weekly basis. The company did not have a single arbitration from 1998 to 2001. At the same time, we protected management rights at all times.
- Scheduled and presented sexual harassment training to all new employees.
- Certified by Harvard Law School to teach the Program on Negotiation, which I presented twice annually.
- As Administrative Team Leader, lead a team of 35, consisting of Accounting/Finance, Information Technology, Human Resources and Mail/Literature Services. We conducted monthly Kaizens to improve our processes. Was charged with reporting weekly to the President of the company on the team's accomplishments. Held that position while performing all the functions of my regular job for ten years.
- Represented the company at all unemployment hearings. Attended fact finding sessions and represented the company without legal assistance at all hearings before a referee. Wrote and submitted final appeals to the Board of Review. Won all but three cases before a referee. Wrote all the company's appeals to the Employment Security Board of Review.
- Represented the company on the CBIA unemployment insurance review board.

EDUCATION:

University of Connecticut, Master of Arts, Education.
SUNY at Oswego, New York. Bachelor of Science in Elementary Education with a dual major in History.

TRAINING:

Certified to teach "Getting to Yes, Program on Negotiation," by Harvard Law School
Certified Benchmarks leader by Center for Creative Leadership
Attended Labor Relations College at Cornell
Attended FAA, IRS, USDA, and Postal Service training workshops



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

DATE: 5-30-14

BOARDS & COMMISSIONS APPLICATION

Name: MICHAEL W. HINCHLIFFE

Address: 14 HEATHERWOOD DRIVE Colchester, CT. 06415

Home Phone: 860-537-2497 Email MWHINCHLIFFE@AOL.COM FAX: N/A.

Work Phone: 860-537-2497 Email MWHINCHLIFFE@AOL.COM Town Residency 8 Years

Party Affiliation: Democrat Republican Unaffiliated (circle one)

Commission or Board you are interested in serving on: CHARTER REVIEW COMMISSION

Educational Background: List name and location of school, # of years attended, Subjects/Major, Did you graduate?

High School: GRADUATED (5 CREDITS) PRINCE OF WALES SCHOOL, NAIROBI, KENYA — (CAMBRIDGE UNIVERSITY CURRICULUM, ENGLAND) COMPLETED ADVANCED MATHEMATICS, ASHFORD GRAMMAR SCHOOL, ASHFORD, KENT, ENGLAND.

College: STUDIED HIGHER NATIONAL CERTIFICATE, HULL, ENGLAND, (B,Sc EQUIVALENT)

Trade, Business Or Correspondence School GRADUATED CONSULTANTS BUSINESS SCHOOL, KENT, ENGLAND
GRADUATED MANCHESTER UNIVERSITY BUSINESS SCHOOL, MANCHESTER, ENGLAND; MBA STUDIES

CONTINUED ON REVERSE SIDE

Work Experience: List length of employment, name and address of employer, position & reason for leaving:

- 2013 - 6 MONTHS TO PRESENT - PART TIME RETAIL ASSOCIATE - FINISHED ASSIGNMENT.
- 2010 - 2012 - CONSULTANCY WORK.
- 2010 - NOV. - TECHNICAL ASSISTANT TO ALSEAL AT VEITH CONFERENCE & EXHIBITION, NY, NY

Are you capable of making the commitment of time necessary to serve on this Board or Commission? YES

Why are you interested in serving? THIS IS AN INTERESTING WAY OF LEARNING MORE ABOUT OUR LOCAL COLCHESTER OPERATIONS AND A GOOD INTRODUCTION TO BE ABLE TO SERVE OUR TOWNSHIP & COMMUNITY. IN VIEW OF THE POOR RECENT VOTING INTEREST SHOWN RECENTLY, I HOPE TO GIVE BACK TO OUR TOWN & BE MORE ACTIVE IN THE FUTURE OF IT.

Do you have any experience or familiarity with this area? YES, BUT AS A RELATIVELY NEWCOMER ON A CONSTANT LEARNING CURVE.

MANY YEARS OF SMALL TO LARGE BUSINESS SENIOR MANAGEMENT

PRESENTLY A MENTOR & COUNSELOR IN SCORE.

If you are not appointed to this board or commission, would you be interested in other forms of public service?

Which ones? FINANCE COMMITTEE

Date: 05-30-14

Signature: 



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

DATE: 05 June 14

BOARDS & COMMISSIONS APPLICATION

Name: Monica C. Egan

Address: 706 Fieldstone Ct. Colchester, CT. 06415

Home Phone: (860) 465-7909 Email monicacegan@gmail.com FAX: _____

Work Phone: _____ Email _____ Town Residency _____ Years

Party Affiliation: Democrat Republican Unaffiliated (circle one)

Commission or Board you are interested in serving on: Charter Review

Educational Background: List name and location of school, # of years attended, Subjects/Major, Did you graduate?

High School: East Lyme High School, East Lyme, CT, Class of 1992

College: Trinity College, Hartford, CT, Degrees in Biochemistry and Chemistry, Class of 1996

Trade, Business _____
Or Correspondence _____
School _____

CONTINUED ON REVERSE SIDE

Work Experience: List length of employment, name and address of employer, position & reason for leaving:

Parish Hill Middle School High School, Chaplin, CT, September 2013-present

Congressman Joe Courtney, April 2012-September 2013 (left to start my teaching career)

Pfizer Inc., Groton, CT, May 1994-May 2010 (layoff)

Are you capable of making the commitment of time necessary to serve on this Board or Commission? Yes

Why are you interested in serving? Serving Colchester has always been important to me.

Since leaving the Board of Education, I have intended to remain active. I served on the last Charter Review and Revision Commissions and loved the learning experience. I discovered that I have a deep interest in town government structure and would like to serve again.

Do you have any experience or familiarity with this area? _____

I served on the last Charter Review and Revision Commissions. The experience was one of the most interesting learning experiences of my life. I remember our discussions well and will be able to offer insight into why the Charter reads as it does now and other options explored at the time it was written.

If you are not appointed to this board or commission, would you be interested in other forms of public service?

Which ones? Absolutely. Being involved in Colchester is important to me.

Date: 05June2014

Signature: _____

Colchester Senior Center
BOS Request for Approval

TO: Board of Selectmen

FROM: Patricia Watts, Director

RE: Zumba Gold Instructor Contract

DATE: 6/11/2014

This is a renewal contract with Donna Chalmers, Zumba Gold Instructor. Zumba Gold \$25 per session (requires a five person minimum per class).

Action Recommended:

That the Board of Selectmen authorize Stan Soby, First Selectman to sign the attached contract with Donna Chalmers, Zumba Gold Instructor, beginning 7/02/2014 and ending 12/31/2014.

Town of Colchester/Senior Center

95 Norwich Ave.
Colchester, CT 06415
(860) 537-3911

LETTER OF AGREEMENT

CONTRACT FOR PROFESSIONAL SERVICES BY & BETWEEN THE TOWN OF COLCHESTER SENIOR CENTER AND Donna Chalmers Zumba Gold Instructor

Name/Location	Time Period	Instructor	Pay Rate
Senior Center	7/02-12/31/14	Donna Chalmers	\$25 Per Session

1. The contractor agrees to provide professional Zumba Gold instruction with the specifications contained in the "Scope of Services" listed below.
2. Compensation to the contractor shall be at the rate of \$25 per session for Zumba Gold instruction with a requirement of a five person minimum per class. The contractor shall be paid at the conclusion of each two week period, and shall be responsible for submitting invoices on a bi-weekly basis. Checks will be issued after invoices are received and approved. Invoices will be processed for payment no earlier than two weeks after the program has started. Please allow three weeks for initial processing.
3. It is the philosophy of the Town of Colchester that a contractor's appearance and attitude be reflected in his/her daily work practices. Contractors shall be expected to maintain a neat and clean appearance while under contract with the town.
4. If it is deemed necessary, the director of senior services/acting director reserves the right to add or cancel programs and to adjust work schedules as required, for the benefit of the program. The director of senior services also reserves the right to revoke all contracts where inability to work established schedules is not in the best interest of the program.
5. It is mutually agreed that this is a contract for services and not a contract for employment. The Contractor shall not be entitled to any employment benefits from the Town of Colchester such as but not limited to: vacation, sick leave, insurance, workers compensation, pension, and retirement benefits. The Contractor shall be responsible for the filing of federal state income tax information, as well as quarterly Social Security payments as a self-employed individual.
6. The Contractor shall at all times enter its appearance for, defend, indemnify, protect and save harmless the Town of Colchester from any and all claims for

demands for damages, either in law, or in equity, arising out of or by virtue of the execution of this agreement.

7. An updated liability insurance certificate with coverage of \$1,000,000.00 evidence of Workers Compensation Insurance for the instructor will be provided upon acceptance of this contract. If your program is being held in a Colchester School Building you and any employees must submit fingerprint cards along with processing fee to the BOE office prior to your first class.
8. A scheduled meeting with the program coordinator prior to the start of the program is required. Rosters and attendance sheets will be given to the instructor prior to the first class. Please return accurate attendance sheets to the senior center office at the conclusion of your program.

If you agree with the terms and conditions stated above, please sign and return one copy of this contract.

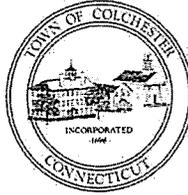
Stan Soby, First Selectman

Date


Donna Chalmers, Independent Contractor

6/11/14

Date



N. Maggie Cosgrove
Chief Financial Officer
Finance Department

Date: June 9, 2014

To: Board of Selectmen

From: N. Maggie Cosgrove, CFO

Subject: Munis Crystal Reports Financial Software Contract Renewal

Background

The Board of Selectmen previously approved the renewal of the Munis Financial Software - Application Service Provider (ASP) contract for an additional three-year term through June 30, 2016. In addition to the ASP contract, there is a separate annual support and license agreement for the Crystal Reports application. The attached agreement is for the period July 1, 2014 through June 30, 2015 in the amount of \$2,215.87. This cost is shared by the Town and Board of Education and is included in the FY 2014-2015 proposed budget.

Recommendation

Approve Annual Support and License Agreement for Munis Crystal Reports application for the period July 1, 2014 through June 30, 2015 and authorize First Selectman to sign the agreement.

**ANNUAL SUPPORT A GREEMENT AND LICENSE AGREEMENT
FOR MUNIS® SOFTWARE**

Invoice to:	Town and B.O.E. Colchester	Contact:	N. Maggie Cosgrove
1106	127 Norwich Avenue		
Address:	Colchester, CT 06415	Telephone:	860.537.7229

This Support and License Agreement (herein "Agreement") is entered into between Town and B.O.E Colchester (Licensee) with its principal place of business at 127 Norwich Avenue, Colchester, CT and Tyler Technologies, Inc., MUNIS Division, (Licensor) with its principal place of business at One Tyler Drive, Yarmouth, Maine, 04096 on this 1st day of July 2014.

The headings used in the Agreement are for reference purposes only and shall not be deemed a part of this Agreement.

The Licensee agrees to purchase and MUNIS agrees to provide services for the products listed below in accordance with the following terms and conditions.

I. Term of Agreement

This Agreement is effective as of 07/01/14 and shall remain in force until 06/30/15 (one-year term). Upon termination of this Agreement the Licensee may renew the Agreement for subsequent one-year periods at the then current fee structure as established by the Licensor.

II. Scope of the Agreement

Both parties acknowledge that this Agreement covers both Support and Licensing for the products listed below, used by the Licensee for the operations of: City/Town/Village School County Other (This Agreement is limited to only those entities marked.)

III. Payment

- Licensee agrees to pay MUNIS \$ 2,215.87, for licensing and support services, as described below. This payment is due and payable upon execution of the Agreement.
- Additional charges. Any services performed by MUNIS for the Licensee, which are not covered by the Agreement, will be charged at the then applicable time rate*. All materials supplied in connection with such non-covered maintenance or support will be charged to the Licensee. Any additional charges will be added to the next invoice submitted to the Licensee and shall be due on the same date as the other charges included in that invoice.

IV. Covered Products

This Agreement is limited to the following listed products which are registered for Licensee's AIX 5.3 system.

Application:
MUNIS Crystal Reports

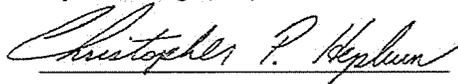
Application:

C

Licensee¹

Date

Tyler Technologies, Inc., MUNIS Division



Christopher P. Hepburn

Date

June 2, 2014

* Current Billable Service Rates are available on request.

Rates are subject to change and a contract for services or a Purchase Order is required to hold a quoted rate.

¹ Licensee's acceptance signature is optional. Payment of this contract by Licensee signifies acceptance of the terms and conditions outlined herein. MUNIS will not accept any changes to this contract.

V. Terms and Conditions for Licensing:

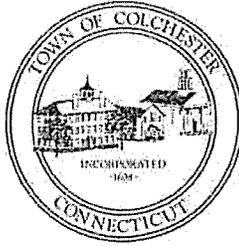
1. **Grant of License:** Upon execution of this Agreement, Licensee is hereby granted the non-exclusive and non-transferable license and right to use the current version of the MUNIS Licensed Programs listed in Section IV., and related materials. This License will also cover any additional revisions that Licensor may release during the term of this Agreement. The Licensor agrees to extend and the Licensee agrees to accept a license subject to the terms and conditions contained herein for the current version of the MUNIS software products identified in Section IV.
2. **Limited Use:** The software products listed are licensed for use only for the benefit of the Licensee listed in this Agreement. This license is registered for the Licensee's computer system identified in Section IV. As long as a current License and Support Agreement is in place, this License may be transferred to any other hardware system used for the benefit of Licensee. Licensee agrees to notify Licensor prior to transferring the licensed products to any other system. The right to transfer this license is included in the cost of this Agreement. The cost for new media or any required technical assistance to accommodate the transfer would be billable charges to the Licensee.
3. **Confidentiality:** The Licensee agrees that the Products are proprietary to the Licensor and have been developed as a trade secret at the Licensor's expense. The Licensee agrees to keep the software products confidential and use its best efforts to prevent any misuse, unauthorized use or unauthorized disclosures by any party of any or all of the Products or accompanying documentation.
4. **Modification:** The Products may be modified but such modification shall be only for the use on the Licensee's system for which the Products are licensed and shall not cause the Licensee or anyone performing such modification to gain any proprietary or other interest in the Products.
5. **Copies:** The Licensee may make copies of the licensed Products for archive purposes only. The Licensee will repeat any proprietary notice on the copy of the Product. The documentation accompanying the product may not be copied except for internal use.
6. **Warranty:** For as long as a current software support agreement is in place, the Licensor will warrant that all MUNIS® software programs will operate as described in the brochures and user manuals of MUNIS. If a program fails to operate in the manner described within these documents, the Licensor will correct the problem at no charge to the Licensee. If Licensee has made modifications to the software programs, Licensor will no longer warrant the performance of those programs, which contain modifications, unless specifically authorized in writing by the Licensor.

VI. Terms and Conditions for Support:

1. **Scope of Services:** MUNIS will provide the following services for the benefit of the Licensee.
 - a.) MUNIS shall provide software-related telephone support to the Licensee. Support personnel will accept phone calls during MUNIS's normal working hours (8:00 A.M. to 6:00 P.M., Eastern Standard Time, Monday through Friday) for the term of this Agreement, limited to a reasonable number of calls of reasonable duration. Assistance and support requests, which require special assistance from MUNIS's development group, will be taken and directed by support personnel. In the event that support representatives are unavailable to receive calls, messages will be taken and calls will be returned within one working day.
 - b.) MUNIS will continue to maintain a master set of the current computer programs on appropriate media, as well as hardcopy printout of source code programs and documentation.
 - c.) MUNIS will maintain staff that is appropriately trained to be familiar with Licensee's software programs that are listed in Section IV in order to render assistance, should it be required.
 - d.) MUNIS will provide Licensee with all program enhancements, modifications or updates that MUNIS may make to the then Current Release of the program applications covered in this Agreement.
 - e.) In the case of system software new Release(s), the Licensee will also be required to pay whatever fees the manufacturer charges to MUNIS for the new Release. Licensee understands that and agrees that six (6) months after shipment by MUNIS of new Releases, MUNIS shall cease to support the earlier Release and for the balance of the term, MUNIS shall support the new Release.
 - f.) MUNIS will make available appropriately trained personnel to provide Licensee additional training, program changes, analysis, consultation, recovery of data, conversion, non-coverage maintenance service, etc., billable at the current per diem rate. All expenses will be billed in accordance with the then current Tyler Travel Policy.
2. **Limitations and Exclusions:** The support and services of this Agreement do not include the following:
 - a.) Installation of the Licensed Software, onsite support, application design, and other consulting services, or any support requested outside of normal business hours.
 - b.) The Licensee shall be responsible for implementing at its expense, all changes to the Current Release. Licensee understands that changes furnished by MUNIS for the Current Software Release are for implementation in the Current Software Release, as it exists without customization or Licensee alteration.
3. **Licensee Responsibilities:**
 - a.) The Licensee shall provide, at no charge to MUNIS, full and free access to the programs covered hereunder: working space; adequate facilities within a reasonable distance from the equipment; and use of machines, attachments, features, or other equipment necessary to provide the specified support and maintenance service.
 - b.) The Licensee shall install and maintain for the duration of this Agreement, a modem and associated dial-up telephone line or other connection method acceptable to MUNIS. The Licensee shall pay for installation, maintenance and use of such equipment and associated telephone line use charges. MUNIS at its option, shall use this modem and telephone line in connection with error correction. Such access by MUNIS shall be subject to prior approval by the Licensee in each instance.
4. **Non-Assignability:** The Licensee shall not have the right to assign or transfer its rights hereunder to any party.
5. **Excused Non-Performance:** MUNIS shall not be responsible for delays in servicing the products covered by this Agreement caused by strikes, lockouts, riots, epidemic, war, government regulations, fire, power failure, acts of God, or other causes beyond its control.
6. **Limitation of Liability:** The liability of MUNIS is hereby limited to a claim for a money judgement not exceeding the total amount paid by the Licensee for services under this Agreement. THE LICENSEE SHALL NOT IN ANY EVENT BE ENTITLED TO, AND MUNIS SHALL NOT BE LIABLE FOR, INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OF ANY NATURE, EVEN IF MUNIS HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, IRRESPECTIVE OF THE NATURE OF THE LICENSEE'S CLAIM.

VII. General

1. **Governing Law:** This agreement shall be governed by, and construed in accordance with the laws of Client's state of domicile. The invalidity or unenforceability of any provisions of this agreement shall not affect the validity or enforceability of any other provision.
2. **Modification of this Contract:** No modifications or amendment of this Agreement shall be effective unless set forth in writing and signed by both the Licensee and MUNIS.
3. **Suspension:** Support and services will be suspended whenever Licensee's account is thirty days overdue. Support and services will be reinstated when Licensee's account is made current.
4. **Entire Agreement:** THIS AGREEMENT CONSTITUTES THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN THE LICENSEE AND MUNIS WHICH SUPERSEDES ALL PROPOSALS, ORAL OR WRITTEN, AND OTHER COMMUNICATIONS BETWEEN THEM RELATING TO THE SOFTWARE SUPPORT AND MAINTENANCE SERVICE OF THE PRODUCTS COVERED BY THIS AGREEMENT.
5. **Trademarks:** MUNIS and the MUNIS Logo are registered trademarks of Tyler Technologies, Inc.



**N. Maggie Cosgrove
Chief Financial Officer
Finance Department**

Date: June 9, 2014

To: Board of Selectmen

From: N. Maggie Cosgrove, CFO

Subject: National Insurance Services – Insurance Trust Joinder Agreement for Long-Term Disability Insurance

Background

National Insurance Services is the carrier for the Town and Board of Education Long-Term Disability Insurance plans. The Insurance Trust Joinder Agreement has been revised to include LTD coverage eligibility for both the Custodial and Office Professional Unions as negotiated by the Board of Education. Separate documents are required as there are different effective dates for these groups.

Both agreements have been reviewed by representatives of the Lockton Companies, the Town's employee benefits consultants, and have been signed by the Superintendent of Schools. Since this is a joint insurance agreement, the agreements also need to be signed by an authorized Town representative.

Recommendation

Authorize the First Selectman to sign the Insurance Trust Joinder Agreements with National Insurance Services.

**NATIONAL INSURANCE SERVICES INSURANCE TRUST
JOINDER AGREEMENT FOR
LONG-TERM DISABILITY INSURANCE**

TOWN OF COLCHESTER AND COLCHESTER BOARD OF EDUCATION (the "Employer") hereby requests application for participation in National Insurance Services Trust (the "Trust") for group long-term disability insurance benefits under a master group policy underwritten by Madison National Life Insurance Company, Inc. (the "Insurer"). The "Group Policy" means only the provisions of the master group policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

A. Administrative

- | | |
|----------------------------------|---|
| 1. Employer: | TOWN OF COLCHESTER AND
COLCHESTER BOARD OF EDUCATION
Town Hall
127 Norwich Avenue
Colchester, CT 06415-1290 |
| 2. Plan Number: | 1183 |
| 3. Nature of Business: | Government |
| 4. Frequency of Billing: | Monthly |
| 5. Original Plan Effective Date: | July 1, 2005 |
| 6. Revised Plan Effective Date: | April 29, 2014 |

B. Class and Benefit Summary

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Employer Premium Contribution:	100%	100%	100%	100%
Initial Premium Rate:	0.305% of covered payroll	0.305% of covered payroll	0.305% of covered payroll	0.305% of covered payroll
Initial Premium Rate Guarantee:	14 months until July 1, 2015	14 months until July 1, 2015	14 months until July 1, 2015	14 months until July 1, 2015
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Minimum Hourly Work Requirement:	30 hours per week			
Waiting Period:	None	None	None	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period			
Minimum Participation Required:	100%	100%	100%	100%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day	Zero Day	Zero Day	Zero Day
Own Occupation Period:	60 months following the end of the Elimination Period	60 months following the end of the Elimination Period	60 months following the end of the Elimination Period	24 months following the end of the Elimination Period

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months	6 months	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$10,000	\$10,000	\$6,667	\$3,333
LTD Benefit Percentage:	60%	60%	60%	60%
Maximum Monthly Benefit:	\$6,000	\$6,000	\$4,000	\$2,000
Guarantee Issue:	\$6,000	\$6,000	\$4,000	\$2,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze	General Freeze
Pre-Existing Condition Exclusion:	3 months/12 months	3 months/12 months	3 months/12 months	3 months/12 months

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Mental Disorder Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Substance Abuse Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Claim Payment Method:	Monthly	Monthly	Monthly	Monthly
Rehabilitation Benefit:	Included	Included	Included	Included

Class Number:	05	06	07	08
Eligible Class:	Chief Financial Officer and Director of Facilities and Operations	Town Administrators	Town Clerks	Fire Employees
Employer Premium Contribution:	100%	100%	100%	100%
Initial Premium Rate:	0.305% of covered payroll			
Initial Premium Rate Guarantee:	14 months until July 1, 2015			
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week			
Waiting Period:	None	90 days	90 days	90 days
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%	100%

Class Number:	05	06	07	08
Eligible Class:	Chief Financial Officer and Director of Facilities and Operations	Town Administrators	Town Clerks	Fire Employees
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day	Zero Day	Zero Day	Zero Day
Own Occupation Period:	60 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months	6 months	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$10,000	\$3,333	\$3,333	\$3,333

Class Number:	05	06	07	08
Eligible Class:	Chief Financial Officer and Director of Facilities and Operations	Town Administrators	Town Clerks	Fire Employees
LTD Benefit Percentage:	60%	60%	60%	60%
Maximum Monthly Benefit:	\$6,000	\$2,000	\$2,000	\$2,000
Guarantee Issue:	\$6,000	\$2,000	\$2,000	\$2,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze	General Freeze
Pre-Existing Condition Exclusion:	3 months/12 months	3 months/12 months	3 months/12 months	3 months/12 months
Mental Disorder Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Substance Abuse Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Claim Payment Method:	Monthly	Monthly	Monthly	Monthly
Rehabilitation Benefit:	Included	Included	Included	Included

Class Number:	09	10	11	12
Eligible Class:	Highway Employees	Town Library Employees	Police Employees	Office Professionals
Employer Premium Contribution:	100%	100%	100%	100%
Initial Premium Rate:	0.305% of covered payroll			
Initial Premium Rate Guarantee:	14 months until July 1, 2015			
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week	30 hours per week	30 hours per week	20 hours per week
Waiting Period:	90 days	90 days	90 days	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period	Upon completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%	100%

Class Number:	09	10	11	12
Eligible Class:	Highway Employees	Town Library Employees	Police Employees	Office Professionals
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day	Zero Day	Zero Day	Zero Day
Own Occupation Period:	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	60 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months	6 months	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$3,333	\$3,333	\$3,333	\$6,667
LTD Benefit Percentage:	60%	60%	60%	60%

Class Number:	09	10	11	12
Eligible Class:	Highway Employees	Town Library Employees	Police Employees	Office Professionals
Maximum Monthly Benefit:	\$2,000	\$2,000	\$2,000	\$4,000
Guarantee Issue:	\$2,000	\$2,000	\$2,000	\$4,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze	General Freeze
Pre-Existing Condition Exclusion:	3 months/12 months	3 months/12 months	3 months/12 months	3 months/12 months
Mental Disorder Limitation:	24 Months unless hospital confined			
Substance Abuse Limitation:	24 Months unless hospital confined			
Claim Payment Method:	Monthly	Monthly	Monthly	Monthly
Rehabilitation Benefit:	Included	Included	Included	Included

Class Number:	13
Eligible Class:	Custodians
Employer Premium Contribution:	100%
Initial Premium Rate:	0.305% of covered payroll
Initial Premium Rate Guarantee:	14 months until July 1, 2015
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week
Waiting Period:	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period
Minimum Participation Required:	100%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day
Own Occupation Period:	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months
Predisability Earnings:	Base pay only
Maximum Monthly Covered Salary:	\$6,667
LTD Benefit Percentage:	60%
Maximum Monthly Benefit:	\$4,000
Guarantee Issue:	\$4,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family
Freeze Type:	General Freeze

Class Number:	13
Eligible Class:	Custodians
Pre-Existing Condition Exclusion:	3 months/12 months
Mental Disorder Limitation:	24 Months unless hospital confined
Substance Abuse Limitation:	24 Months unless hospital confined
Claim Payment Method:	Monthly
Rehabilitation Benefit:	Included

Maximum Benefit Period:

Age at Disablement	Benefit Duration
59 or younger	To Age 65
60	5 years
61	4 years
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 and over	1 year

C. Payment of Premiums

1. **Premium Due Date.** Premium is due on the 1st of the month to which coverage for such premium applies (e.g., premium for coverage in October would be due October 1st).
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in the Employer's Joinder Agreement.
3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.
5. Premium is due for an Insured Person for each month in which such employee is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:
 - a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th

of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.

- b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.

6. All premiums will be based upon information provided by the Employer in the Census Reports.

D. Changes in Premium Rates.

1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
 - a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
 - b) One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, Predisability Earnings, gender and occupational classification.
 - c) The premium contribution arrangement for insured employees changes or varies from that stated in the Employer's Joinder Agreement when issued or last renewed.
 - d) Plan design changes are requested by the Employer.
 - e) The Insurer and the Employer mutually agree to change premium rates.
2. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. 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 means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.

E. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.

F. Information Required from Employer

1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
 - a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, annual Pre-disability Earnings as defined under the Group Policy and the amount of coverage.
 - b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
 - c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
 - d) Occupational information and any other information that may be required to manage a claim.
 - e) Notification of an Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.

- f) Notice of any additional eligible employee segment(s).
- g) Any other information that may be reasonably required.

2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.

G. Grace Period and Termination for Nonpayment

- 1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.
- 2. Grace Period means the 31 days following the Premium Due Date.
- 3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.
- 4. The Employer is liable for premium for coverage during the Grace Period. The Insurer 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.

H. Termination for Other Reasons

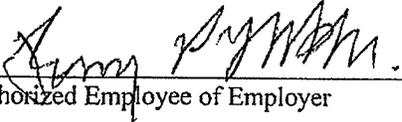
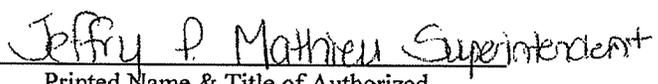
- 1. The Policyowner may terminate the Group Policy and the Employer may terminate coverage under the Group Policy by giving the Insurer at least 31 days written notice. The effective date of termination will be the later of:
 - a) The date stated in the notice; or
 - b) The Premium Due Date immediately following date the Insurer receives the notice.
- 2. The Insurer may terminate coverage under the Group Policy as follows:
 - a) On any Premium Due Date if the number of persons insured is less than the minimum participation number or less than the minimum participation percentage provided for under Employer's Joinder Agreement.
 - b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
 - c) On any Premium Due Date by giving the Employer at least 31 days advance written notice.
 - d) On the date the Employer breaches any part of the Entire Contract.

I. Certificates. The Insurer will prepare Group Long Term Disability Certificates of Coverage setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate of Coverage differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.

- J. Agency and Release. Individuals selected by the 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 Madison National Life Insurance Company. The Policyowner, Employer and such individuals have no authority to alter, expand or extend the Insurer's liability or to waive, modify or compromise any defense or right the Insurer may have under the Group Policy. The Policyowner and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyowner or Employer respectively, or any of their respective representatives, agents or employees.
- K. Notice of Suit. The Policyowner and Employer shall promptly give the Insurer written notice of any lawsuit or other legal proceedings arising under the Group Policy.
- L. Entire Contract and Changes
1. The Group Policy, the Group Long Term Disability Insurance Certificate of Coverage, the Employer Joinder Agreement, the applications of the Policyowner, Employers and employees and any applicable riders, addenda and/or amendments constitute the Entire Contract.
 2. 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 the Insurer's executive officers and given to the Policyowner for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to their Joinder Agreement. No agent has authority to change the Group Policy or an Employer's coverage under the Group Policy or to waive any provisions thereof.
- 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.
- N. The undersigned Employer adopts and agrees to be bound by the terms and conditions of National Insurance Services Trust Agreement, as amended from time to time (the "Trust Agreement") and master group policy. Copies of these documents are available for employer review at Madison National Life Insurance Company, 1241 John Q. Hammons Drive, Madison, WI 53717.
- O. The Trust is a vehicle for obtaining group insurance plans in which employers join together as a single policyholder for the purchase and maintenance of group insurance policies.
- P. The Trust's Administrator shall provide participating employers the necessary information for applicable State and Federal compliance reporting requirements.

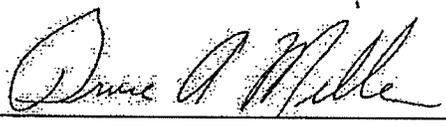
Q. The signatures below constitute acceptance of the undersigned employer as a participating member of the Trust.

Signed into effect this _____ day of _____, 20____.

	
Signature of Authorized Employee of Employer	Printed Name & Title of Authorized Employee Jeffrey P. Mathieu Superintendent

_____ Signature of Authorized Employee of Employer	_____ Printed Name & Title of Authorized Employee
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Administrator:
National Insurance Services of Wisconsin, Inc.

By: 
Bruce A. Miller, President
May 30, 2014



THE IHC GROUP

Independence Holding Company

NOTICE OF PRIVACY PRACTICES AND PROTECTION

**This Privacy Notice is provided for your information -- keep a copy of it for your records.
No response is required or requested.**

Customer Privacy Is Our Business - We value our relationship with our customers and are dedicated to providing them with exceptional service and competitive product offers. As part of our dedication to servicing their insurance needs, we are committed to protecting the confidentiality of nonpublic personal information about our customers. This Privacy Notice will help you understand what type of information we collect about insured individuals, how the information we collect is used, and what measures we take to protect that information.

What Information We Collect And How We Collect It - Depending on the type of product, we collect nonpublic personal information about insured individuals that may include:

- address,
- telephone number,
- social security number,
- account information,
- income,
- employment,
- health status, and
- other personal information relevant to their coverage.

We collect such information primarily from information we receive from individuals on applications or other forms. We may also collect information through telephone conversations or other electronic means, such as internet "cookies" (data stored on a computer by an internet browser when you use the internet to access our website) that may be used to track website usage, remember passwords customers create, and provide customers with website content specific to their needs and interests. We may also obtain information from third parties such as employers, non-affiliated insurers, physicians, hospitals and other medical providers.

How Information Is Protected - We restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard such information. Information about insured individuals is accessed by our employees only when such access is necessary to conduct our business. For example, we may access information to offer other compatible products or services we provide, to process customer requests, and to administer our products or services. All employees are required to maintain the confidentiality of nonpublic personal information and to follow policies we establish to secure such confidentiality.

Additionally, we require third parties to whom we disclose nonpublic personal information, or who receive or handle such information on our behalf, to adhere to our standard of privacy protection and to establish information security procedures.

Disclosure - We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. Information will only be disclosed for such purposes as conducting and auditing our business, administering the business of affiliated organizations, responding to requests from government

authorities, or as authorized or requested by an insured individual. Such disclosures include, but are not limited to:

- **Affiliates** - we may provide information to affiliated companies to enable them to provide business services for us such as claims processing, underwriting, and maintenance of your accounts, and to offer products and services we provide.
- **Agents and Brokers** - we may provide information to enable agents and brokers to provide business services for us and to offer products and services we provide.
- **Joint Marketing** - we may provide information to non-affiliated third parties to jointly market insurance products or services.
- **Lending Institutions** - we may provide information to non-affiliated lending institutions, such as banks and credit unions, to offer products and services we provide, and to provide business services for us.
- **Government Entities** - we may provide information upon request from a State Department of Insurance or other government entity. The purpose for the request may be to prevent fraud, conduct an audit of our business practices, or for any other reason for which the government entity is legally permitted to request information.
- **Serviceing organizations** - we may provide information to serviceing organizations such as TPAs, reinsurers, attorneys, accountants, actuaries, underwriters, and other such organizations to enable them to provide business services for us.

We do not share, trade, sell, exchange or in any other way disclose nonpublic personal information except as stated above or to otherwise conduct the business of insurance.

About this Privacy Notice - The examples contained in this Privacy Notice are provided as illustrations and are not a comprehensive account of the rights of any party under applicable federal and state laws. The policies and protections indicated in this Privacy Notice will remain effective even after an individual's coverage is terminated, to the extent we retain information about that individual. We may change this Privacy Notice at any time and will inform you of any changes as required by law. Other applicable privacy protections may exist under state laws and we will comply with all applicable state laws when we disclose information about individual insureds.

This Privacy Notice is distributed on behalf of the following Independence Holding Company entities and their affiliated organizations:

- Standard Security Life Insurance Company of New York
- Madison National Life Insurance Company, Inc.
- Independence American Insurance Company

For additional information, contact us at:

Attn: Privacy Committee
Post Office Box 5008
Madison, WI 53705

**NATIONAL INSURANCE SERVICES INSURANCE TRUST
JOINDER AGREEMENT FOR
LONG-TERM DISABILITY INSURANCE**

TOWN OF COLCHESTER AND COLCHESTER BOARD OF EDUCATION (the "Employer") hereby requests application for participation in National Insurance Services Trust (the "Trust") for group long-term disability insurance benefits under a master group policy underwritten by Madison National Life Insurance Company, Inc. (the "Insurer"). The "Group Policy" means only the provisions of the master group policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

A. Administrative

- | | |
|------------------------------------|---|
| 1. Employer: | TOWN OF COLCHESTER AND
COLCHESTER BOARD OF EDUCATION
Town Hall
127 Norwich Avenue
Colchester, CT 06415-1290 |
| 2. Plan Number: | 1183 |
| 3. Nature of Business: | Government |
| 4. Frequency of Billing: | Monthly |
| 5. Original Plan Effective Date: | July 1, 2005 |
| 6. Revised Joinder Effective Date: | April 9, 2014 |
| 7. Revised Renewal Date: | July 1, 2015 |
| 8. Prior Carrier: | None |

B. Class and Benefit Summary

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Employer Premium Contribution:	100%	100%	100%	100%
Initial Premium Rate:	0.305% of covered payroll	0.305% of covered payroll	0.305% of covered payroll	0.305% of covered payroll
Initial Premium Rate Guarantee:	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Waiting Period:	None	None	None	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	Upon completion of the Waiting Period	Upon completion of the Waiting Period	Upon completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%	100%

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day	Zero Day	Zero Day	Zero Day
Own Occupation Period:	60 months following the end of the Elimination Period	60 months following the end of the Elimination Period	60 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months	6 months	6 months	6 months

Class Number:	01	02	03	04
Eligible Class:	Superintendent	Principals, Vice Principals, Curriculum Director, Director of Pupil Services and Business Manager	Support Services and Director of Maintenance	Town Non-Union Employees
Predisability Earnings:	Base pay only	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$10,000	\$10,000	\$6,667	\$3,333
LTD Benefit Percentage:	60%	60%	60%	60%
Maximum Monthly Benefit:	\$6,000	\$6,000	\$4,000	\$2,000
Guarantee Issue:	\$6,000	\$6,000	\$4,000	\$2,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze	General Freeze
Pre-Existing Condition Exclusion:	3 month/12 months	3 month/12 months	3 month/12 months	3 month/12 months
Mental Disorder Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Substance Abuse Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Claim Payment Method:	Monthly	Monthly	Monthly	Monthly
Rehabilitation Benefit:	Included	Included	Included	Included

Class Number:	05	06	07	08
Eligible Class:	Chief Financial Officer and Director of Facilities and Operations	Town Administrators	Town Clerks	Fire Employees
Employer Premium Contribution:	100%	100%	100%	100%
Initial Premium Rate:	0.305% of covered payroll			
Initial Premium Rate Guarantee:	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week			
Waiting Period:	None	90 days	90 days	90 days
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	Upon completion of the Waiting Period	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%	100%

Class Number:	05	06	07	08
Eligible Class:	Chief Financial Officer and Director of Facilities and Operations	Town Administrators	Town Clerks	Fire Employees
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day	Zero Day	Zero Day	Zero Day
Own Occupation Period:	60 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months	6 months	6 months	6 months

Class Number:	05	06	07	08
Eligible Class:	Chief Financial Officer and Director of Facilities and Operations	Town Administrators	Town Clerks	Fire Employees
Predisability Earnings:	Base pay only	Base pay only	Base pay only	Base pay only
Maximum Monthly Covered Salary:	\$10,000	\$3,333	\$3,333	\$3,333
LTD Benefit Percentage:	60%	60%	60%	60%
Maximum Monthly Benefit:	\$6,000	\$2,000	\$2,000	\$2,000
Guarantee Issue:	\$6,000	\$2,000	\$2,000	\$2,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze	General Freeze
Pre-Existing Condition Exclusion:	3 month/12 months	3 month/12 months	3 month/12 months	3 month/12 months
Mental Disorder Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Substance Abuse Limitation:	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined	24 Months unless hospital confined
Claim Payment Method:	Monthly	Monthly	Monthly	Monthly
Rehabilitation Benefit:	Included	Included	Included	Included

Class Number:	09	10	11	12
Eligible Class:	Highway Employees	Town Library Employees	Police Employees	Office Professionals
Employer Premium Contribution:	100%	100%	100%	100%
Initial Premium Rate:	0.305% of covered payroll			
Initial Premium Rate Guarantee:	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015	14 months and 21 days until July 1, 2015
Elimination Period:	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay	Greater of 90 consecutive calendar days or end of accumulated sick pay
Minimum Hourly Work Requirement:	30 hours per week	30 hours per week	30 hours per week	20 hours per week
Waiting Period:	90 days	90 days	90 days	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period	First of month following completion of the Waiting Period	Upon completion of the Waiting Period
Minimum Participation Required:	100%	100%	100%	100%

Class Number:	09	10	11	12
Eligible Class:	Highway Employees	Town Library Employees	Police Employees	Office Professionals
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began	Coverage with premium payment while on FMLA leave; Coverage with premium payment until the end of the month following the month in which a Paid or Unpaid Leave began; Coverage with premium payment until the end of the month following the month in which a Layoff began
Definition of Disability:	Zero Day	Zero Day	Zero Day	Zero Day
Own Occupation Period:	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	60 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period	30 calendar days - first 7 days don't extend Elimination Period
Recurrent Disability:	6 months	6 months	6 months	6 months
Predisability Earnings:	Base pay only	Base pay only	Base pay only	Base pay only

Class Number:	09	10	11	12
Eligible Class:	Highway Employees	Town Library Employees	Police Employees	Office Professionals
Maximum Monthly Covered Salary:	\$3,333	\$3,333	\$3,333	\$6,667
LTD Benefit Percentage:	60%	60%	60%	60%
Maximum Monthly Benefit:	\$2,000	\$2,000	\$2,000	\$4,000
Guarantee Issue:	\$2,000	\$2,000	\$2,000	\$4,000
Minimum Monthly Benefit:	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit	Greater of \$100 or 10% of Gross Monthly Benefit
Work Incentive Period:	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family	Full Family	Full Family	Full Family
Freeze Type:	General Freeze	General Freeze	General Freeze	General Freeze
Pre-Existing Condition Exclusion:	3 month/12 months	3 month/12 months	3 month/12 months	3 month/12 months
Mental Disorder Limitation:	24 Months unless hospital confined			
Substance Abuse Limitation:	24 Months unless hospital confined			
Claim Payment Method:	Monthly	Monthly	Monthly	Monthly
Rehabilitation Benefit:	Included	Included	Included	Included

Maximum Benefit Period:

Age at Disablement	Benefit Duration
59 or younger	To Age 65
60	5 years
61	4 years
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 and over	1 year

C. Payment of Premiums

1. **Premium Due Date.** Premium is due on the 1st of the month to which coverage for such premium applies (e.g., premium for coverage in October would be due October 1st).
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in the Employer's Joinder Agreement.
3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.
5. Premium is due for an Insured Person for each month in which such employee is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:
 - a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.
 - b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.
6. All premiums will be based upon information provided by the Employer in the Census Reports.

D. Changes in Premium Rates.

1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
 - a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
 - b) One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, Predisability Earnings, gender and occupational classification.
 - c) The premium contribution arrangement for insured employees changes or varies from that stated in the Employer's Joinder Agreement when issued or last renewed.
 - d) Plan design changes are requested by the Employer.
 - e) The Insurer and the Employer mutually agree to change premium rates.
2. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. 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 means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.

E. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.

F. Information Required from Employer

1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
 - a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, annual Pre-disability Earnings as defined under the Group Policy and the amount of coverage.
 - b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
 - c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
 - d) Occupational information and any other information that may be required to manage a claim.
 - e) Notification of an Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
 - f) Notice of any additional eligible employee segment(s).
 - g) Any other information that may be reasonably required.
2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents

have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.

G. Grace Period and Termination for Nonpayment

1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.
2. Grace Period means the 31 days following the Premium Due Date.
3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.
4. The Employer is liable for premium for coverage during the Grace Period. The Insurer 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.

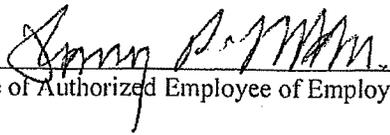
H. Termination for Other Reasons

1. The Policyowner may terminate the Group Policy and the Employer may terminate coverage under the Group Policy by giving the Insurer at least 31 days written notice. The effective date of termination will be the later of:
 - a) The date stated in the notice; or
 - b) The Premium Due Date immediately following date the Insurer receives the notice.
2. The Insurer may terminate coverage under the Group Policy as follows:
 - a) On any Premium Due Date if the number of persons insured is less than the minimum participation number or less than the minimum participation percentage provided for under Employer's Joinder Agreement.
 - b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
 - c) On any Premium Due Date by giving the Employer at least 31 days advance written notice.
 - d) On the date the Employer breaches any part of the Entire Contract.
- I. Certificates. The Insurer will prepare Group Long Term Disability Certificates of Coverage setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate of Coverage differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.
- J. Agency and Release. Individuals selected by the 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 Madison National Life Insurance Company. The

Policyowner, Employer and such individuals have no authority to alter, expand or extend the Insurer's liability or to waive, modify or compromise any defense or right the Insurer may have under the Group Policy. The Policyowner and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyowner or Employer respectively, or any of their respective representatives, agents or employees.

- K. Notice of Suit. The Policyowner and Employer shall promptly give the Insurer written notice of any lawsuit or other legal proceedings arising under the Group Policy.
- L. Entire Contract and Changes
1. The Group Policy, the Group Long Term Disability Insurance Certificate of Coverage, the Employer Joinder Agreement, the applications of the Policyowner, Employers and employees and any applicable riders, addenda and/or amendments constitute the Entire Contract.
 2. 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 the Insurer's executive officers and given to the Policyowner for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to their Joinder Agreement. No agent has authority to change the Group Policy or an Employer's coverage under the Group Policy or to waive any provisions thereof.
- 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.
- N. The undersigned Employer adopts and agrees to be bound by the terms and conditions of National Insurance Services Trust Agreement, as amended from time to time (the "Trust Agreement") and master group policy. Copies of these documents are available for employer review at Madison National Life Insurance Company, 1241 John Q. Hammons Drive, Madison, WI 53717.
- O. The Trust is a vehicle for obtaining group insurance plans in which employers join together as a single policyholder for the purchase and maintenance of group insurance policies.
- P. The Trust's Administrator shall provide participating employers the necessary information for applicable State and Federal compliance reporting requirements.
- Q. The signatures below constitute acceptance of the undersigned employer as a participating member of the Trust.

Signed into effect this _____ day of _____, 20____.

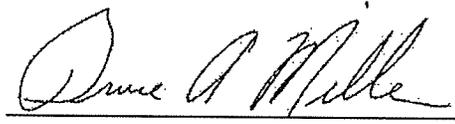

Signature of Authorized Employee of Employer

Jeffrey P. Mathieu Superintendent
Printed Name & Title of Authorized Employee

Signature of Authorized Employee of Employer

Printed Name & Title of Authorized Employee

Administrator:
National Insurance Services of Wisconsin, Inc.

By: 
Bruce A. Miller, President
April 28, 2014



THE IHC GROUP

Independence Holding Company

NOTICE OF PRIVACY PRACTICES AND PROTECTION

**This Privacy Notice is provided for your information -- keep a copy of it for your records.
No response is required or requested.**

Customer Privacy Is Our Business - We value our relationship with our customers and are dedicated to providing them with exceptional service and competitive product offers. As part of our dedication to servicing their insurance needs, we are committed to protecting the confidentiality of nonpublic personal information about our customers. This Privacy Notice will help you understand what type of information we collect about insured individuals, how the information we collect is used, and what measures we take to protect that information.

What Information We Collect And How We Collect It - Depending on the type of product, we collect nonpublic personal information about insured individuals that may include:

- address,
- telephone number,
- social security number,
- account information,
- income,
- employment,
- health status, and
- other personal information relevant to their coverage.

We collect such information primarily from information we receive from individuals on applications or other forms. We may also collect information through telephone conversations or other electronic means, such as internet "cookies" (data stored on a computer by an internet browser when you use the internet to access our website) that may be used to track website usage, remember passwords customers create, and provide customers with website content specific to their needs and interests. We may also obtain information from third parties such as employers, non-affiliated insurers, physicians, hospitals and other medical providers.

How Information Is Protected - We restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard such information. Information about insured individuals is accessed by our employees only when such access is necessary to conduct our business. For example, we may access information to offer other compatible products or services we provide, to process customer requests, and to administer our products or services. All employees are required to maintain the confidentiality of nonpublic personal information and to follow policies we establish to secure such confidentiality.

Additionally, we require third parties to whom we disclose nonpublic personal information, or who receive or handle such information on our behalf, to adhere to our standard of privacy protection and to establish information security procedures.

Disclosure - We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. Information will only be disclosed for such purposes as conducting and auditing our business, administering the business of affiliated organizations, responding to requests from government

authorities, or as authorized or requested by an insured individual. Such disclosures include, but are not limited to:

- Affiliates - we may provide information to affiliated companies to enable them to provide business services for us such as claims processing, underwriting, and maintenance of your accounts, and to offer products and services we provide.
- Agents and Brokers - we may provide information to enable agents and brokers to provide business services for us and to offer products and services we provide.
- Joint Marketing - we may provide information to non-affiliated third parties to jointly market insurance products or services.
- Lending Institutions - we may provide information to non-affiliated lending institutions, such as banks, and credit unions, to offer products and services we provide, and to provide business services for us.
- Government Entities - we may provide information upon request from a State Department of Insurance or other government entity. The purpose for the request may be to prevent fraud, conduct an audit of our business practices, or for any other reason for which the government entity is legally permitted to request information.
- Servicing organizations - we may provide information to servicing organizations such as TPAs, reinsurers, attorneys, accountants, actuaries, underwriters, and other such organizations to enable them to provide business services for us.

We do not share, trade, sell, exchange or in any other way disclose nonpublic personal information except as stated above or to otherwise conduct the business of insurance.

About this Privacy Notice - The examples contained in this Privacy Notice are provided as illustrations and are not a comprehensive account of the rights of any party under applicable federal and state laws. The policies and protections indicated in this Privacy Notice will remain effective even after an individual's coverage is terminated, to the extent we retain information about that individual. We may change this Privacy Notice at any time and will inform you of any changes as required by law. Other applicable privacy protections may exist under state laws and we will comply with all applicable state laws when we disclose information about individual insureds.

This Privacy Notice is distributed on behalf of the following Independence Holding Company entities and their affiliated organizations:

- Standard Security Life Insurance Company of New York
- Madison National Life Insurance Company, Inc.
- Independence American Insurance Company

For additional information, contact us at:

Attn: Privacy Committee
Post Office Box 5008
Madison, WI 53705

Colchester Emergency Communication, Inc. (CEC)

KX Regional Dispatch Center PSAP¹

CEC (KX) is organized as a non-stock corporation and is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code. Its purpose is to provide for emergency communications in the dispatching and coordinating of fire, police, and emergency services.

The DESPP², through the 911 Emergency Communications Program, has provided assistance to CEC through grants in accordance with the General Statutes of the State of CT. This financial assistance program funds the Emergency Response System, 911 Enhancement System.

KX was founded and spearheaded by the effort of Colchester FD Past Chief Norm Gustafson with help from area emergency service chiefs and local legislators. KX began its operations in December 1976 but did not become a 911 answering point until March 1978. This regional dispatch center was formed 36 years ago to help save lives and property during an emergency by having one dispatch center answer the needs of several communities. During this time, it has accomplished this task from its present location 15 Old Hartford Road, CSP Troop K Barracks, Colchester CT.

KX currently serves the Towns of Colchester Fire and EMS, East Hampton Police, Fire, and EMS, East Haddam Fire and EMS, Haddam Neck Fire and EMS, Marlborough Fire and EMS, Lebanon³ Fire and EMS, Bozrah⁴ Fire and EMS, Hebron⁵ Fire and EMS and Salem/Gardner Lake Fire and EMS. It also dispatches Middlesex Hospital Paramedics and is a C-Med⁶ Control Point.

Town/Hospital Budget Share Formula- Yearly, the total town portion of the CEC Budget is divided in three equal parts. One third is divided equally between all towns. All towns participate at a minimum level. One third is divided between towns based on percentage of total area population (from state blue book). One third is divided based on call volume, with fire and ambulance call counting as 1 and East Hampton Police and Middlesex Hospital R2 and R5 as ½. Police and Middlesex Hospital call volume, while larger, for the most part do not take the time that fire and ambulance calls do.

In 2004, KX was mandated by the state to perform EMD (Emergency Medical Dispatching). This is a three step process: caller interrogation/response determination/giving of pre-arrival lifesaving instructions. In 2006, KX began its alpha-numeric paging system.

¹ Public Safety Answering Point

² Department of Emergency Services and Public Protection

³ Lebanon FD joined KX in 2008; left WW Switchboard

⁴ Bozrah FD left KX then returned

⁵ Hebron FD will be leaving KX Dispatch June 30, 2013 for Tolland County Dispatch.

⁶ The existing statewide UHF MED radio system provides coordination of emergency medical service response and direct medical consultation between hospital emergency departments and the ems personnel at patient's side. The system is based of the five C-Med Regions and is operated by the 13 C-Med communications centers designated by CT DPH.

KX has several area antennae tower locations⁷ which operate cross banded repeaters that transmit low band (33/46 MHz) and, UHF, VHF and 800 MHz for fire, police and medical response. These are tone and operational frequencies. KX also provides for monitoring of tactical frequencies which safeguards the emergency responders in the field.

Over the past decade the Town of Colchester has seen a 34% increase in cost for dispatching services but this is in contrast to a 14% increase in population and a 30% increase in CHFD call volume.

Annually, the CHFD is third amongst highest KX call volume below Middlesex Paramedics and East Hampton Police, Fire and Ambulance.

<u>Year</u>	<u>Cost</u>	<u>Calls</u>
2004	\$62,810	1532
2005	\$69,116	1651
2006	\$67,809	1684
2007	\$73,093	1693
2008	\$78,167	1865
2009	\$74,606	1834
2010	\$74,818	1779
2011	\$81,441	1967
2012	\$84,077	
2013	\$83,504	

Colchester, CT

2004 population 14,500

2011 population 16,500

⁷ Glastonbury, Marlborough, Colchester, East Hampton, East Haddam, Salem, Franklin

Recently, there has been a lot of discussion on the regionalization and consolidation of dispatch centers.

The State of CT authorized an independent study on this topic which resulted in the Kimball Report⁸.

In this report it clearly states that the current state grant funding formula is not a fair *across-the-board* method in the distribution of dollars. (i.e. the c1 variable in the funding equation)

5.2.1 PSAP Subsidization Program *Kimball Consolidation Feasibility Study*

The PSAP subsidization program is authorized in §28-24(a)(2)(B) of the CT General Statutes and implemented by §28-24-3 of OSET's⁹ regulations. At the time the report was compiled, there were seven regional PSAPs serving 81 member municipalities¹⁰, nine multi-town PSAPs¹¹, and 21 municipalities receiving enhanced subsidies based on the 40,000 population threshold established by statute. Sixty towns operate stand-alone PSAPs and do not qualify for the population-based study.

*The entities eligible receive them in equal quarterly payments. The formula used to calculate the subsidies is expressed as: $t = ((p * n) * (c1 - c2)) * b$*

t is the subsidy payment

p is the aggregate payment population based on the most recent population figures from DPH¹²

n is the percent above the state median number of 9-1-1 calls received, the value which cannot be less than 1

c1 is a variable based on the number of municipalities¹³ a PSAP serves multiplied by .2

c2 is a variable based on the number of emergency services dispatched for each municipality a PSAP serves (i.e. .025 for one service; .5 for two; 1 for all three- fire, police, medical)

b is the funding base, currently \$2.034

⁸ The *CT PSAP Consolidation Feasibility Study* dated January 2012 was performed by an independent public safety consulting firm LR Kimball, who interviewed and surveyed each of the PSAPs in the state to obtain its data.

⁹ Office of Statewide Electronic Telecommunications.

¹⁰ The count includes 6 boroughs and 1 municipal subdivision.

¹¹ CT defines a "multi-town PSAP" as one that serves two municipalities.

¹² CT Department of Public Health

¹³ For the purpose of the formula, the term "municipalities" includes boroughs. Boroughs are incorporated municipal subdivisions.

Kimball Consolidation Feasibility Study

5.3.1 PSAP Subsidization Program

In Connecticut, there are three components to the PSAP subsidization program: regional PSAPs, multi-town PSAPs, and PSAPs serving municipalities with populations greater than 40,000. The formula is the same for all of them and funding is reduced if they continue to operate a secondary PSAP.

5.3.1.1 Analysis of Funding in Support of Regional PSAPs

The formula in support of regional PSAPs has an inherent bias built in: even if the population served is roughly equal, regional PSAPs with more towns are funded at a significantly higher level than regional PSAPs with fewer towns.

DRAFT

KX Consolidation With Montville

Meeting of KX Towns and Middlesex
Hospital

May 15, 2014

Consolidation Committee

Doug Knowlton

Eugene Maiorano

Rich Grocki

Ray Occhialini

Steve Cowles

Jon Lenard

Update

- Received MOU draft from State for Montville to sign
- Montville has authorized the Mayor to sign necessary documents for consolidation
- Submitted PSDN application to State – may need changes
- TriTech presented CAD capabilities
- Committee met again on May 8
- Planned meeting with KX towns
- Had additional discussion regard Health Insurance and Leave policies
- Started work on an estimated Operating Budget for a consolidated dispatch center

Next Steps

- Proceed with the Transition Grant application
- Montville and KX each sign the required MOU for the State
- Work on estimating the future Operating Budget
- Work with Insurance broker on Health Insurance plan
- Develop plans to utilize TriTech CAD system

Benefits of Consolidation

- Financial stability
 - Adds 19,000 to the population base
 - Adds 4 FDs
 - Montville police
 - Less budgetary volatility in the future
- Operational Improvements
 - State of art facility in Montville
 - TriTech CAD system
- Future Growth
 - Ledyard ?
 - Preston ?
 - ??

KX Town & Hospital Support

- Needed for KX to move forward with the Consolidation
- Need a 5 year commitment

14/15 KX BUDGET

Income	Budget Item	<u>FY 14/15</u>	Should Have Been
I-1	Interest Income - CIP Acc	500	500
I-2	Interest Income - Gen Acc/BAC	200	200
I-3	Interest Income - Operation Reserve	100	100
I-4	Interest Income - Debt Reserve	75	75
I-5	Operation Reserve	60,000	-
I-6	State of Connecticut	320,000	320,000
I-7	Tower Rental	3,300	3,300
I-8	Town/Hospital Contracts	519,725	609,725
I-9	Towns Supplemental Fee	30,000	30,000
		933,900	963,900

14/15 KX BUDGET

Expense	Capital Expenses		
	Capital Assessment	-	30,000
	Capital Loan - Equipment	44,000	44,000
	<u>Operations Expense</u>		
E-1	Contract Maintenance	23,000	23,000
E-2	Contract Services	-	-
E-3	Group Health Benefits	48,000	48,000
E-4	Insurance - liab/WComp	14,500	14,500
E-5	Insurance - life	1,800	1,800
E-6	Legal+Audit	4,000	4,000
E-7	Miscellaneous	1,000	1,000
E-8	Office Expense	13,000	13,000
E-9	Operating Supplies	1,600	1,600
E-10	Payroll	680,000	680,000
E-11	Pension Plan	48,000	48,000
E-12	Repair & Maintenance	22,000	22,000
E-13	Telephone	19,000	19,000
E-14	Training	-	-
E-15	Utilities	14,000	14,000
<hr/>			
	Total Expense	933,900	963,900

14/15 Town / Hospital Allocation

Compares Increases against 13/14 Budget:

- With only the 3% increase to each Town
- What it would have been had the formula been used instead of just applying 3% increase to each Town
- What it "should have been" had the Operation Reserve not been used and the Capital Assessment been made

Notes: 1) the Operation Reserve will be depleted and not available next year to hold down the budget
 2) the Capital Improvement Account is at \$264,000. The 4 year projected capital needs are \$684,000. \$140,000 of that is needed in the 14/15 fiscal year.

	13/14	14/15	@ 3%	Per Formula	Should Be
Bozrah	\$32,660	\$33,640	3.00%	\$33,578	\$39,711
Colchester	88,925	91,593	3.00%	91,559	109,180
East Haddam	57,446	59,169	3.00%	59,088	70,062
East Hampton	116,083	119,565	3.00%	120,079	146,891
Haddam Neck	22,132	22,796	3.00%	22,703	26,502
Lebanon	48,592	50,050	3.00%	49,948	59,002
Marlborough	46,182	47,567	3.00%	47,483	56,171
Middlesex Hospital	85,000	85,000		85,000	85,000
Salem	38,757	39,920	3.00%	39,857	47,211
<u>total</u>	535,777	549,300		549,295	639,730

PSAP Consolidation Project – Status Review

Report Dates: 04/21/14 – 05/15/14

Consolidation Implementation – PROJECT STATUS REPORT																									
ACCOMPLISHMENTS – ACHIEVED SINCE LAST REPORT	PROJECT MILESTONES																								
<ul style="list-style-type: none"> Received MOU draft from State for Montville to sign Montville has authorized the Mayor to sign necessary documents for consolidation Submitted PSDN application to State – may need changes TriTech presented CAD capabilities Committee met again on May 8 Planned meeting with KX towns Had additional discussion regard Health Insurance and Leave policies Started work on an estimated Operating Budget for a consolidated dispatch center 	<table border="1"> <thead> <tr> <th>MILESTONE</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Approval from KX Board to move forward to implement consolidation with Montville</td> <td></td> <td>1/28</td> </tr> <tr> <td>Signed MOAs from the KX towns indicating support for moving forward with the consolidation implementation with Montville</td> <td>2/28</td> <td>3/15</td> </tr> <tr> <td>List of equipment needed to support consolidated operations from Montville</td> <td>3/15</td> <td>3/15</td> </tr> <tr> <td>Completion of paperwork to State for PSDN - draft</td> <td>3/28</td> <td>4/3</td> </tr> <tr> <td>Binding commitment from KX Towns and Montville</td> <td>6/30</td> <td></td> </tr> <tr> <td>Montville operationally ready to dispatch KX Towns</td> <td>10/30</td> <td></td> </tr> <tr> <td>Formal consolidation completed</td> <td>12/31</td> <td></td> </tr> </tbody> </table>	MILESTONE	Target	Actual	Approval from KX Board to move forward to implement consolidation with Montville		1/28	Signed MOAs from the KX towns indicating support for moving forward with the consolidation implementation with Montville	2/28	3/15	List of equipment needed to support consolidated operations from Montville	3/15	3/15	Completion of paperwork to State for PSDN - draft	3/28	4/3	Binding commitment from KX Towns and Montville	6/30		Montville operationally ready to dispatch KX Towns	10/30		Formal consolidation completed	12/31	
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ISSUES ENCOUNTERED DURING REPORT PERIOD	<ul style="list-style-type: none"> None 																								
ACCOMPLISHMENTS – PLANNED FOR NEXT PERIOD	<ul style="list-style-type: none"> Proceed with the Transition Grant application Montville and KX each sign the required MOU for the State Work on estimating the future Operating Budget Work with insurance broker on Health Insurance plan Develop plans to utilize TriTech CAD system Next meeting of Committee on May 28 																								
CRITICAL OUTSTANDING TASKS																									
TASKS	Due Date	OWNER																							
Plan for transfer of CAD data																									
PSDN application																									
CRITICAL RISKS																									
#	Risks	Mitigation Plan/Action Taken	Owner																						
1	One or more KX towns or Middlesex Hospital will decide to go elsewhere	Assess impact and continue or abandon consolidation efforts	KX Board																						
2	Costs to consolidate	Seek state assistance, existing capital funds, or borrow funds	KX & Towns																						
3	Obtaining approvals by Montville and the KX Towns	Without approvals to consolidate, we would need to abandon the efforts	All																						
4																									
5																									

BOARD & COMMISSION LIAISON ASSIGNMENTS			
BOARD & COMMISSION	CURRENT LIAISON	LIAISON AS OF JUNE 2014	MEETING DATE
Agriculture Commission	Stan Soby	Stan Soby	3rd Mon @ 6:30p
Blight Ordinance Task Force	?		?
Building Committee	?		2nd & 4th Thurs @ 7p
Board of Assessment Appeals	Denise Mizla	Denise Mizla	As needed
Board of Education	Mike Caplet		2nd Tues @ 7p
Board of Finance	Stan Soby	Stan Soby	1st & 3rd Wed @ 7p
Chatham Board of Health	Gregg Schuster	Rosemary Coyle	last tues each mo @ 1p
Commission on Aging	Rosemary Coyle	Rosemary Coyle	2nd Mon @ 8:30a
Conservation Commission	Denise Mizla	Kurt Frantzen	2nd Wed @ 7p
Craig Board of Trustees	Stan Soby	Stan Soby	?
Ethics Commission	Gregg Schuster		1st Tues of even numb month @ 6p
Economic Development Commission	?	Bill Curran	3rd Mon @ 7p
Fair Rent Commission	Denise Mizla	Denise Mizla	as needed
Friends of Craigin Library	Mike Caplet	Kurt Frantzen	?
Colchester Hayward Fire Dept	Rosemary Coyle	Rosemary Coyle	1st & 3rd Mon @ 7p
Historic District Commission	Mike Caplet	Kurt Frantzen	2nd Mon @ 7p
Housing Authority	?	Rosemary Coyle	as needed
Juvenile Review Board	?		as needed
Open Space Advisory Committee	Rosemary Coyle	Rosemary Coyle	2nd Tues @ 6p
Parks & Recreation Commission	Denise Mizla	Denise Mizla	1st Mon @ 7p
Planning & Zoning Commission	Stan Soby	Bill Curran	1st & 3rd Wed @ 7p
Police Commission	Stan Soby	Stan Soby	4th Mon @ 6:30p
Police Retirement Board	Stan Soby	Stan Soby	Quarterly @ 7:30p
Senior Center Negotiating Committee	Gregg Schuster	Stan Soby	?
Sewer & Water Commission	Mike Caplet	Kurt Frantzen	2nd Wed @ 7p
Youth Services Advisory Board	Denise Mizla	Denise Mizla	1st Wed @ 5p
Zoning Board of Appeals	Stan Soby	Stan Soby	3rd Tues @ 7p