STATEMENT OF COMPLIANCE

| We hereby | acknowledge receipt of the RFP for the above-described ancillary |
|------------|---|
| coverages. | We certify that our proposal conforms to the RFP except as detailed |
| below: | |

| Signature: | | |
|------------|------|--|
| Title: | | |
| Carrier: | | |
| Date: | | |
| | | |

APPENDIX A

| Basic Life/AD&D Plan Design - Current |
|--|
| Current Carrier |
| BCNY/Equitable |
| Eligibility (Class Description) |
| Class 1: All Active Full Time Employees working at least 30 hours per week |
| Life/AD&D Benefit |
| Class 1: 1x Salary to a max of \$150,000 |
| Guaranteed Issue Amount |
| \$150,000 |
| Age Reduction Schedule |
| To 65% at Age 65; 50% at Age 70 |
| Conversion Privilege |
| Yes |
| Portability |
| Included |
| EAP Included? |
| No |
| Contribution |
| Non-Contributory - 100% Employer Paid |
| Life/AD&D Rate (per \$1000 of benefit) |
| 0.19/.03 |
| Number of Lives |
| 70 |
| |

| Voluntary Life/AD&D Plan Design - Current | | | | | |
|--|---|----------------------------|--|--|--|
| Current Carrier | | | | | |
| BCNY/Equitable | | | | | |
| Eligibility (Class Description) | | | | | |
| Class 1: All Active | Full Time Employees working | at least 30 hours per week | | | |
| | Vol Life Benefit | | | | |
| | Increments | | | | |
| Employee: \$10,000 | Spouse: \$5,000 | Child: \$2,000 | | | |
| | Maximum Benefit | | | | |
| Employee: \$1,000 to \$500,000, not to exceed 3x employees Annual Salary | Spouse: \$1,000 to \$100,000 not to exceed 50% of employee amount | Child: \$4,000 | | | |
| | Guaranteed Issue Am | ount | | | |
| Employee: \$100,000 | Spouse: \$25,000 | Child: \$4,000 | | | |
| | AD&D Benefit | | | | |
| | None | | | | |
| | Age Reduction Scheo | lule | | | |
| | To 65% at Age 65; 50% at A | ge 70 | | | |
| | Conversion Privileg | je | | | |
| Yes | | | | | |
| | Portability | | | | |
| | Included | | | | |
| | Contribution | | | | |
| | Voluntary - 100% Employee | Paid | | | |
| Vol Life/AD&D Rate (per \$1000 of benefit) | | | | | |
| Age Banded – see below | | | | | |
| Number of Enrolled Lives | | | | | |
| | 24 | | | | |
| | | | | | |

| | Life Rates |
|----------|------------------|
| Age Band | Rate per \$1,000 |
| <25 | 0.0760 |
| 25-29 | 0.0760 |
| 30-34 | 0.0860 |
| 35-39 | 0.1240 |
| 40-44 | 0.1900 |
| 45-49 | 0.3140 |
| 50-54 | 0.5420 |
| 55-59 | 0.8840 |
| 60-64 | 1.1690 |
| 65-69 | 1.8430 |
| 70-74 | 3.2490 |
| 75+ | 5.4150 |

| Benefit Details | | |
|---------------------------|-------------|--------|
| Current Carrier | Shelter | Point |
| Elimination Period | | |
| Accident | 7 day | 'S |
| Sickness | 7 day | 'S |
| Hospitalization | 7 day | 'S |
| Benefit Percentage | 50% |) |
| Weekly Benefit Maximum | \$170 | |
| Maximum Period of Payment | 26 weeks | |
| Definition of Earnings | Salary | |
| FICA Match? (Y or N) | N (per Joe) | |
| | Male: | \$1.99 |
| Rate PEPM | Female: | \$1.99 |

| Short-Term Disability Plan Design - Current |
|--|
| Current Carrier |
| BCNY/Equitable |
| Eligibility (Class Description) |
| Class 1: All Active Full Time Employees working at least 30 hours per week |
| Maximum Weekly Benefit |
| 60 % to a max of \$1,500 |
| Definition of Earnings |
| Base Salary |
| Pre-Existing Condition |
| NA |
| Elimination Period: |
| 7 Days |
| Maximum Benefit Duration |
| 25 weeks |
| Existing Salary Continuation Program? |
| No |
| FICA Match |
| Not Included |
| W-2 Service |
| Not Included |
| Contribution |
| 100% employer paid |
| Any Goss-Up or Tax-Choice? |
| Not Included |
| Rate (per \$10 of weekly benefit) |
| \$0.220 |
| Number of Lives |
| 70 |

| Long-Term Disability Plan Design - Current Current Carrier |
|--|
| BCNY/Equitable |
| Eligibility (Class Description) |
| Class 1: All Active Full Time Employees working at least 30 hours per week |
| Own Occupation Period |
| Class 1: To Max Benefit Duration |
| Maximum Monthly Benefit |
| Class 1: 60% to \$10,000 |
| Definition of Earnings |
| Salary |
| Pre-Existing Condition |
| 3/12 |
| Elimination Period: |
| Class 1: 180 Days |
| Maximum Benefit Duration |
| SSNRA |
| EAP Included? |
| No |
| Contribution |
| Non-Contributory - 100% Employer Paid |
| Any Gross-Up or Tax-Choice? |
| Not Included |
| Rate (per \$100 of monthly covered payroll) |
| \$0.470 |
| Number of Lives |
| 70 |
| |