

**REQUEST FOR PROPOSALS
FOR
GROUP TERM LIFE
AND
ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE COVERAGE
FOR
LUCAS COUNTY EMPLOYEES**

**LUCAS COUNTY
ONE GOVERNMENT CENTER
SUITE 800
TOLEDO, OHIO 43604
SEPTEMBER, 2009**

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FORM 7 **GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONVENTIONAL INSURANCE QUOTATION**

ADDITIONAL FORMS DECLARATION REGARDING MATERIAL ASSISTANCE TO A TERRORIST ORGANIZATION
LUCAS COUNTY AFFIDAVIT IN COMPLIANCE WITH O.R.C. SECTION 3517.13

LEGAL NOTICE

The Board of Lucas County Commissioners will be receiving proposals for Employee Group Health, HMO, Dental, Dental PPO, Prescription Drug, Preferred Provider Organization, Administrative Services, Life, and Specific Stop-Loss Reinsurance for the Lucas County Employee Benefit Programs. Specifications will be available through the county website at: www.co.lucas.oh.us under Employee Benefits/Wellness/Request for Proposals, beginning Monday, September 7, 2009.

Proposals must be completed and returned no later than 2:00 p.m. on Monday, October 19, 2009. Completed materials must be stamped for time and date and placed in the bid box in the reception area of the offices of the Board of Lucas County Commissioners, One Government Center, Suite 800, Toledo, Ohio 43604. All proposal materials will be opened at that time. All coverage is effective March 1, 2010. Questions may be directed to Jim Wells, Consultant, at (419) 471-7451.

The right is reserved to reject any and all proposals.

By order of the Board of County Commissioners, Lucas County, Ohio

Pete Gerken, President
Tina Skeldon Wozniak, Commissioner
Ben Konop, Commissioner

Adopted: August 18, 2009
Publish: September 6, 2009
September 17, 2009

SECTION I: INTRODUCTION

Lucas County currently makes available group term life and accidental death and dismemberment coverage for more than 3600 employees. Eligibility requirements are defined by the Lucas County Employee Benefits Eligibility Rules. Respondents should note the terms and provisions of these eligibility rules very carefully. Because these rules are subject to numerous collective bargaining agreements which the county has negotiated with its employees they must be strictly adhered to. All respondents should include these eligibility requirements in its actuarial assessment and rating of the group. Any respondent who does not wish to comply with, or cannot comply with, the terms and conditions of these eligibility rules should not respond to this request for proposals. These eligibility rules do NOT require an employee to be actively at work in order to be eligible for coverage. In general, the rules state:

Employees must meet initial eligibility requirements in order to be eligible for employee benefits. Employees are eligible for medical, dental and prescription drug coverage at 12:01 a.m. on the 31st calendar day following their date of hire, and for life insurance on the 91st calendar day following their date of hire, if *both* of the following requirements are met:

1. They have completed and furnished a *timely* application for coverage (as defined by the insurance carrier, Lucas County Plan Document, and/or HMO); and
2. They have been *Actively at Work* more than twenty (20) hours per week for a period of four (4) consecutive weeks.

Provided, however, that the following persons shall not become eligible for coverage: temporary or emergency employees whose employment will not exceed three (3) calendar months, students whose employment will not exceed fifteen (1500) hours in any calendar year; and Seasonal Appointments.

Eligible employees hired prior to March 1, 2001 maintain eligibility for employee benefits for any month in which the employee is in *active pay status* or *active work status* **for any portion of the month.** In order to maintain eligibility for employee benefits, employees hired on or after March 1, 2001 must be in either *active pay status* or *active work status* for a minimum average of 20 hours per week. "*Active Pay Status*" means conditions under which an employee is eligible to receive pay, and includes vacation leave, sick leave and compensatory leave. "*Active Work Status*" means conditions under which the employee is actually in a work status and is eligible to receive pay, but does not include vacation leave, sick leave, or compensatory leave.

An employee on an authorized unpaid medical leave or who has been laid off or who has become disability separated and who has at least one year continuous employment with Lucas County during the twelve month period immediately preceding the authorized medical leave or layoff or disability separation is eligible for continued medical and other insurance coverage paid for by the department for a period not to exceed six months following the normal expiration of such coverage, subject to certain conditions.

This request for proposals is intended to solicit quotations from qualified insurance companies for group term life and accidental death and dismemberment coverage for program years 2010, 2011 and possibly 2012. (Program years begin March 1 each year.)

There is no employee payroll deduction required to participate in the group term life program. Coverage amounts are determined through negotiation and all respondents should be aware that coverage amounts might be amended from time to time through the collective bargaining process. **Should the coverage amounts be amended through negotiation no eligible**

Lucas County Request for Proposals: Group Term Life Insurance

employee shall be denied increased coverage even though they may not be actively at work at the **time the new coverage amount becomes effective**.

All respondents must be prepared to waive any actively at work provision for the initial takeover of this group. Lucas County insists on a no loss, no gain provision for purposes of the original takeover of this coverage. No eligible employee shall be denied coverage under the group term life program simply because of a change in carriers.

For any future agreement the County may enter into to provide group term life insurance for its employees the waiting period will be reduced by the period of time the employee was in Active Pay Status with the County under the previous carrier.

Proposals for voluntary life insurance options as well as disability income coverage are not being requested as part of this request for proposals.

Lucas County pays 100% of the cost of the employee group term life insurance coverage.

Plan enrollment as of August, 2009 is described below.

Class 1: \$40,000	3,593 employees
Class 2: \$30,000	25 employees

NOTE: The 25 employees currently at \$30,000 are expected to increase to \$40,000 in the near future.

Open enrollment meetings are held each year in January. Employees are encouraged to attend and make their selections for the next program year. Selections are binding for the entire program year. Program years begin March 1 each year for all programs. Employees who waive life insurance coverage for any reason are allowed to enroll during any open enrollment period without regard to medical condition.

No confidential or proprietary information is being required of any respondent to this request for proposals. Any information provided as part of any proposal will be considered confidential subject to applicable public information laws.

A schedule of the services currently being provided to the County and their respective fees is included in Section VI.

All proposals should clearly delineate the respondent's ability to comply with all prevailing State and Federal laws.

Data reporting is considered to be a very important service. **All proposal respondents are advised to carefully read and be in compliance with the proposal requirements and timelines set forth in this request for proposals. (See Section III, p.9) Respondents are also advised that submission of a proposal is understood to mean that they are aware of these data requirements, are in complete agreement with them, are capable of compliance, are willing to completely comply, and acknowledge that these requirements take precedence over any subsequent contract language and/or interpretation the respondent may wish or attempt to impose to restrict the provision of data.**

The County is interested in receiving proposals for conventionally insured group term life and accidental death and dismemberment coverage. The County retains the right to negotiate directly with any carrier.

Respondents interested in submitting a conventional quote should complete and return forms number 1A, 1B and 7 and the additional forms attached.

CLAIMS ADMINISTRATION.

The chosen carrier must demonstrate the expertise to provide all facets of service commonly associated with claims processing including, but not limited to: receiving and adjudicating claims from beneficiaries, validating enrollment in the plan, authorizing payments, cutting and mailing the actual checks, and providing routine quarterly reports according to the informational requirements specified in Section III (General Plan Provisions), as well as any reporting required by federal, state, and/or locale statutes applicable to insurance of this type.

Lucas County self-administers the enrollment, retains the enrollment/beneficiary cards, self reports the enrollment and issues checks for coverage to the carrier for the entire enrollment on a monthly basis by the 15th of the month for coverage effective that month.

The chosen carrier will be responsible for all facets of operationalization including the printing and dissemination of summary plan description booklets and certificates directly to the employees at their place of work. Distribution of the employee certificate booklets is expected as soon as possible. Other than coordination, no agency or staff of the County shall be required to handle claims or provide services other than distribution of claim forms.

The County may consider up to a three-year contract award for these services. Respondents should include in their proposal a copy of the actual contract they intend to request the County to sign. Any carrier selected by the County must be licensed to do business in the state of Ohio.

Proposals must clearly reference the rating of the insurance company being proposed according to the most common rating sources familiar with the industry (AM Best, etc.)

In addition to these coverage arrangements, the County has retained Wells & Associates LLC (W & A) of Toledo, Ohio as a consultant to provide input into the selection process. The W & A staff has had considerable input into the preparation of these specifications and will assist County personnel in the evaluation of the returned materials.

SECTION II: INFORMATION FOR RESPONDENTS

1. Proposals shall be completed and returned no later than 2:00 P.M. on Monday, October 19, 2009 to the office of the Lucas County Commissioners, One government Center, Suite 800, Toledo, Ohio 43604. The returned materials should include all appropriate enclosed forms, completed as specified. Materials should be returned in sealed envelopes clearly marked "Proposal for Employee Group Term Life Insurance Coverage" with the submitter's name and address clearly marked in the upper left-hand corner of the package. All materials will be opened and recorded at the same time specified above. **No proposals will be received after that time.** Rates will not be announced, and competing proposals will not be available for review, until the County has completed negotiations with a carrier and a contract and a policy have been executed.
2. Questions regarding these specifications may be directed to Mr. James Wells, consultant to the County, at (419) 471-7451.
3. Submission of completed materials will serve as evidence that the interested party has examined the RFP materials and is satisfied and aware of their requirements, the conditions existing and the expectations of the employees and dependents of Lucas County.
4. Contractual arrangements will be made as soon as possible after proposal submission and evaluation. Respondents should be prepared to provide coverage and services as early as March 1, 2010. The selected carrier will be notified as soon as possible. The chosen carrier must be prepared to execute a written contract with Lucas County containing the language of the contracts enclosed within a reasonable time following notification of the award.
5. The selected carrier will have to provide all of the normal administrative and service procedures routinely provided under an insurance contract plus any additional information and reporting requirements that may be considered desirable or necessary over time by Lucas County as specified later in this request for proposals packet.
6. Insurers shall comply with all requirements of the general law and duly constituted authorities of the State of Ohio.
7. Assurances must be provided by the carrier that no employee of the carrier is a member of the Lucas County Commissioners, County staff, its committees, or is in a position to give the carrier an advantage nor has the respondent colluded with any other respondent or potential respondent. **(See Non-Collusion Affidavit).**
8. Respondents must provide a detailed listing of similar cases administered by the carrier in the State of Ohio. Past contractual work shall not be construed to provide an advantage.
9. All applicants will be reviewed for compliance with all state and federal equal employment opportunity laws and regulations.

10. All respondents are required to complete the Non-Collusion Affidavit contained in Section VII of this document. This form must be notarized. This affidavit states that neither he nor any of his agents, nor any other party for him, has paid or agreed to pay, directly or indirectly, any person, firm, or corporation any money or valuable consideration for assistance in procuring or attempting to procure the contract herein referred to, and further agreeing that no such money or considerations will be hereafter paid.

11. All respondents are required to complete and submit the Delinquent Personal Property Tax Statement contained in Section VII of this document. This contract attachment states that the respondent will resolve, or make acceptable arrangements to resolve, all delinquent personal property taxes, if any, prior to entry into a contract with Lucas County. This form must be notarized.

12. An insurance company or agency affiliate of the company must submit the completed proposal materials. **These specifications, as of March 1, 2010, rescind and negate all prior agents of record agreements or similar arrangements. Lucas County will not determine any agent of record or agent authorization for any of these products.** If an insurance company releases multiple, identical proposals to multiple agents it will be the insurance company's responsibility to designate the agent of record.

13. Please include, in addition to your original quotation or proposal, one clearly legible copy.

14. The limits and coverage set forth in these specifications are acceptable minimums. The signer of the returned materials, by submission, declares that sufficient investigation has been made to determine the character and extent of the benefits to be contracted and agrees, if the contract is awarded, to contract with Lucas County and provide its employees with insurance coverage as identified in the specifications within the time limits required, for the price quoted in the proposal materials.

15. In selecting a carrier or administrative service agent, the County will consider:

- a. Low initial cost;
- b. Evidence of the ability to service the account;
- c. Evidence of the ability to provide requested information relevant to the utilization status of the group at no additional cost;
- d. Financial integrity and reputation of the carrier;
- e. References provided to the County in the proposal;
- f. Reputation and past experience of the contractor; and,
- g. Such other factors as may be disclosed by the information called for in these RFP documents.

16. A copy of the contract for the services provided must be included with your proposal. A copy of the claims forms and procedures to be utilized must also be included.

17. All interested parties shall be forewarned that Lucas County reserves the right to disqualify any and all proposals before or after opening upon evidence of collusion with intent to defraud or other illegal practices upon the part of those submitting proposals.

18. Lucas County has retained James P. Wells of Toledo, Ohio, on a fee-for-service basis, to provide consultation with regard to these specifications. Wells will assist the County staff in the evaluation of all materials received.

19. Each line of coverage, at the option of the County, may be considered, evaluated, and awarded separate and distinct from any other proposal item or line of coverage.

20. Interested parties should note the Lucas County plan of benefits:

Lucas County Request for Proposals: Group Term Life Insurance

- (1) Are in writing and are available to all employees; and
- (2) Do not discriminate in favor of highly compensated employees.

21. Lucas County is authorized to enter into agreements for the services described in this document without competitive bidding. The request for proposals is an informal procedure adopted solely for purposes of identifying potential providers of the services and shall not be constructed to limit, restrict, or impair in any manner the right of the County to enter into agreements or refrain from doing so at its sole discretion subject only to the requirements of the Ohio Revised Code. The County shall have no obligation to enter into an agreement with the lowest bidder or bidders. It may reject any or all proposals, negotiate an agreement or agreements with any party or parties whether or not they have submitted proposals and, if so, whether or not their proposals were lowest, and may re-advertise for new proposals, if in its' judgement, the best interests of the County will not be served by the proposals received.

22. Respondents should be aware that the County is currently under contract with an insurance carrier to provide these services. This RFP process is for informational purposes and should not imply that the County has in any way determined or is obligated to cancel the current contract or render said contract null and void simply by requesting competitive proposals. The County reserves the right to continue in the current contractual arrangement through completion.

SECTION III: GENERAL PLAN PROVISIONS

1. Lucas County is interested in purchasing group term life insurance as economically as possible consistent with good service. As a result, all proposals submitted will be evaluated according to their relative merits in relation to the best interests of the Lucas County employees and their beneficiaries.

2. All permanent hourly and salaried employees of Lucas County shall become eligible for coverage according to the provisions of the Lucas County Employee Benefits Eligibility Rules. Briefly, all **employees** become eligible for coverage under this Plan at 12:01 A.M. on the 91st day following their date of hire if both of the following requirements are met:

- 1) They have completed and furnished a timely application for coverage; and
- 2) They have been Actively at Work more than twenty (20) hours per week for a period of four (4) consecutive weeks

Provided, however, that the following persons shall not become eligible for coverage: temporary or emergency employees whose employment will not exceed three (3) calendar months; and students whose employment will not exceed fifteen hundred (1500) hours in any calendar year.

Respondents should note the maintenance of eligibility provisions highlighted in Section I.

3. A complete description of the life insurance benefits is contained in Section IV.

4. It is the insurance carrier's responsibility to:

a. Print and issue summary plan description booklets and certificates for all plan participants;

b. Disseminate certificate booklets to the employees enrolled at their respective work site locations;

c. Process, administer, adjudicate and pay all claims per contract in a prompt manner. No agency or staff of the County shall be required to handle claims other than the distribution of forms.

d. The carrier will be responsible for providing detailed quarterly reports pertaining to all claims in process, paid and reserved. Financial data provided on a quarterly basis must include, but not be limited to, utilization and financial data for the group. This data includes:

- * Dollar amount of premiums paid
- * Number of death claims
- * Number of accidental death and dismemberment claims

Lucas County Request for Proposals: Group Term Life Insurance

- * Number of disability waiver of premium applications received
- * Number of disability waiver of premium applications approved
- * Dollar amount of claims by each of the above lines of coverage
- * Number and dollar amount of claims by line of coverage and by Class.

e. A detailed annual report, summarizing all plan activity for the year and including the calculation of rate adjustments must be provided.

f. Provide all other services necessary to communicate and administer the plan.

h. A life insurance conversion privilege for all plan participants which meets State Insurance Department regulations as to plan design, must be provided. There shall be no charge to the County for the right of employee conversion.

5. All proposals must include a disability waiver of premium provision.

6. Rate structures submitted must be guaranteed for a minimum of twelve (12) months. Rate structures guaranteed for twenty-four (24) months or thirty-six (36) months are encouraged.

7. The County reserves the right to terminate any policy or contract entered into with 30 days written notice to the carrier or contractor.

8. The Lucas County staff will be responsible for:

- a. Updating enrollment information on all employees. This will include verifying, on a monthly basis, any changes in the employment status of each member of the group.
- b. Issuing a single monthly payment, consolidated from all accounts of participating County departments, to the carrier.
- c. Dispensing claims forms or kits provided by the carrier to employees.

9. No reduction of existing benefits schedules will be considered when coverage is assumed under a new carrier.

10. No eligible person shall be denied benefits under the plan due to the error or omission by Lucas County or its agents or to which such persons would otherwise be entitled solely for reason of transferring coverage from the present program to the successful contractor of the new contract.

11. The contractor shall waive the "actively at work" clause or related provisions for purposes of the initial contract takeover.

12. The contractor shall waive any preexisting conditions clause for the initial enrollment.

13. It is requested that the successful contractor maintain an office locally or make other provisions to adequately service this account

14. All proposals submitted must be in compliance with all applicable laws.

Inquiries may be directed in writing to:

Mr. James P. Wells
2820 Rathbun
Toledo, Ohio 43606 (419) 471-7451

SECTION IV: PLAN OF BENEFITS

The Lucas County Employee Benefits Eligibility Rules defines and describes in great detail the eligibility requirements for county employees. Parties interested in providing group term life insurance through conventional insurance premiums should understand that these rules are the ultimate determiner of the benefits county employees are entitled to.

INCLUDED IN THIS SECTION

- ❖ PHOTOCOPIES OF THE FOLLOWING
 - METLIFE CERTIFICATE OF COVERAGE. (Please note the Actively at Work definition on page 23.)

YOUR BENEFIT PLAN



Basic Life Insurance

Accidental Death and Dismemberment Insurance

Certificate Date: March 1, 2007



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

Policyholder: Lucas County
Group Policy Number: 122356-1-G
Type of Insurance: Term Life & Accidental Death and Dismemberment Insurance
MetLife Toll Free Number(s):
For Claim Information FOR LIFE CLAIMS: 1-800-638-6420

THIS CERTIFICATE ONLY DESCRIBES LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.

THE BENEFITS OF THE POLICY PROVIDING YOU COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

SCHEDULE OF BENEFITS (continued)

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which You become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNTS AND HIGHLIGHTS

Life Insurance For You

For Active Employees:

Class 1	\$30,000
Accelerated Benefit Option	Up to 50% of Your Basic Life amount not to exceed \$15,000
Class 2	\$40,000
Accelerated Benefit Option	Up to 50% of Your Basic Life amount not to exceed \$20,000

Accidental Death and Dismemberment Insurance (AD&D) for You

For Active Employees:

Class 1	An amount equal to Your Life Insurance.
Maximum Accidental Death and Dismemberment Full Amount	\$30,000
Class 2	An amount equal to Your Life Insurance.
Maximum Accidental Death and Dismemberment Full Amount	\$40,000

SCHEDULE OF BENEFITS (continued)

Additional Benefits:

Seat Belt Benefit.....	Yes
Air Bag Use Benefit.....	Yes
Child Care Benefit.....	Yes
Child Education Benefit.....	Yes
Spouse Education Benefit.....	Yes
Hospital Confinement Benefit.....	Yes
Common Carrier Benefit.....	Yes

Schedule of Covered Losses for Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

Covered Losses

Loss of life.....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee.....	50%
Loss of an arm permanently severed at or above the elbow.....	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of sight in one eye.....	50%

Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	100%
Loss of the thumb and index finger of same hand.....	25%

Loss of thumb and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing.....	100%
Loss of speech or loss of hearing.....	50%

SCHEDULE OF BENEFITS (continued)

Loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

Loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs	100%
Paralysis of both legs	50%
Paralysis of the arm and leg on either side of the body	50%
Paralysis of one arm or leg.....	25%

Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage	100%
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Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months.
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Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time and part-time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed Actively at Work during weekends, holidays or Policyholder approved vacations, holidays, business closures, or deemed Actively at Work by Your Policyholder, if you were Actively at Work on your last day scheduled or day preceding such time off.

Beneficiary means the person(s) to whom We will pay insurance as determined in accordance with the GENERAL PROVISIONS section.

Common Carrier means a government regulated entity that is in the business of transporting fare paying passengers.

The term does not include:

- chartered or other privately arranged transportation; .
- taxis; or
- limousines.

Full-Time means Active Work on the Policyholder's regular work schedule for the eligible class of employees to which You belong. The work schedule must be at least 20 hours a week.

Hospital means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

Noncontributory Insurance means insurance for which the Policyholder does not require You to pay any part of the premium.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

**SECTION V
CENSUS INFORMATION**

FOR A COMPLETE CENSUS OF ENROLLEES IN THE EMPLOYEE GROUP TERM LIFE INSURANCE PLAN PLEASE SEE THE CENSUS SECTION ON THE EMPLOYEE BENEFITS/WELLNESS WEBSITE.

**SECTION VI
CLAIMS HISTORY**

LUCAS COUNTY
EMPLOYEE GROUP TERM LIFE INSURANCE
AND ACCIDENTAL DEATH AND DISMEMBERMENT
INSURANCE COVERAGE

RATE HISTORY
2001-2009

(Rates include Disability Waiver of Premium Provision)

Year	Carrier	Life Rate	A.D.& D Rate	Total
2001	Canada Life	\$0.145	\$0.02	\$0.165
2002	Canada Life	\$0.145	\$0.02	\$0.165
2003	Hartford	\$0.136	\$0.02	\$0.156
2004	Mut of Omaha	\$0.119	\$0.02	\$0.139
2005	Mut of Omaha	\$0.119	\$0.02	\$0.139
2006	Mut of Omaha	\$0.119	\$0.02	\$0.139
2007	MetLife	\$0.119	\$0.02	\$0.139
2008	MetLife	\$0.119	\$0.02	\$0.139
2009	MetLife	\$0.119	\$0.02	\$0.139

Premium vs Claims Report

Experience Level Summary
0122356 LUCAS COUNTY

Customer	Experience	From	Thru	Claim View
122356	0122356	03/2007	02/2008	Customer Reporting

Customer Information

Experience	0122356	Zone/Admin	???
Name	LUCAS COUNTY	Account Specialist	???
		Phone	???

Product Summary

Product	Per/Dep	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
BASIC LIFE - CONTINUED PROTECTION	P	\$17,887	\$40,162	\$214,470	\$303,954	142%
PERSONAL AD&D	P	\$3,021	\$0	\$36,054	\$0	%
DENTAL	D	\$16,572	\$9,311	\$192,079	\$128,342	67%
DENTAL	P	\$12,612	\$8,838	\$148,226	\$118,470	80%
Total		\$50,092	\$58,310	\$590,828	\$550,766	93%

Monthly Summary

Month	Act/Est	Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	
03/2007	E	\$48,252	\$1,911	4%
04/2007	E	\$48,252	\$19,567	41%
05/2007	A	\$48,191	\$60,186	125%
06/2007	A *	\$46,914	\$63,044	134%
07/2007	A	\$48,746	\$22,480	46%
08/2007	A	\$49,178	\$65,765	134%
09/2007	A *	\$49,379	\$61,906	125%
10/2007	A	\$49,186	\$98,692	201%
11/2007	A	\$49,606	\$23,592	48%
12/2007	A	\$53,546	\$26,225	49%
01/2008	A	\$49,487	\$49,086	99%
02/2008	A	\$50,092	\$58,310	116%

*Please note that this report does not contain DHMO claims information. If you have any questions regarding DHMO claims, please contact your Service Representative.
 *Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.
 * Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.
 * Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.
 * The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

Premium vs Claims Report

Experience Level Summary
0122356 LUCAS COUNTY

Customer	Experience	From	Thru	Claim View
122356	0122356	03/2008	02/2009	Customer Reporting

Customer Information

Experience 0122356
Name LUCAS COUNTY
Zone/Admin ???
Account Specialist ???
Phone ???

Product Summary

Product	Per/Dep	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
BASIC LIFE - CONTINUED PROTECTION	P	\$0	\$22,000	\$141,425	\$302,974	214%
PERSONAL AD&D	P	\$0	\$0	\$23,665	\$0	%
DENTAL	D	\$0	\$17,631	\$135,043	\$213,172	158%
DENTAL	P	\$35	\$13,899	\$101,595	\$161,992	159%
Total		\$35	\$53,529	\$401,728	\$678,139	169%

Monthly Summary

Month	Act/Est	Current Month		Report Period to Date		Ratio Claims to Premium
		Premium & Deposit Liability	Claims	Premium & Deposit Liability	Claims	
03/2008	A	\$49,553	\$69,090	\$49,553	\$69,090	139%
04/2008	A	\$29,493	\$112,800	\$29,493	\$112,800	382%
05/2008	A	\$50,361	\$72,253	\$50,361	\$72,253	143%
06/2008	A *	\$71,516	\$32,508	\$71,516	\$32,508	45%
07/2008	A	\$49,909	\$31,832	\$49,909	\$31,832	64%
08/2008	A	\$50,039	\$32,622	\$50,039	\$32,622	65%
09/2008	A	\$50,393	\$36,977	\$50,393	\$36,977	73%
10/2008	A	\$50,249	\$27,331	\$50,249	\$27,331	54%
11/2008	A	\$35	\$108,904	\$35	\$108,904	311154%
12/2008	A	\$72	\$67,946	\$72	\$67,946	94369%
01/2009	E	\$72	\$32,346	\$72	\$32,346	44925%
02/2009	A	\$35	\$53,529	\$35	\$53,529	152940%

*Please note that this report does not contain DHMO claims information. If you have any questions regarding DHMO claims, please contact your Service Representative.
 *Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.
 *Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.
 * Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.
 * The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

Premium vs Claims Report

Experience Level Summary
0122356 LUCAS COUNTY

Customer	Experience	From	Thru	Claim View
122356	0122356	03/2008	02/2009	Customer Reporting
Customer Information				
Experience	0122356	Zone/Admin	???	
Name	LUCAS COUNTY	Account Specialist	???	
		Phone	???	

Product	Per/Dep	Current Month			Report Period to Date		
		Premium & Deposit Liability	Claims	Ratio	Premium & Deposit Liability	Claims	to Premium
BASIC LIFE - CONTINUED PROTECTION	P	\$0	\$22,000		\$141,425	\$302,974	214%
PERSONAL AD&D	P	\$0	\$0		\$23,665	\$0	%
DENTAL	D	\$0	\$17,631		\$135,043	\$213,172	158%
DENTAL	P	\$35	\$13,899		\$101,595	\$161,992	159%
Total		\$35	\$53,529		\$401,728	\$678,139	169%

Month	Act/Est	Report Period to Date			Report Period to Date		
		Premium & Deposit Liability	Claims	Ratio	Premium & Deposit Liability	Claims	to Premium
03/2008	A	\$49,553	\$69,090	139%	\$69,090	\$69,090	139%
04/2008	A	\$29,493	\$112,800	382%	\$112,800	\$112,800	382%
05/2008	A	\$50,361	\$72,253	143%	\$72,253	\$72,253	143%
06/2008	A *	\$71,516	\$32,508	45%	\$32,508	\$32,508	45%
07/2008	A	\$49,909	\$31,832	64%	\$31,832	\$31,832	64%
08/2008	A	\$50,039	\$32,622	65%	\$32,622	\$32,622	65%
09/2008	A	\$50,393	\$36,977	73%	\$36,977	\$36,977	73%
10/2008	A	\$50,249	\$27,331	54%	\$27,331	\$27,331	54%
11/2008	A	\$35	\$108,904	31154%	\$108,904	\$108,904	31154%
12/2008	A	\$72	\$67,946	94369%	\$67,946	\$67,946	94369%
01/2009	E	\$72	\$32,346	44925%	\$32,346	\$32,346	44925%
02/2009	A	\$35	\$53,529	152940%	\$53,529	\$53,529	152940%

*Please note that this report does not contain DHMO claims information. If you have any questions regarding DHMO claims, please contact your Service Representative.
 *Premium and claims information on this report has been matched at the most detailed level possible based on your billing and claims structure.
 * Actual premium reflects received and processed bills. Estimated premium reflects bills not yet processed.
 * Under an insured arrangement, claims paid may not fully reflect the plan's liability. Additional charges may apply in underwriting and financial accounting.
 * The current month premium includes adjustments. The adjustments reflect changes to previously reported premium.

Basic Life and Personal AD&D*				
Year	Mar-07	Mar-08	YTD 2009	Total
Avg Lives	3714	3713	3651	
Premium - Basic	\$214,470	\$211,535	\$86,329	\$512,334
Premium - AD&D	\$36,054	\$35,400	\$14,482	\$85,936
Total Premium	\$250,524	\$246,935	\$100,811	\$598,270
Claims - Basic	\$281,952	\$280,971	\$160,190	\$723,113
Claims - AD&D				
Pending	\$0	\$0	\$80,000	\$80,000
Waiver	\$0	\$0	\$80,000	\$80,000
Total Claims	\$281,952	\$280,971	\$320,190	\$883,113
Loss Ratio	113%	114%	318%	148%
Basic Life Rate	\$0.119			
AD&D Rate	\$0.02			

Life Insurance Premium 2009

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
Met Life eff. 3/1/07	\$ 20,774.94	\$ 20,691.54	\$ 20,747.14	\$ 20,619.26	\$ 20,691.54	\$ 20,624.82	\$ 20,576.17	\$ 20,654.01	\$ 20,516.40	\$ 20,527.52	\$ 20,521.96	\$ 20,452.46	\$ 247,397.76
Monthly Enrollment	3,744	3,736	3,740	3,726	3,735	3,726	3,721	3,721	3,702	3,700	3,699	3,692	Avg. Enrollment 3,720

SECTION VII: FORMS

NOTE: Respondents are free to add additional information to their proposals, **but must submit, at a minimum, the completed Non-Collusion Affidavit (Form #1), the Delinquent Tax Statement (Form #1 B), the conventional group term life insurance Form #7 and the additional forms listed below.** This section contains the forms referred to in the body of the request for proposal.

CONTENTS

FORM 1A	NON-COLLUSION AFFIDAVIT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 1B	DELINQUENT TAX STATEMENT (MUST BE FILLED OUT BY ALL RESPONDENTS)
FORM 7	GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONVENTIONAL INSURANCE QUOTATION
ADDITIONAL FORMS	DECLARATION REGARDING MATERIAL ASSISTANCE TO A TERRORIST ORGANIZATION LUCAS COUNTY AFFIDAVIT IN COMPLIANCE WITH O.R.C. SECTION 3517.13

**FORM # 1B
DELINQUENT TAX STATEMENT
CONTRACT AGREEMENT**

Section 5719.042. After the award by a taxing district of any contract let by competitive bid and prior to the time the contract is entered into, the person making a bid shall submit to the County a statement affirmed under oath that the person with whom the contract is to be made was not charged at the time the bid was submitted with any delinquent Personal Property Taxes on the general list of Personal Property of any County in which the taxing district has territory or that such person was charged with delinquent Personal Property Taxes on any such tax list, in which case delinquent taxes and any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the Fiscal Officer to the County Treasurer within thirty days of the date it is submitted.

**DELINQUENT PERSONAL PROPERTY TAX STATEMENT
(O.R.C.- SECTION 5791.042)**

I _____, _____ of _____
_____ affirm that at the time that I submitted the proposal for _____
_____ to Lucas County on _____
_____, 20____, that _____ was not charged with
delinquent Personal Property Taxes by the Lucas County Auditor.

(If personal Property Taxes are delinquent, complete the following section)

The amount of Personal Property Taxes due to Lucas County is
_____ and unpaid penalties and interest are _____.

Signature

Company

Date

Before me appeared _____ on this day of _____, 20____.

Notary Public

Form #7
Group Term Life Insurance

Life Volume:

Class I = 3,593 employees @ \$40,000 = \$ 143,720,000

Class II = 25 employees @ \$30,000 = \$ 750,000

Total Volume = \$144,470,000

ONE YEAR QUOTATION

LIFE: \$ _____ dollars per \$1,000.00 coverage = \$ _____ Premium per Month
A. D. & D.: \$ _____ dollars per \$1,000.00 coverage = \$ _____ Premium per Month
Total Monthly Premium = \$ _____
Total Annual Premium = \$ _____

TWO YEAR QUOTATION

LIFE: \$ _____ dollars per \$1,000.00 coverage = \$ _____ Premium per Month
A. D. & D.: \$ _____ dollars per \$1,000.00 coverage = \$ _____ Premium per Month
Total Monthly Premium = \$ _____
Total Annual Premium = \$ _____

THREE YEAR QUOTATION

LIFE: \$ _____ dollars per \$1,000.00 coverage = \$ _____ Premium per Month
A. D. & D.: \$ _____ dollars per \$1,000.00 coverage = \$ _____ Premium per Month
Total Monthly Premium = \$ _____
Total Annual Premium = \$ _____

Note: All proposals for group term life must include disability waiver of premium.

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY RATING:

STANDARD & POOR'S: _____
A. M. BEST : _____

MOODY'S: _____
DUFF PHELPS: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: (_____) _____

FAX NUMBER: (_____) _____



Ohio Department of Public Safety
 Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

GOVERNMENT BUSINESS AND FUNDING CONTRACTS
 In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE NUMBER				

DECLARATION In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code	
For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.	
1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

11. Benevolence International Foundation (United States)
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taibah International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Comité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)
American Friends of the United Yeshiva (Kahane Chai and Kach)
American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)
Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)



LUCAS COUNTY AFFIDAVIT IN COMPLIANCE WITH O.R.C. SECTION 3517.13

Recent changes in Ohio law require Counties to obtain an additional affidavit from certain vendors regarding campaign contributions. With this affidavit you are simply affirming that you or your organization have not made campaign contributions to the Board of County Commissioners in an amount that exceeds the statutory maximum for organizations or individuals contracting with the County.

Please read the affidavit starting on page 2 for more specific details.

Additionally in order to ensure compliance with the law you must provide information regarding your business organization.

Is your organization a:

- Publicly-traded for-profit corporation
- Privately-held for-profit corporation
- Not-for-profit corporation
- Partnership
- Sole proprietorship

Please list any members of your organization with a 20% or greater ownership interest:

Please list any political action committees associated with your organization:

STATE OF _____

COUNTY OF _____, ss:

Personally appeared before me the undersigned, as an individual or as a representative of

_____ for a contract for _____
(Name of Entity) (Type of Product or Service)

to be let by the Board of Commissioners, Lucas County, Ohio, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section 3517.13 (campaign contributions and reporting) and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the business entity:

1. On behalf of the individual, partnership, other unincorporated business association, professional association organized under Chapter 1785 O.R.C. or estate or trust that all of the following persons, where applicable, are in compliance with 3517.13 (I)(1)¹:
 - a. the individual;
 - b. each partner or owner of the partnership or other unincorporated business;
 - c. each shareholder of the association;
 - d. each administrator of the estate;
 - e. each executor of the estate;
 - f. each trustee of the trust;
 - g. each spouse of any person identified in (a) through (f) of this section;
 - h. each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
 - i. any combination of persons identified in (a) through (f) of this section.

¹ O.R.C. § 3517.13 (I) (1) (a) provides: no agency or department of this state or any political subdivision shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to any individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust if *any person or entity* listed herein in paragraph 1. sub-paragraphs a-i above, *has made, as an individual*, within the previous twenty-four (24) months, *one or more contributions totaling in excess of one thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.

2. On behalf of the individual, partnership, other unincorporated business association, professional association organized under Chapter 1785 O.R.C. or estate or trust that all of the following persons, where applicable, are in compliance with 3517.13 (I)(1) (b)²:
 - a. the individual;
 - b. each partner or owner of the partnership or other unincorporated business;
 - c. each shareholder of the association;
 - d. each administrator of the estate;
 - e. each executor of the estate;
 - f. each trustee of the trust;
 - g. each spouse of any person identified in (a) through (f) of this section;
 - h. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (f) of this section;
 - i. any political action committee affiliated with the partnership or other unincorporated business, association, estate, or trust.
3. On behalf of a corporation or business trust, except a professional association organized under Chapter 1785 O.R.C., that all of the following persons, where applicable, are in compliance with 3517.13 (J)(1)³:
 - a. an owner of more than twenty per cent of the corporation or business trust;
 - b. each spouse of an owner of more than twenty per cent of the corporation or business trust;
 - c. each child seven years of age to seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
 - d. any combination of persons identified in (a) through (c) of this section.
4. On behalf of a corporation or business trust, except a professional association organized under Chapter 1785 O.R.C., that all of the following persons, where applicable, are in compliance with 3517.13 (J)(2)⁴:

² O.R.C. § 3517.13 (I) (1) (b) provides: no agency or department of this state or any political subdivision shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to any individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust if *any combination of the person or entity* listed herein in paragraph 2, subparagraphs a-i above, *has made* within the previous twenty-four (24) months, *one or more contributions totaling in excess of two thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.

³ O.R.C. § 3517.13 (J) (1) (a) provides: no agency or department of this state or any political subdivision shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to a corporation or business trust, except a professional association organized under Chapter 1785 of the Revised Code, *if any person listed herein in paragraph 3, sub-paragraphs a-d* has made, *as an individual*, within the previous twenty-four (24) months, taking into consideration only owners for all of that period, *one or more contributions totaling in excess of one thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.

⁴ O.R.C. § 3517.13 (J) (1) (b) provides: no agency or department of this state or any political subdivision

- a. an owner of more than twenty per cent of the corporation or business trust;
- b. each spouse of an owner of more than twenty per cent of the corporation or business trust;
- c. each child seven years of age to seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
- d. any political action committee affiliated with the corporation or business trust.

BIDDER:

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

Sworn to before me and subscribed in my presence by the above named person this _____ day of _____, 20_____

NOTARY PUBLIC: _____

My Commission Expires: _____

shall award any contract for the purchase of goods costing more than ten thousand dollars or services costing more than ten thousand dollars to a corporation or business trust, except a professional association organized under Chapter 1785 of the Revised Code, *if any combination of the following has made*, within the previous twenty-four (24) months, taking into consideration only owners for all of that period, *one or more contributions totaling in excess of two thousand dollars* to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee.