

**AMENDMENT #1 TO  
PROFESSIONAL SERVICES AGREEMENT –  
SHORT TERM DISABILITY BENEFIT ADMINISTRATION SERVICES  
BETWEEN  
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  
AND  
THE STATE OF DELAWARE, OFFICE OF MANAGEMENT AND BUDGET**

This document (hereinafter referred to as “Amendment #1”) shall serve to amend the original Professional Services Agreement effective July 1, 2014, for certain administration services for the short-term disability insurance plan (hereinafter referred to as “STD Administration Agreement”) between the State of Delaware, Office of Management and Budget (“State”) with offices at the McArdle Building, Office of Pensions, 860 Silver Lake Blvd, Suite 1, Dover, Delaware 19904-2402 and the Hartford Life and Accident Insurance Company, a Connecticut corporation, with offices at One Hartford Plaza, Hartford, CT 06155 (“Contractor”).

WHEREAS, the State and Contractor hereby desire to amend the STD Administration Agreement to extend the term of the contract for two (2) additional years and set forth other mutual agreements as specified herein;

NOW THEREFORE, in consideration of the representations and mutual covenants herein undertaken, effective, July 1, 2017 unless otherwise stated herein, the parties agree as follows:

1. The term of the contract as set forth in Section 2.1, shall be extended for a term of two (2) years commencing on July 1, 2017 (the “Effective Date”) and expiring June 30, 2019 (the “Extended Term”).
2. Section 24, *Notices*, of the Agreement for the State is hereby deleted and replaced with the following:  
  
State of Delaware, OMB  
Statewide Benefits Office  
Attn: Director, HR Management and Benefits Administration  
97 Commerce Way, Suite 201  
Dover, DE 19904
3. Appendix A, Section 3.1, *Fees*, the rate shall remain unchanged as \$1.96 per employee per month. (Reference: “Group Benefits Information for The State of Delaware July 1, 2017” and dated April, 28 2017 )
4. The *Performance Agreement* dated July 1, 2017, for both the Contractor’s long-term and short-term disability programs is incorporated herein by reference.

**AMENDMENT #1 TO  
PROFESSIONAL SERVICES AGREEMENT –  
LONG TERM DISABILITY BENEFIT ADMINISTRATION SERVICES  
BETWEEN  
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  
AND  
THE STATE OF DELAWARE, OFFICE OF MANAGEMENT AND BUDGET**

This document (hereinafter referred to as “Amendment #1”) shall serve to amend the original Professional Services Agreement effective July 1, 2014, for certain administration services for the long-term disability insurance plan (hereinafter referred to as “LTD Administration Agreement”) between the State of Delaware, Office of Management and Budget (“State”) with offices at the McArdle Building, Office of Pensions, 860 Silver Lake Blvd, Suite 1, Dover, Delaware 19904-2402 and Hartford Life and Accident Insurance Company, a Connecticut corporation, with offices at One Hartford Plaza, Hartford, CT 06155 (“Contractor”).

WHEREAS, the State and Contractor hereby desire to amend the LTD Administration Agreement to extend the term of the contract for two (2) additional years and set forth other mutual agreements as specified herein;

NOW THEREFORE, in consideration of the representations and mutual covenants herein undertaken, effective, July 1, 2017 unless otherwise stated herein, the parties agree as follows:

1. The term of the contract as set forth in Section 2.1, shall be extended for a term of two (2) years commencing on July 1, 2017 (the “Effective Date”) and expiring June 30, 2019 (the “Extended Term”).
2. Section 24, *Notices*, of the Agreement for the State is hereby deleted and replaced with the following:

State of Delaware, OMB  
Statewide Benefits Office  
Attn: Director, HR Management and Benefits Administration  
97 Commerce Way, Suite 201  
Dover, DE 19904

(continued)

**AMENDMENT #1 TO  
PROFESSIONAL SERVICES AGREEMENT –  
LONG TERM DISABILITY INSURANCE  
BETWEEN  
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  
AND  
THE STATE OF DELAWARE, OFFICE OF MANAGEMENT AND BUDGET**

This document (hereinafter referred to as “Amendment #1) shall serve to amend the original Professional Services Agreement effective July 1, 2014, for certain administration services in addition to the long-term disability insurance policy (hereinafter referred to as “LTD Policy Agreement”) between the State of Delaware, Office of Management and Budget (“State”) with offices at the McArdle Building, Office of Pensions, 860 Silver Lake Blvd, Suite 1, Dover, Delaware 19904-2402 and the Hartford Life and Accident Insurance Company, a Connecticut corporation, with offices at One Hartford Plaza, Hartford, CT 06155 (“Contractor”).

WHEREAS, the State and Contractor hereby desire to amend the LTD Policy Agreement to extend the term of the contract for two (2) additional years and set forth other mutual agreements as specified herein;

NOW THEREFORE, in consideration of the representations and mutual covenants herein undertaken, effective, July 1, 2017 unless otherwise stated herein, the parties agree as follows:

1. The term of the contract as set forth in Section 2.1, shall be extended for a term of two (2) years commencing on July 1, 2017 (the “Effective Date”) and expiring June 30, 2019 (the “Extended Term”).
2. Section 24, *Notices*, of the Agreement for the State is hereby deleted and replaced with the following:

State of Delaware, OMB  
Statewide Benefits Office  
Attn: Director, HR Management and Benefits Administration  
97 Commerce Way, Suite 201  
Dover, DE 19904

3. Insertion of the following at the end of Paragraph 2.2, *Payment for Services and Expenses*:

The rates for July 1, 2017 to June 30, 2019 are \$0.541 per \$100 of covered payroll. (Reference: “Group Benefits Information for The State of Delaware July 1, 2017” and dated April 28, 2017)



## **2017 PERFORMANCE AGREEMENT**

This Performance Agreement ("Agreement") is entered into this 1st day of July 1, 2017 ("Effective Date") by and between The State of Delaware, having its principal address at 860 Silver Lake Blvd., Ste. 1, Dover, DE 19904-2402 ("State"), and Hartford Life and Accident Insurance Company, a Connecticut corporation having its principal address at One Hartford Plaza, Hartford, CT 06155 ("Hartford"). State and Hartford may also be referred to individually as a "Party" or collectively as the "Parties."

**WHEREAS**, Hartford issued Long-Term Disability Policy Number GLT 675467 and (Policy) and Administrative Service Agreement 071675 (ASO Agreement) to State of Delaware; and

**WHEREAS**, relative to the Policy/ASO Agreement, Hartford provides certain services, including but not limited to implementation, reporting and claim processing ("Services"); and

**WHEREAS**, the Parties now desire to enter into an agreement setting forth certain performance standards associated with the Services.

**NOW THEREFORE**, in consideration of the mutual promises and covenants contained in this Agreement, the Parties hereby agree as follows:

**1. Performance Standards:**

- a. The performance standards set forth in *Exhibit A* to this Agreement under the heading "Standard" ("Performance Standards") shall apply to the applicable Services.
- b. Compliance by Hartford with the Performance Standards shall be measured using the corresponding "Measurement Source" set forth in *Exhibit A*.
- c. Hartford shall review and identify to State of Delaware any instance in which Hartford failed to achieve a Performance Standard.
- d. Hartford shall not be liable for failure to achieve a Performance Standard if such failure was due to State of Delaware's (or if applicable a claimant's) failure to provide the information necessary for Hartford to perform the applicable Services.
- e. If, due to Hartford's failure to achieve a Performance Standard, a payment is due to State of Delaware, Hartford will determine the amount of the payment based upon the corresponding "Annual Amount at Risk" set forth in *Exhibit A* and will issue to State of Delaware a check for that amount. In the event that this Agreement is terminated prior to the close of a

Policy/ASO Agreement year, amounts payable under this Agreement shall be pro-rated based on the number of whole months this Agreement was in force during the applicable Policy/ASO Agreement year.

- f. No payment will be due to the State of Delaware if the State of Delaware is delinquent on premium/fee payments to Hartford as provided for in the Policy/ASO Agreement.

2. **Term and Termination:** This Agreement will commence on the Effective Date and will remain in force thereafter until June 30, 2019. Notwithstanding the foregoing, the following special termination provisions shall apply:
  - a. Either Party may terminate this Agreement by giving the other Party thirty (30) days advance written notice;
  - b. This Agreement will terminate automatically with respect to a Policy/ASO on the date that Policy/ASO Agreement terminates;
  - c. Hartford may suspend and/or terminate this Agreement immediately if State of Delaware is delinquent on premium/fee payments due and owing to Hartford as provided for in the Policy/ASO Agreement and no payment will be due State of Delaware; and
  - d. Hartford may terminate this Agreement immediately if enrolled exposure on a Policy/ASO Agreement increases or decreases by ten percent (10%) or more.
3. **Applicable Law:** This Agreement will be governed by the laws of Delaware and venue will be proper in the state and federal courts of Delaware.
4. **Entire Agreement:** This Agreement and any Exhibits attached hereto constitutes the entire agreement between the Parties with respect to the Performance Standards associated with the Policy/ASO Agreement. This Agreement supersedes and replaces all oral or written agreements previously made or existing by and between the Parties with regard to the Performance Standards associated with the Policy/ASO Agreement.
5. **Notices:** Any notice given pursuant to this Agreement shall be mailed, delivered via overnight courier, or sent via facsimile, to the following addresses:

If to State of Delaware:

State of Delaware  
Attn: Brenda Lakeman  
Director of Human Resource Management  
& Benefits Administration  
Statewide Benefits Office  
97 Commerce Way, Suite 201  
Dover, DE 19904

If to Hartford: Hartford Life and Accident Insurance Company  
Attn: Karen W. Reid  
6011 University Blvd, Suite 330