

Human Resources
Maurene Stanton
Executive Director of Human Resources

Date: October 6, 2015

To: Board of Directors

From: Maurene Stanton

RE: Public School Employees (PSE) Vision Benefit Change

The PSE membership elected to use MetLife Insurance Company to provide vision benefits beginning November 1, 2016. The contract with MetLife is attached to this memo.

Members will be able to continue using their same providers, but receive enhanced coverage with a lower premium.

If you have any questions, please contact me at your convenience. I am recommending your approval of the attached agreement.

CUSTOMER AGREEMENT



MetLife

Stanwood Camano School District
26920 Pioneer Highway
Standwood, WA 98292

August 4, 2015

Dear Stanwood Camano School District

Thank you for choosing a benefits program from Metropolitan Life Insurance Company ("MetLife") and the MetLife family of Companies. We are excited to be providing benefits for Stanwood Camano School District employees. To get started, please sign a copy of this letter below and return it to Michelle Ontiveros.

The benefits you have chosen for your Vision are listed on the attached schedule. If your MetLife benefit offerings change, we will reflect those changes on a new schedule.

METLIFE'S RESPONSIBILITIES:

1. MetLife will offer the benefits listed on the attached schedules ("MetLife Benefits") to all eligible individuals. Individuals who obtain benefits are referred to as "Participants".
2. For each of the MetLife Benefits listed on the attached schedule, MetLife will provide as applicable either: a group insurance policy and insurance certificates; individually underwritten insurance policies; a detailed benefits schedule; or one or more administrative agreements. These documents will detail the benefits provided, costs, effective date, and other important terms. Nothing in this letter changes any of the terms of the group or individual insurance policies, certificates or other applicable administrative agreements.
3. MetLife will comply with all laws applicable to MetLife's activities in connection with the MetLife Benefits.
4. MetLife will provide information and materials that eligible individuals need to understand the MetLife Benefits.
5. MetLife will process eligibility information and payroll deductions in accordance with MetLife's policies and procedures for each MetLife Benefit. MetLife will be responsible for all pricing and individual underwriting decisions.
6. MetLife will provide account management services to Stanwood Camano School District and customer service to eligible individuals.
7. MetLife will treat all non-public personal information about eligible individuals in a confidential manner and in accordance with all applicable laws.
8. Participants no longer employed by Stanwood Camano School District (and where applicable, their dependents) may continue certain benefits with MetLife in accordance with MetLife's policies and procedures.
9. MetLife will be liable to Stanwood Camano School District for the performance of its administrative obligations under any insurance policy, certificate, this agreement or any other written agreement that may be entered into between MetLife and Stanwood Camano School District relating to the MetLife Benefits. If MetLife uses a third party in connection with any of MetLife's administrative obligations, MetLife will remain liable to Stanwood Camano School District for the performance by the third party of those administrative obligations. The third party shall work under the control and direction of MetLife and, as between MetLife and Stanwood Camano School District, MetLife shall be solely responsible for the acts, errors and omissions of the third party.

(continued)

STANWOOD CAMANO SCHOOL DISTRICT'S RESPONSIBILITIES:

1. Stanwood Camano School District will communicate the MetLife Benefits to all eligible individuals and distribute enrollment materials. Stanwood Camano School District will provide MetLife with full access to the eligible population. Stanwood Camano School District will perform its administrative obligations to the fullest extent to drive maximum participation in MetLife Benefits by all eligible individuals.
2. Stanwood Camano School District will process enrollments and will report to MetLife the identity of all Participants. For certain MetLife Benefits, MetLife requires that Stanwood Camano School District will provide a list of all Eligible Employees and provide regular updates thereto. Stanwood Camano School District will provide this if required to do so. MetLife and Stanwood Camano School District will agree upon the timing and format of this enrollment information.
3. Stanwood Camano School District will not use the name or Brand of MetLife or create or distribute materials regarding the MetLife Benefits without MetLife's approval.
4. Stanwood Camano School District will comply with all laws applicable to Stanwood Camano School District activities in connection with the MetLife Benefits.
5. Where Participants contribute to the cost of the MetLife Benefits, Stanwood Camano School District will provide payroll deductions for amounts due in connection with the MetLife Benefits and will remit payments to MetLife.
6. Stanwood Camano School District will be responsible for any filings required by the Department of Labor or other Federal or State agencies. Upon request, MetLife will provide applicable information necessary to make such filings.
7. If Stanwood Camano School District is represented by an insurance agent or broker for purposes of a MetLife Benefit, Stanwood Camano School District agrees to inform MetLife of any change in its insurance agent or broker.
8. Any act undertaken by Stanwood Camano School District that relates to the insurance provided by MetLife must be consistent with the terms of such insurance and with MetLife's requirements; including but not limited to the eligibility requirements of Stanwood Camano School District plan as set forth in the certificates and the applicable group policies.
9. Stanwood Camano School District will be liable to MetLife for the performance of its administrative obligations under any insurance policy, certificate, this agreement or any other written agreement entered into between MetLife and Stanwood Camano School District relating to the MetLife Benefits. If Stanwood Camano School District uses a third party in connection with any of Stanwood Camano School District administrative obligations, Stanwood Camano School District shall remain liable to MetLife for the performance by the third party of those administrative obligations. The third party shall work under the control and direction of Stanwood Camano School District and, as between Stanwood Camano School District and MetLife, Stanwood Camano School District shall be solely responsible for the acts, errors and omissions of the third party.

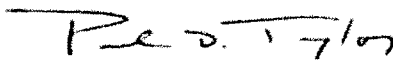
We look forward to serving your benefit needs! If the terms of this letter are acceptable to Stanwood Camano School District, please sign below and return to us as directed above.

Very Truly Yours,

Accepted and Agreed to:

METROPOLITAN LIFE INSURANCE COMPANY

STANWOOD CAMANO SCHOOL DISTRICT


By: _____

By: _____

Title: Vice President

Title: _____

Group, Voluntary & Worksite Benefits

Metropolitan Life Insurance Company

200 Park Avenue

New York, NY 10166



Statement of Responsibility

MetLife will be responsible to the group policyholder for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If MetLife uses a third party in connection with any of MetLife's administrative obligations, MetLife will remain responsible to the group policyholder for the performance by the third party of those administrative obligations. The third party will work under the control and direction of Metlife and Metlife will be solely responsible for the acts, errors and omissions of the third party.

The group policyholder will be responsible to MetLife for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If the group policyholder uses a third party in connection with any of the group policyholder's administrative obligations, the group policyholder will remain responsible to MetLife for the performance by the third party of those administrative obligations. The third party will work under the control and the direction of the group policyholder and the group policyholder will be solely responsible for the acts, errors and omissions of the third party.

To be completed by Policyholder:

Signed at:		
_____	_____	_____
(City)	(State)	Date (MM/DD/YYYY)
_____ (Signature of Group Policyholder's Authorized Representative)		_____ (Print Name and Title of Authorized Representative)

To be completed by Metropolitan Life Insurance Company:

 James W. Reid Senior Vice President Group, Voluntary & Worksite Benefits	_____ Date (MM/DD/YYYY)
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Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

APPLICATION FOR GROUP INSURANCE

The applicant named below is applying for a Group Policy to provide insurance for the persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: * Stanwood Camano School District (the "Policyholder")
2. Address: * 26920 Pioneer Highway City * STANWOOD State * WA Zip * 98292

POLICY EFFECTIVE DATE

The Group Policy's effective date will be * 11/01/2015, subject to MetLife's acceptance of this application and the Applicant's payment of the Premium due on or before such date.

POLICY SITUS

The Group Policy will be issued for delivery in and governed by the laws of Washington.

COVERAGE DATA

**Employees / Members
Only**

**Employees / Members
and Dependents**

Basic Life _____
Basic Life with AD&D _____
(Note: Basic AD&D is not available for Dependents)
Supplemental Life _____
Supplemental Life with AD&D _____
Dental _____
Short Term Disability _____
Long Term Disability _____
Vision _____

PREMIUM DATA

Premiums will be paid: monthly * quarterly annually other: _____

Attached is an advance payment of: \$ * 0.00

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of the Group Policy, including its Exhibits, amendments and endorsements, if any.

Fraud Warning. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Signature of Applicant's Authorized Representative

Signed at: City * Stanwood, State * WA Date: * 09/03/2015

Name of Authorized Representative * Maurene Stanton

Title of Authorized Representative * Executive Director of Human Resourc

Applicant Signature * _____ (Enter eSignature Password)

Signature of Licensed MetLife Agent or Resident Agent as required by law

Agent's State License No. ***** Date: 08/04/2015

Name of Agent: MARK ROSE

Agent Signature *****