



Tax Services Agreement

Long Term Disability (LTD)

POLICYHOLDER/EMPLOYER NAME: Manasquan BOE

POLICY NUMBER: 681234

EFFECTIVE DATE OF REQUEST (current or future date only): 12/01/2017

A. Policyholder/Employer has provided the following information to The Hartford* regarding who bears the cost of premiums, whether the costs are incurred pre-tax or post-tax, and the taxability of benefits.

The following tax treatment applies to the following group of employees: ALL

- Employees pay the premium costs with post-tax income. All disability benefits are 0% taxable.

B. STANDARD TAX SERVICES

- The Hartford will withhold and deposit applicable and properly elected additional United States federal income taxes (FIT) and state income tax (SIT) as well as applicable Employee FICA taxes from disability benefits/sick pay. The Hartford will make timely filings with the appropriate United States federal and state agencies.
- The Hartford will deposit the taxes using The Hartford's tax identification number and will timely notify Policyholder/Employer of these payments. This notification is provided to you on the EOB (Explanation of Benefits).
- The Hartford assumes no responsibility for the Policyholder/Employer's share of FICA (unless FICA Match and W-2 Services are elected).
- The Hartford assumes no responsibility for any other payroll or employment related tax, fee, premium or the like including Federal Unemployment Insurance (FUTA) and State Unemployment Insurance (SUTA), State Disability Insurance, State or Local Occupational Taxes, other jurisdictional taxes such as municipal, city or county taxes, or any Workers' Compensation Tax which may be applicable to the disability benefits The Hartford is paying.
- The Hartford will prepare and deliver to Policyholder/Employer the annual summary reports of benefits paid.

C. OPTIONAL SELECTED TAX SERVICES

- If you have a payroll vendor, to avoid duplication of services, it is your responsibility to provide that vendor with notice of the applicable services The Hartford will provide as identified and selected below.
- Unless you specifically request different Optional Tax Services for different sub-groups of employees, we will apply the Optional Selected Tax Services as identified in Sections C.1 and C.2 below to all employees.

1. W-2 SERVICES

The following tax treatment applies to the following group of employees: ALL

- Policyholder/Employer authorizes The Hartford to prepare Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies.
- The Hartford will postmark by January 31st of each year, or such other date required by law, Forms W-2 containing sick pay information to payees and make information return filings in accordance with federal and state requirements regarding income tax, Social Security, and Medicare tax.
- The Hartford will issue Forms W-2 using The Hartford's tax identification number.
- If the Policy is terminated, The Hartford will continue to provide Forms W-2 and make information return filings for disability benefits/sick pay payments on all claims incurred prior to termination of the Policy.

2. FICA MATCH SERVICE (W-2 Services must be authorized above if Policyholder/Employer authorizes FICA Match Services.)

The following tax treatment applies to the following group of employees: ALL

The following tax treatment applies to the following plan(s): Fully Insured LTD

- Policyholder/Employer authorizes The Hartford to prepare Forms W-2 as selected in section C.1, and to pay Policyholder/Employer's share of FICA taxes (FICA Match Service).

D. GENERAL PROVISIONS

1. Changing Selected Tax Services

- Policyholder/Employer agrees that any service change regarding Forms W-2 must be requested in writing on or before November 15th of the current tax year. Any change in W-2 Services after November 15th may result in Employees receiving Forms W-2 after January 31st or possible duplicate forms issued from both The Hartford and Policyholder/Employer.
- Policyholder/Employer agrees that any service change regarding Employer FICA Match service will be effective on January 1st following the date on which a new Tax Service Agreement has been signed and submitted to The Hartford.

2. Accurate and Timely Information

- Policyholder/Employer agrees to provide The Hartford with accurate and timely information to enable The Hartford to provide Standard Tax Services and any Selected Tax Services, including all information necessary to determine the taxable portion of the benefits. Any and all changes regarding Section A above must be timely communicated to The Hartford and a new Tax Services Agreement will be executed. Submission by Policyholder/Employer of incorrect information related to the taxable portion of benefits which later requires The Hartford to retroactively correct claimant net benefits may result in fees payable to The Hartford to cover reasonable processing.

3. Hold Harmless

- Policyholder/Employer agrees to indemnify and hold The Hartford harmless from any and all liability, including but not limited to fines or penalties that may result from erroneous, incomplete, or untimely information provided by Policyholder/Employer to The Hartford in connection with the Standard Tax Services and any Selected Tax Services and The Hartford's performance of its duties under this Agreement.

4. Pricing for Selected Services

- Policyholder/Employer agrees that the Fully Insured FICA Match Service will require underwriter review. If selection of this Service results in a change in premium, The Hartford will promptly notify Policyholder.
- Policyholder/Employer agrees that the ASO W-2 and FICA Match Services will require underwriter review. If selection of this Service results in a change in fees, The Hartford will promptly notify Employer.

Manasquan BOE

Legal Name of Entity

Signature

Date of Signature

Name and Title of Authorized Signer



The Hartford – Client Information Sheet

New Jersey LTD Educator

SOLD PLANS — *Check all that apply*

- Platinum (Premium NSSRA) / Gold (Select – Accident NSSRA; Sickness 5 Years)
- Platinum (Premium NSSRA / Bronze (Select – Accident NSSRA; Sickness 2 Years)

POLICYHOLDER INFORMATION

Legal Name: Manasquan BOE

Effective Date: 12/1/2017

Legal Street Address: 169 Broad Street
 (Can't be PO Box)

City: Manasquan

State: NJ ZIP: 08736

Mailing Address: _____ City: _____ State: _____ ZIP: _____
 (If Different)

EMPLOYER & EMPLOYEE PREMIUM CONTRIBUTIONS

Coverage	Employer Contribution %	Employee Contribution %
Long Term Disability	_____	_____ 100 _____



CONTACT INFORMATION

PLAN CONTACT: *If this contact is a TPA, Please provide TPA's name:* _____
(If Different than above)

First Name: ~~xm~~ Lynn Last Name: ~~Tom~~ Coates M.I. _____

Phone Number: 732-528-8803 Work Mobile Personal Fax Number: _____

Address: 169 Broad Street City: Manasquan State: NJ ZIP: 08736
(Can't be PO Box)

Contact Person Email: ~~xphon@manasquanboe.org~~ lcoates@manasquanboe.org

BILL CONTACT: *If this contact is a TPA, Please provide TPA's name:* MGM Benefits Group
(If Different than above)

First Name: Leslie Last Name: Benavides M.I. _____

Phone Number: 866.881.2255 Work Mobile Personal Fax Number: _____

Address: 2121 N Glenville Drive City: Richardson State: TX ZIP: 75082
(Can't be PO Box)

Contact Person Email: tpaservices@mgbbenefits.com

CLAIM CONTACT: *If this contact is a TPA, Please provide TPA's name:* _____
(If Different than above)

First Name: _____ Last Name: _____ M.I. _____

Phone Number: _____ Work Mobile Personal Fax Number: _____

Address: _____ City: _____ State: _____ ZIP: _____
(Can't be PO Box)

Contact Person Email: _____



EMPLOYEE ELIGIBILITY INFORMATION

Domestic Partners Covered: No Yes

Current Employees Waiting Period

Date of Hire – *No waiting period*

1st of the Month following the Date of Hire

1st of the Month after _____ days of Employment

New Hire Waiting Period:

Date of Hire – *No waiting period*

1st of the Month following the Date of Hire

1st of the Month after _____ days of Employment

If the end of the employee's waiting period lands on the first of a month, the employee's coverage should begin:

That day First of the next month

Please indicate the minimum number of hours per week an employee must work to be eligible for benefits: 20

(*anything under 20 hours requires underwriter approval)

Are there any employees LIVING in states other than the situs state of the Employer? : No Yes

If Yes, please indicate the states: _____

Earnings Definition

Is extracurricular pay (tutoring, coaching, etc.) included in the Earnings for purpose of benefit calculations:

No

Yes

Prepare. Protect. Prevail.



ANNUAL ENROLLMENT INFORMATION

Initial Enrollment Period: From: _____ To: _____

Enrollment Type: Paper Electronic (on TheHub)

Prior Carrier: No Yes, Prior Carrier Name Aetna

If yes, Include Prior carrier booklet and prior carrier census (Name, Date of Birth, Gender, Annual Salary, Benefit Amount Elected, Elimination Period Elected, Plan Elected Platinum, Gold or Bronze)

BROKER INFORMATION

Broker Name: B&B Insurance Network Services

Sub Producer: Kelly Beesley

Signature

Date

Clear Form

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

GROUP INSURANCE APPLICATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") based on the information provided below, the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the group policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed group policy(ies):

\$ _____

COVERAGES BEING APPLIED FOR AND REQUESTED EFFECTIVE DATE:

<input type="checkbox"/> Life	<input type="checkbox"/> DisFlex	<input checked="" type="checkbox"/> Short Term Disability	<input checked="" type="checkbox"/> Long Term Disability	<input type="checkbox"/> Critical Illness
<input type="checkbox"/> Accident		<input type="checkbox"/> Accidental Death and Dismemberment		
<input type="checkbox"/> Other: _____		Requested Effective Date: <u>12/01/2017</u>		

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by the applicant pursuant to this application will be sent to the applicant by mail. Such services will be performed in accordance with the above election and established standard procedures.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended?

Yes

No

If Yes, state the Plan Number: _____

Applicant: Manasquan BOE

Legal Name of Entity

Facsimile Counterparts: The applicant and HLA agree that this Group Insurance Application may be executed by the applicant and transmitted via facsimile or other form of electronic transmission such as a scanned PDF document, from the applicant to HLA. Any signature or information contained in such Facsimile Counterparts or other electronic document will be considered by HLA to be true, legal and will constitute one and the same instrument as the original paper Group Insurance Application.

State notices: I have read the State Notices beginning on page 2 of this application.

Signature: _____

Date Signed: _____

Contact Name: _____

Address: not applicable

Occupation/Industry (type): not applicable

Years in business: not applicable

Employer Tax ID Number: 216000233

Telephone number: not applicable

Florida Applicants only: I understand that replacement of existing life insurance is / is not involved in this transaction.

Sales Representative for HLA: Jeff Revell		Regional Office: DALLAS
Name of Agent/Broker: Kelly Beesley		
For Florida Agents only: I understand that replacement of existing life insurance is / <input type="checkbox"/> is not involved in this transaction.		
Signature of Agent/Broker: <i>Kelly Beesley</i>		SIGN HERE
Date Signed:	For Florida & California Agents Only License/ID Number :	

STATE NOTICES- for applicants in:

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

GROUP BENEFITS DISCLOSURE NOTICE

The Hartford compensates both internal and external producers for the sale and service of our products. In most cases, producers are paid a commission, which is fixed or based on a percentage of the premium. In addition, producers may be eligible for the various forms of incentive compensation, including contingent commission and other non-cash awards. Incentive compensation is based upon a variety of factors that may include the level of premium written, retention and growth of premium, overall profitability, or other performance measures. Some of our producers elect not to accept some or all forms of compensation from the Hartford. Please direct specific questions regarding your insurance producer's compensation directly to your insurance producer. For specific questions on The Hartford's internal producers, please contact our Customer Service 800 number (800-523-2233).

Disability Plan Group Information Form

This form contains key information necessary for MGM Benefits Group to set up your benefit plan, which includes producing your group insurance policy, employee certificate booklet and premium bill. We thank you for completing this information accurately and promptly returning it.

Section 1: Company Information

Employer Legal Name (Please use punctuation and any abbreviates that apply.)

Manasquan BOE

Section 2: Contacts

Billing Contact Teresa Blasi	Title
Email Address tblasi@manasquanboe.org	Telephone number 732-528-8803 Ext. 1907
TPA Contact Leslie Benavides	TPA Company MGM Benefits Group
Email Address tpaservices@mgbbenefits.com	Telephone number 866-881-2255

Section 3: Long Term Disability Elections

Elimination Periods Presented:

7/7 14/14 30/30 60/60 90/90 180/180

Plans implemented: Plan A Plan B (if applicable)

- The employee pays 100% of the plan premiums
- The employer pays 100% of the plan premiums
- Both the employer and the employee share in the funding of the plan premiums.
Indicate flat dollar amount of the contribution paid by the employer: \$ _____
- Other, Please Describe _____

Section 4: Administration and Billing

List billed Self billed

If yes, check all Billing Modes that apply:

Annually Monthly 10thly 9thly Other _____

If billed fewer than 12 months, which months are excluded? ___ July and August _____

What date will the first payroll deduction be taken (mm/dd/yyyy)? _____

Section 5: Eligibility Information

Description of eligible employees: <input checked="" type="checkbox"/> Administrators Only (All Superintendents, Non-Affiliated Employees, Confidential Employees, Business Officials, Principals and Supervisors not covered under the New Jersey Education Association group disability plan) <input type="checkbox"/> All Employees	If more than one class please list below: 1. _____ 2. _____ 3. _____
Number of eligible employees?	Minimum number of hours worked to be covered: 20 (Approval needed in advance for amount less than 20 hours.)
Waiting Period: Future Employees: 1st of the Month Coinciding with or next following: <input checked="" type="checkbox"/> ___0___ day (s) of active employment OR <input type="checkbox"/> ___ month (s) of active employment	Is there anyone not actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide list.

Section 6: EnrollmentEnrollment Type: Online Paper

Initial Enrollment:

Initial Enrollment Start Date: _____ Initial Enrollment End Date: _____

Section 7: Acknowledgment

Effective Date of Plan 12/1/2017	Anniversary Date of Plan 11/1/2018
Plan Administrator Name	Plan Administrator Title
Plan Administrator Signature	Date
Producer Name Lori Campbell	Producer Agency Lincoln Investment Planning
Producer Signature	Date

DECEMBER 12, 2017		MANASQUAN PUBLIC SCHOOL DISTRICT				DOCUMENT 1	
		EXTERNAL PLACEMENTS - 2017-2018					
Student No.	Placement	Contract Date	Annual Tuition	Route Detail	Transportation	Transportation & Tuition	Board Approval Date
Extended School Year Placements							
313172	Shore Center for Autism, Tinton Falls	June - Aug	\$11,500.00	1 of 5	\$1,674.50	\$13,174.50	6/13/2017
251739	Allenwood Elem. School (incl. rel. svcs.)-Wall	July - Aug	\$3,000.00	1 of 5	\$1,293.16	\$4,293.16	6/13/2017
22271	Alpha School (w/aide) Jackson (aide on bus)	July - Aug	\$13,663.50	1 of 4	\$2,112.90	\$15,776.40	7/18/2017
202920	Alpha School (w/aide) Jackson (1:1 aide on bus)	July - Aug	\$13,663.50	1 of 1	\$5,607.00	\$19,270.50	7/18/2017
191390	Harbor School, Eatontown	July - Aug	\$9,252.00	1 of 5	\$1,661.70	\$10,913.70	6/13/2017
223512	Harbor School, Eatontown (w/1:1 aide)	July - Aug	\$13,452.00	1 of 1	\$3,840.00	\$17,092.00	8/15/2017
12-Month Placements (July - June)							
2285	Collier Middle School, Wickatunk	July - June	\$64,470.00	2 of 3	\$3,311.68 (ESY)	\$67,781.68	6/13/2017
17272	The Woods School (residential w/aide)	July - June	\$117,918.97	n/a	n/a		6/13/2017
181434	Green Brook Academy (residential)	July - June	\$78,226.00	n/a	n/a		6/13/2017
10-Month Placements (September - June)							
211309	Oakwood School - Tinton Falls	Sept - June	\$55,162.80	1 of 3	\$12,474.00	\$67,636.80	6/13/2017
251739	Allenwood Elem. School (**incl. rel svcs.) - Wall	Sept - June	\$34,117.00	1 of 5	\$11,953.80	\$46,070.80	6/13/2017
313172	Shore Center for Autism, Tinton Falls	Sept - June	\$50,000.00	2 of 4	\$15,070.50	\$65,070.50	6/13/2017
313172	Shore Center for Autism, Tinton Falls - Speech Svcs.	Sept - June	\$5,544.00	n/a	n/a		11/14/2017
252109	Shore Center for Autism, Tinton Falls	Sept - June	\$50,000.00	2 of 4	\$15,070.50	\$65,070.50	8/15/2017
191390	Harbor School, Eatontown	Sept - June	\$55,512.00	1 of 5	\$15,282.20	\$70,794.20	6/13/2017
191390	Project Enterprise-After School Program at Harbor	Sept - June	\$8,160.00	1 of 2	\$7,953.48	\$16,113.48	10/17/2017
233639	Harbor School, Eatontown (incl. rel. svcs.)	Oct 23-June	\$68,156.80		(incl. w/#191390)		10/17/2017
233639	Project Enterprise-After School Program at Harbor	Oct 23-June	\$6,960.00		(incl. w/#191390)		10/17/2017
223512	Harbor School, Eatontown (w/1:1 aide)	Sept - June	\$80,712.00	*1	\$23,040.00	\$103,752.00	8/15/2017
22271	Alpha School (**w/aide) Jackson (aide on bus)	Sept - June	\$81,981.00	1 of 4	\$12,650.40	\$94,631.40	7/18/2017
202920	Alpha School (**w/aide) Jackson (1:1 aide on bus)	Sept - June	\$81,981.00	1 of 1	\$45,360.00	\$127,341.00	7/18/2017
202920	Project Enterprise-After School Program at Alpha	Sept - June	\$2,680.00		(incl. in above)		10/17/2017
172906	New Road School, Somerset	Sept - June	\$51,921.00	1 of 2	\$36,838.00	\$88,759.00	9/26/2017
241313	Collier School, Wickatunk	Sept - June	\$55,260.00	**2 of 3	\$12,502.80	\$67,762.80	9/16/2017
*Transportation provided by Pt. Pleasant Beach BOE							
**Route includes Student ID#2285							
		Student ID#191390 transportation costs includes student ID#233639					
		Student ID#233639 tuition revised from \$55,512 to \$68,156.80 w/Rel. Svcs.					
		(previously approved 10/17/17)					

**COMPARISON OF MANASQUAN ELEMENTARY SCHOOL
RECORD BOOK AND BANK RECONCILIATION
FOR THE MONTH ENDING NOVEMBER, 2017**

	RECORD BOOK ACCOUNT	BANK CHECKING ACCOUNT
BALANCE FORWARD	\$ 46,660.17	
Plus Receipts:	\$ 5,071.10	
Less Expenditures:	\$ (7,537.67)	
TOTAL FUNDS AVAILABLE:	\$ 44,193.60	
<hr/>		
Balance in Checking Account End NOVEMBER, 2017		
Manasquan Bank		50,158.40
Less Outstanding Checks:		(\$5,964.80)
TOTAL FUNDS AVAILABLE:		\$ 44,193.60
<hr/>		
<u>Outstanding checks</u>		
4889	\$60.00	
4897	\$83.00	
4909	\$60.00	
4919	\$60.00	
4920	\$3,000.00	
4921	\$476.00	
4923	\$272.00	
4924	\$99.80	
4925	\$1,854.00	

\$5,964.80

Manasquan Board of Education

Balance Sheet For Fund 94

November 2017

va_bal01.3 033108
11/01/2017

GL Account #	Description	Balance
94-101- -	CASH IN BANK	\$44,193.60
TOTAL CURRENT ASSETS		\$44,193.60
<i>FIXED ASSETS</i>		
TOTAL FIXED ASSETS		\$0.00
<i>BUDGETING ACCOUNTS/OTHER DEBITS</i>		
TOTAL BUDGETING ACCOUNTS/OTHER DEBITS		\$0.00
TOTAL ASSETS AND BUDGETING ACCOUNTS		\$44,193.60
<i>CURRENT LIABILITIES</i>		
94-451-ES-100	GENERAL ACCOUNT	(\$330.37)
94-451-ES-101	ATHLETIC OFFICIAL	(\$1,293.74)
94-451-ES-103	MES CHORUS	(\$46.60)
94-451-ES-171	CLASS OF 2012	(\$0.10)
94-451-ES-173	CLASS OF 2014	(\$2,641.39)
94-451-ES-174	CLASS OF 2015	(\$1,120.75)
94-451-ES-175	CLASS OF 2016	(\$1,843.33)
94-451-ES-176	CLASS OF 2017	(\$3,683.91)
94-451-ES-177	CLASS OF 2018	(\$8,162.79)
94-451-ES-178	CLASS OF 2019	(\$1,185.40)
94-451-ES-179	CLASS OF 2020	(\$0.50)
94-451-ES-182	CLASS OF 2023	(\$476.00)
94-451-ES-185	CLASS OF 2026	(\$6.00)
94-451-ES-205	ART	(\$412.50)
94-451-ES-180	CLASS OF 2021	(\$99.80)
94-451-ES-181	CLASS OF 2022	(\$1,952.50)
94-451-ES-183	CLASS OF 2024	(\$1,934.00)
94-451-ES-184	CLASS OF 2025	(\$1,648.00)
94-451-ES-215	BAND	(\$26.85)
94-451-ES-225	DRAMA CLUB	(\$4,788.93)
94-451-ES-226	HISTORY	(\$25.00)
94-451-ES-240	INTEREST	(\$189.62)
94-451-ES-250	LIBRARY	(\$1,445.39)
94-451-ES-255	MATH CLUB	(\$144.86)
94-451-ES-270	NATIONAL JR HONOR SOCIETY	(\$734.03)
94-451-ES-280	NOON WHISTLE	(\$1,674.04)
94-451-ES-290	STUDENT COUNCIL	(\$1,930.03)
94-451-ES-291	STEM	(\$25.00)
94-451-ES-295	TECHNOLOGY CLUB	(\$200.00)
94-451-ES-296	VIDEO PRODUCTION	(\$25.00)
94-451-ES-300	YEARBOOK	(\$1,084.42)
94-451-ES-310	STUDENT ACTIVITY	(\$2,436.38)
94-451-ES-320	ENVIRONMENTAL CLUB	(\$2,615.99)

Manasquan Board of Education

Balance Sheet For Fund 94

November 2017

va_bal01.3 033108
11/01/2017

GL Account #	Description	Balance
	TOTAL CURRENT LIABILITIES	(\$44,183.22)
	<i>LONG TERM LIABILITIES</i>	
	TOTAL LONG TERM LIABILITIES	\$0.00
	<i>BUDGETING ACCOUNTS</i>	
	TOTAL BUDGETING ACCOUNTS/OTHER CREDITS	\$0.00
	<i>FUND EQUITY</i>	
	TOTAL FUND BALANCE	\$0.00
	TOTAL LIABILITIES AND FUND BALANCE	(\$44,183.22)