



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: _____ District Provided Life Insurance Rates _____

SUBMITTED BY: _____ Ofelia Dominguez, Director _____

OF: _____ Risk Management Department _____

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: _____ May 22, 2024 _____

RECOMMENDATION:

The Risk Management Staff and Administration along with the Employee Benefits Committee (EBC), has concluded and review of the District Provided Life Insurance and make the following recommendation for approval:

- No Increase in Cost to the District
- 3 Year Guarantee Rate
- Provider: Sun Life Insurance
- Coverage
 - \$25,000 Per Full-Time Employee

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE: