New York State
Unified Court System
Office of Court Administration · Division of Professional and Court Services

Justin A. Barry, Esq.
Executive Director

Daniel Weitz, Esq.
Director, Division of Professional and Court Services

Frank Woods
Chief Management Analyst, Grants and Contracts Unit

Certificate of Bid Opening

This is to certify that I, Jillian Halse, have been duly authorized to open bids for UCS Group Life and Accidental Death and Dismemberment Insurance Plan, and that competitive bids for OCA-DGCP-009 were received and opened at the Office of Court Administration, Division of Grants, Contracts and Procurement in accordance with the General and Detailed Specifications of OCA-DGCP-009 on May 8, 2026, at 2:00PM and that all bids received before the time of bid opening appear on the attached tabulation.

All timely responses received are included in the tabulation.

Jillian Halse
Authorized Individual (Signature)

Witness (Signature)

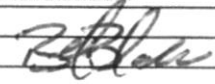
Vendor	Price
Met Life	$1,828,392
The Hartford	$2,896,560

2500 Pond View, Suite 104, Castleton-on-Hudson, NY 12033 · Phone: (518) 238-4301 · Fax: (518) 238-2894 · fwoods@nycourts.gov

EXHIBIT A PRICING SHEET - RFB# OCA-DGCP-009: UCS Supplemental Insurance Plan

Bidder shall quote Premium Rates per $1,000 of insurance coverage, as set forth below. The required insurance policy amounts are set below in Article II of Exhibit B, Plan Specifications . Do not alter this Pricing Sheet in any manner. Any changes, deletions, or additions to the Pricing Sheet may result in rejection of the bid response.

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Monthly Premium Rate per $1,000 of insurance coverage	Required Coverage Amount per Group Enrollee	Cost Per Group Enrollee Per Month (A x B) / 1,000	Estimated Number of Group Enrollees in Year 1 (average monthly #s)	Estimated Number of Group Enrollees in Year 2 (average monthly #s)	Estimated Number of Group Enrollees in Year 3 (average monthly #s)	Estimated monthly cost C x (D + E + F)	Initial Term Cost (G x 36 months)
1. Group Life Insurance Premiums for ACTIVE ENROLLEES								
0-64	$ 0.128	$ 50,000.00	$ 6.00	1,959	1,979	1,999	$ 35,622	$ 1,282,392
65-69	$ 0.128	$ 25,000.00	$ 3.00	256	259	262	$ 2,486	$ 29,832
70 and up	$ 0.128	$ 20,000.00	$ 3.00	115	116	117	$ 891	$ 10,692
2. Accidental Death and Dismemberment Premiums for ACTIVE ENROLLEES								
0-64	$ 0.015	$ 50,000.00	$ 1.00	1959	1979	1999	$ 4,453.00	$ 53,436.00
65-69	$ 0.015	$ 25,000.00	$ -	256	259	262	$ 583.00	$ 6,996.00
70 and up	$ 0.015	$ 20,000.00	$ -	115	116	117	$ 261.00	$ 3,132.00
3. Group Life Insurance Premium for RETIRED ENROLLEES								
ANY AGE	$ 0.952	$ 15,000.00	$ 14.00	2,026	2,046	2,066	$ 36,826.00	$ 441,912.00
Grand total cost initial term (36 months)								$ 1,828,392.00

Bidder Verification Information	
Name of Company Submitting Bid Pricing:	
Metropolitan Life Insurance Company	
Authorized Representative:	
Name	Brian Blackburn
Title	Vice President
Signature	
Date	4-May-26

Please fill out all requested bid information in the blue shaded cells. The spreadsheet is pre-programmed to calculate all columns except the Monthly Premium Rate per $1,000 of insurance coverage, in BLUE. ***The Bidder is expected to enter all information requested in the blue cells.*** Once complete, print out the Exhibit A Pricing Sheet, **affix a "wet" ink signature and date, and submit with the rest of the required bid documents.**

EXHIBIT A PRICING SHEET - RFB# OCA-DGCP-009: UCS Supplemental Insurance Plan

Bidder shall quote Premium Rates per $1,000 of insurance coverage, as set forth below. The required insurance policy amounts are set below in Article II of Exhibit B, Plan Specifications . Do not alter this Pricing Sheet in any manner. Any changes, deletions, or additions to the Pricing Sheet may result in rejection of the bid response.

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Monthly Premium Rate per $1,000 of insurance coverage	Required Coverage Amount per Group Enrollee	Cost Per Group Enrollee Per Month (A x B) / 1,000	Estimated Number of Group Enrollees in Year 1 (average monthly #s)	Estimated Number of Group Enrollees in Year 2 (average monthly #s)	Estimated Number of Group Enrollees in Year 3 (average monthly #s)	Estimated monthly cost C x (D + E + F)	Initial Term Cost (G x 36 months)
1. Group Life Insurance Premiums for ACTIVE ENROLLEES								
0-64	$ 0.20	$ 50,000.00	$ 10.00	1,959	1,979	1,999	$ 59,370	$ 2,137,320
65-69	$ 0.20	$ 25,000.00	$ 5.00	256	259	262	$ 3,885	$ 46,620
70 and up	$ 0.20	$ 20,000.00	$ 4.00	115	116	117	$ 1,392	$ 16,704
2. Accidental Death and Dismemberment Premiums for ACTIVE ENROLLEES								
0-64	$ 0.02	$ 50,000.00	$ 1.00	1959	1979	1999	$ 5,937.00	$ 71,244.00
65-69	$ 0.02	$ 25,000.00	$ 1.00	256	259	262	$ 777.00	$ 9,324.00
70 and up	$ 0.02	$ 20,000.00	$ -	115	116	117	$ 348.00	$ 4,176.00
3. Group Life Insurance Premium for RETIRED ENROLLEES								
ANY AGE	$ 1.27	$ 15,000.00	$ 19.00	2,026	2,046	2,066	$ 50,931.00	$ 611,172.00
Grand total cost initial term (36 months)								$ 2,896,560.00

Bidder Verification Information	
Name of Company Submitting Bid Pricing:	
Hartford Life and Accident Insurance Company	
Authorized Representative:	
Name	Jon Pintoff
Title	Assistant Vice President, Employee Benefits Operations
Signature	
Date	6-May-26

Please fill out all requested bid information in the blue shaded cells. The spreadsheet is pre-programmed to calculate all columns except the Monthly Premium Rate per $1,000 of insurance coverage, in BLUE. ***The Bidder is expected to enter all information requested in the blue cells .*** **Once complete, print out the Exhibit A Pricing Sheet, affix a "wet" ink signature and date, and submit with the rest of the required bid documents.**