



Watertown Office Park
 1099 Jay Street
 Bldg. F. 2nd Floor
 Rochester, NY 14611

Services Agreement Reinstatement

Name of Employer: Marlboro Central School District

The Services Agreement for the fiscal year Jul 1, 2016 – Jun 30, 2017 entered into by your organization and The Omni Group ("OMNI"), is hereby reinstated and amended for the fiscal year Jul 1, 2017 - Jun 30, 2018 with the following fee schedule below:

Insurance, and Crime Policy provision is hereby modified to read:

- i. Provide and pay the full premiums for errors and omissions insurance coverage issued by a carrier authorized to provide such coverage in the State in which the services are to be performed, insuring against claims made, resulting or emanating from the Services that OMNI is providing the Employer pursuant to this agreement with a limit to \$5,000,000 per claim made, \$5,000,000 in aggregate.
- ii. OMNI shall also provide and pay the full premiums on a crime policy in the amount of \$10,000,000 by a carrier licensed to issue such policies in the State in which the services are to be performed, covering OMNI's financial and distribution accounts for employee theft, forgery or alteration, and fund transfer fraud. Upon request Employer shall be named as a Loss Payee under said policy.
- iii. OMNI shall also provide and pay full premiums on a Data Breach and Privacy Security Liability policy issued by a carrier authorized to provide such coverage in the State in which the services are to be performed, insuring against claims and/or breaches made with a limit of \$2,000,000 per each claim/breach made, and \$2,000,000 in aggregate.

FEE SCHEDULE FOR 2017-2018 YEAR

Billing Option: Preferred Provider Program (P3) - Limited

<u>Description</u>	<u>No of Accounts</u>	<u>Rate</u>	<u>Annual Amount</u>
<u>P3 Administrative Fee</u>		\$ 1,500.00	\$ 1,500.00
<u>Non-P3 Service Provider 403(b)*</u>	19	\$36.00	684.00
<u>457(b) Accounts</u>			Included
<u>Total 2017-2018</u>			\$ 2,184.00

*Includes 403(b) ROTH Accounts if allowed

EMPLOYER:

By: _____

Title: _____

Date: _____

OMNI FINANCIAL GROUP, INC.

Name: 

By: Robert F. McLean, President

Date: May 23, 2017

PLEASE RETURN A SIGNED COPY BY JULY 1, 2017

NY-877

Phone: (585) 436-OMNI • FAX: (585) 436-3633 • Toll Free: (877) 544-OMNI • www.omni403b.com