

MEMORANDUM OF AGREEMENT

Background. Voya Financial, Inc. provides supplemental Group Accident, Critical Illness, and Hospital Indemnity insurance coverages to UTA employees on an elective basis. The full premium costs are paid by UTA after deducting such premiums from the employee’s pay. UTA completes renewal of these coverages and plans annually. UTA reviews the renewal updates and determines whether to adopt the VOYA supplemental insurance plans and offer the plans and coverages to employees.

Agreement.

VOYA and UTA agree to adopt the updated supplemental insurance plans and premium rates described in **Exhibit A** for the upcoming benefit year beginning May 1, 2026, and extending through April 30, 2027.

Employees shall elect the plans and coverage levels they desire to purchase during the new hire or Open Enrollment periods. Premium payments shall be withheld from the employee’s pay and then transmitted to VOYA.

The contract(s) of insurance are between Voya and UTA employees. UTA is not a party to the insurance contract(s) for elective coverages.

VOYA will exercise its good faith best efforts to provide the best possible coverages for UTA employees for the least possible expense.

VOYA agrees to exercise due care and reasonable diligence in responding to insurance inquiries or claims from UTA employees. UTA is under no obligation to continue annual renewals with VOYA if it learns that due care and reasonable diligence have not been exhibited by VOYA representatives.

IN WITNESS WHEREOF, the Parties have entered into this Agreement as of the Effective Date.

UTAH TRANSIT AUTHORITY

VOYA FINANCIAL, INC.

By: _____
Its: _____

Signed by:
By: Angela O'Neal
Its: 469EAD87E724429...
Client Relationship Mgr

Signed by:
By: David M. Williams
Its: 0F6F046DE472AA2...

By: _____
Its: _____

Exhibit 1 – VOYA FINANCIAL – GROUP BENEFIT PLANS: 0070564-1 Account 1

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Utah Transit Authority

Group Benefit Plan: 0070564-1
Account 1

INITIAL PREMIUM RATE NOTIFICATION

MODE OF PAYMENT	EFFECTIVE
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Monthly	05/01/2025
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COVERAGE	PREMIUM RATES
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Compass Accident Voluntary Employee

Low Plan	
Employee Only	\$ 7.95
+Spouse	13.65
+Child	15.99
+Family	21.69
High Plan	
Employee Only	10.90
+Spouse	18.57
+Child	21.95
+Family	29.62

Compass Critical Illness Voluntary Employee, per \$1,000

	Tobacco Use
Under 30	\$ 0.54
30 - 39	0.70
40 - 49	1.54
50 - 59	3.79
60 - 64	6.15
65 - 69	7.42
70 +	10.23
	Non Tobacco Use
Under 30	\$ 0.37
30 - 39	0.45
40 - 49	0.97
50 - 59	2.30
60 - 64	3.59
65 - 69	4.70
70 +	6.53

Utah Transit Authority

Group Benefit Plan: 0070564-1
Account 1

INITIAL PREMIUM RATE NOTIFICATION

MODE OF PAYMENT	EFFECTIVE
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Monthly

05/01/2025

COVERAGE	PREMIUM RATES
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Insurance products and most services are provided by ReliaStar Life Insurance Company (Home Office Minneapolis, MN) and/or ReliaStar Life Insurance Company of New York (Home Office Woodbury, NY) Both companies are members of the Voya(TM) family of companies

Compass Critical Illness Voluntary Spouse Rider, per \$1,000

	Tobacco Use
Under 30	\$ 0.45
30 - 39	0.64
40 - 49	1.50
50 - 59	3.27
60 - 64	4.89
65 - 69	5.30
70 +	7.04
	Non Tobacco Use
Under 30	\$ 0.31
30 - 39	0.41
40 - 49	0.92
50 - 59	1.97
60 - 64	2.87
65 - 69	3.45
70 +	4.62

Compass Critical Illness Voluntary Children Rider

5,000	\$ 2.10
10,000	4.20

Wellness Voluntary Employee Rider CCI

\$ 1.30

Wellness Voluntary Spouse Rider CCI

\$ 1.30

Compass Hospital Confinement Indemnity Voluntary Employee

Employee Only	\$ 15.18
+Spouse	38.11
+Child	27.42
+Family	50.35

All Premium Rates are Guaranteed from 05/01/2025 to 04/30/2026

All Premium Rates are Guaranteed from 05/01/2026 to 04/30/2027

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