

Application For Amended Group Coverage -- Signature Pages:

NOTE: This document is important. It affects your legal rights and obligations.

This Application is for employee benefit coverage or administration provided by Cigna Health and Life Insurance Company (CHLIC) or one of its affiliates.

Other Benefits: None

If there are any additional benefits not previously indicated, please identify them here. In the Benefit column, list coverage affected, then in Description column describe the benefit. There will be an extra cost for each additional benefit listed. You may list up to 4 additions.

Benefit Description: Renewal Effective 7/1/2016

- The following changes will apply:

Medical

- Dialysis will not be covered for out-of-network services only. It will continue to be covered for in network services.
- Wellness fund \$5,000
- No benefit changes

Dental

No benefit changes
Rates as follows:

EE \$4.93
EE family \$15.23

The Applicant understands that CHLIC will provide amended Booklets, if any, electronically to the Applicant. The Applicant is responsible for distributing booklets (electronically or otherwise) to employees.

The Applicant accepts and agrees that approval of the Application and the final rates, fees, and factors so determined will be based on the final enrollment and eligibility information provided to CHLIC by the Applicant, including the final proportion of employees electing coverage under the contract(s) for which Application is made. Approval and final rates, fees and factors will also be subject to qualification under the current underwriting rules and practices. Underwriting rules which are used by CHLIC, include but are not limited to:

- CHLIC is the sole provider of medical expense benefits.
- No more than 10% of eligible employees will be covered under a retiree class of benefits.
- The number of employed family members related to all company officers will be less than or equal to the larger of 5 or 10% of the number of eligible employees.
- The Applicant will fund at least 50% of total plan costs or 100% of employee costs.
- Employee participation minimum standards that more than 75% of eligible employees will apply for coverage under the medical plan.
- Dependent participation minimum standards that more than 85% of employees with eligible dependents, excluding those who elect to waive benefits (dependents covered under another plan), will apply for dependent coverage under the medical plan.
- Life insurance standard that the average certificate amount for one class can be no greater than 2 ½ times the average certificate of the next lower class, and/or that there must be at least 2 employees per class excluding the highest class, which may include just 1 employee.

Application For Amended Group Coverage -- Signature Pages:

Please note the terms Stop Loss and Excess Loss may be used interchangeably throughout this document.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

District of Columbia requires the following notice:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.

State law of Florida requires the following notice:

FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

State law of Georgia requires the following notice:

The self-funded welfare benefit plan of the Plan Sponsor is not regulated nor approved under the insurance laws of Georgia.

State law of Louisiana requires the following notice:

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State law of Maryland requires the following notice:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State law of New York requires the following notice:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

State law of Oregon requires the following notice:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Application For Amended Group Coverage -- Signature Pages:

Puerto Rico requires the following notice:

FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; and if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

State law of Virginia requires the following notice:

FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be in violation of state law.

State law of Washington requires the following notice:

FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The following notices apply to Stop Loss coverage:

State law of Arkansas requires the following notice:

NOTICE: Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and /or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employer/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

State law of Minnesota requires the following notice:

THE STOP LOSS POLICY IS NOT PROTECTED BY THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE MINNESOTA INSURANCE GUARANTY ASSOCIATION. IN THE CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED. ONLY THE ASSETS OF THIS INSURER WILL BE AVAILABLE TO PAY YOUR CLAIM.

Application For Amended Group Coverage -- Signature Pages:

State law of Mississippi requires the following notice:

IMPORTANT NOTICE ABOUT THE STOP LOSS POLICY FOR WHICH YOU (APPLICANT) HAVE APPLIED. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ THE FOLLOWING INFORMATION CAREFULLY.

1. The policy for which you have applied includes a binding arbitration agreement.
2. The arbitration agreement requires that any dispute related to the policy must be resolved by arbitration and not in a court of law.
3. The results of the arbitration are final and binding on you and the insurance company.
4. In an arbitration proceeding, one or more arbitrators, who are independent, neutral decision makers, render a decision after hearing the positions of the parties.
5. When you accept the insurance policy, you agree to resolve any dispute related to the policy by binding arbitration instead of a trial in court, including a trial by jury.
6. Binding arbitration generally takes the place of resolving disputes by a judge and jury.
7. Should you need additional information regarding the binding arbitration provision in the policy, you may contact our toll free assistance line at 1-866-244-8081.

ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT: By my signature below, I acknowledge that I have read this statement. I understand that I am voluntarily surrendering the Applicant's right to have any dispute between the insurance company and myself resolved in court. This means that I am waiving the Applicant's right to a trial by jury.

The undersigned ("the Applicant ") hereby authorizes CHLIC to amend the contracts and policies issued by CHLIC, as specified in this Application. Such amendments to the policies, contracts, or booklets are to be effective 7/1/2016. CHLIC agrees to deliver the documents in a timely manner.

It is the Applicant's responsibility, upon receipt of the amendment to the contract or policy or the booklet, to promptly review the amendment within a reasonable time, but not to exceed 60 days from the date of the cover letter, containing the amendment, is sent to the Applicant. If the Applicant agrees and accepts the amendment, the Applicant must sign and return the amendments within 60 days from the date of the cover letter. If the Applicant disapproves, the Applicant must contact us within 60 days from the date of the cover letter. If the Applicant fails to communicate with us within the time frame specified above, it will constitute the Applicant's acceptance of the amendment as submitted. In such event, the Applicant's signature given below is also intended hereby as the Applicant's execution of the amendment.

Full Legal Name of the Firm: Gordon County Board of Commissioners

Effective Date: 7/1/2016

By: (Printed Name): _____

Applicant Signature: _____

Title: _____

Dated : _____



Gap Fund Acknowledgement

Are your employees reimbursed for their co-payments, co-insurance cost, deductibles or out of pocket expenses?

If so, please let us know the details below. If not, please still confirm and sign below.

We assume NO subsidization or reimbursement for any portion of the employees' cost-sharing responsibilities. And that's how we set the premium rates/charges for all benefit plans insured and/or administered for you by Cigna HealthCare companies ("Cigna HealthCare, we, us").

Subsidization/reimbursement is also known as "Gap Funding". That is because employees receive money to fund the gap between their cost-share responsibility and Cigna HealthCare's payments.

Do you offer any of these plans? YES NO

- Health Savings Account (HSA)
- Health Reimbursement Account (HRA)
- Other means to reimburse employees for health plan expenses

If YES, please confirm the following:

- How much is the employer funding amount? _____
- What is the reimbursement order? Does the HSA and/or HRA fund pay first, or something else? _____
- Is there an annual rollover provision for the fund? YES NO
- Any changes in employer funding in the past year or future year? YES NO
- If YES, please provide details: _____

Please notify Cigna HealthCare prior to implementing any "Gap Funding" program. Cigna HealthCare will determine if we need to change the premium rates/charges both now and in the future based on the information you provide.

Please affirm that the above information is true and complete. Thanks!

Gordon County Board of Commissioners

Date: _____

By: _____

Title: _____

