

UNITED STATES FIRE INSURANCE COMPANY
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

APPLICATION FOR STOP LOSS INSURANCE

Application Instructions:

- A. Whenever used in this Application, United States Fire Insurance Company shall mean (The Company).
- B. Whenever used in this Application, the term "Applicant" shall mean the insured and all subsidiaries.
- C. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

1. Full Legal Name of Applicant (Plan Sponsor): Baldwin County Commission

Street Address: 312 Courthouse Square, Suite 17

City: Bay Minette State: AL Zip: 36507 Telephone: 251-580-1663

Name and Telephone of Primary Contact: Deidra Hanak

Telephone: 251-580-1663

Federal Employer's Tax I.D. #: XXXXXXXXXX

Type of Entity:

☐ Corporation ☐ Partnership ☐ Proprietorship ☒ Other

2. Business Type and Description: Legislative Bodies

3. Name and Addresses of Subsidiaries to be covered:

Name:	Type of Business:	Relationship:	Address (City, State, Zip)	Number of Employees:
N/A				

4. Employees and dependents to be covered under the stop loss policy:

857 Actives 4 COBRA 66 Retirees 0 Not actively at work

Total Employees covered under the Medical Plan: 927

5. Name of Administrator: Blue Cross Blue Shield of Alabama

6. Name of Preferred Provider Organization: Blue Cross Blue Shield of Alabama

7. Proposed Effective Date of Policy: January 01, 2023

Policy Period Requested:

From January 01, 2023 to January 01, 2024 both days at 12:01 a.m. at the principal address of the insured.

8. Full Name of Employee Benefit Plan: Blue Cross Blue Shield of Alabama Group Health Plan

AGGREGATE STOP LOSS INSURANCE

9. Aggregate Stop Loss Insurance requested under the Policy: ☒ Yes ☐ No

BENEFITS TO BE INCLUDED:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Prescription Drug Card | <input type="checkbox"/> Weekly Income |
| <input type="checkbox"/> Prescription Drugs (Major Med) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental | |

10. Policy Basis/Benefit Period for Aggregate Stop Loss Insurance (check one):

- ☐ 12/12 ☐ 15/12 ☒ Paid ☐ 12/15 ☐ Other: _____

Eligible Expenses Incurred From January 01, 2017 through December 31, 2023; and Eligible Expenses Paid from January 01, 2023 through December 31, 2023.

11. Aggregate Stop Loss Premium Rates Per Covered Unit per month:

\$ 2.35 Composite

Minimum annual aggregate premium:	\$ 23,527
Monthly Aggregate Accommodation Endorsement:	Not Included
Aggregate Terminal Liability Endorsement:	Not Included

12. Aggregate Monthly Factors:

\$ 602.30 Single/Employee only	\$ 1,691.67 Family (Employee/Spouse/Children)
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13. Maximum Aggregate Benefit: \$ 1,000,000

Minimum Annual Aggregate Attachment Point: \$12,700,235

Claim Limit Per Covered Person: \$ 125,000

Benefit percentage payable: 100%

SPECIFIC STOP LOSS INSURANCE

14. Specific Stop Loss Insurance requested under the Policy: ☒ Yes ☐ No

BENEFITS TO BE INCLUDED:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Prescription Drug Card | <input type="checkbox"/> Weekly Income |
| <input type="checkbox"/> Prescription Drugs (Major Med) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental | |

15. Policy Basis/Benefit Period for Specific Stop Loss Insurance (check one):

- ☐ 12/12 ☐ 15/12 ☒ Paid ☐ 12/15 ☐ Other: _____

Eligible Expenses Incurred From January 01, 2017 through December 31, 2023; and Eligible Expenses Paid from January 01, 2023 through December 31, 2023.

16. Specific monthly premium rates:

\$ 37.36 Single/Employee only	\$ 105.89 Family (Employee/Spouse/Children)
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Minimum annual specific premium:	\$ 713,750
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17. Specific Deductible per covered ☒ Person ☐ Family: \$ 125,000
Group Aggregating Specific Deductible: \$ 100,000
Maximum Specific Benefit minus the deductible per Covered Person per Policy Year: Unlimited
Benefit percentage payable: 100%

18. Separate Individual Specific Deductible and/or individuals named under an Aggregating-Specific Deductible:
Not applicable

Named Aggregating Specific Deductible: Not applicable

19. Additional options requested and included in premiums stated above:

Specific Advance Funding No New Laser and Limited 50% Rate Cap at Renewal Experience Refund Rider

Special Limitations

20. Special Limitations:

Specific: Under age 65 Retirees are covered. Client will be eligible to receive an experience refund equal to 20% of net profit. Net profit is calculated as 70 percent of Specific premium (net of commission), minus the sum of all specific claims for the policy period.

Aggregate: Under age 65 Retirees are covered.

It is understood and agreed that as a condition precedent to the approval of the Application that:

- A. THE APPLICANT AGREES AND ACKNOWLEDGES THAT, DEPENDING UPON THE COVERAGE SELECTED AND THE TERMS OF ANY EXPIRING COVERAGE OR COVERAGE THE APPLICANT MAY ELECT IN THE FUTURE, THE APPLICANT MAY EXPERIENCE LOSSES THAT ARE NOT COVERED UNDER THE POLICY, WHEN ISSUED, OR UNDER ANY SUCH PRIOR OR SUBSEQUENT COVERAGE.
- B. Any Stop Loss Insurance resulting from this Application shall be described in and shall be subject to the terms and provisions of the Policy, when issued. Such Policy shall become effective on the date specified in this Application; provided that, including, without limitation: (1) a true and correct Disclosure Statement has been received, (2) the underwriting requirements have been satisfied, (3) the required premiums have been paid, (4) a copy of the executed Plan Document is received and acceptable to the Company pursuant to paragraph C. below, and (5) the Policy has been issued.
- C. Within ninety (90) days from the date of this Application, the Applicant shall furnish to United States Fire Insurance Company (the Company), for its approval, a copy of the executed employee benefit plan (the Plan Document) describing the benefits provided by the Plan. No Policy will be released nor claim reimbursed until such time as an acceptable Plan Document is received and accepted by the Company. If in the sole judgment of the Company there is a material variance between the provisions of the Plan Document received by the Company, and the Plan provision upon which the terms and rates of the aggregate and specific excess coverage were based, the Company may, at its option, notify the Applicant of such variances and decline to release the Policy until such time as an amended Plan Document is received and accepted and, in the event such amended Plan Document is not received and accepted by the Company within thirty (30) days of such notice, all premium will be refunded and coverage will automatically be null and void retroactive to the proposed effective date.
- D. The Applicant will provide or employ supervision and claim administration facilities acceptable to the Company to administer the Plan Document and to process and pay claims according to the Plan Document.
- E. Initial premium deposit equal to first month's premium is enclosed to apply to the first payment under the Policy, if issued, subject to the requirements below. If the application is not accepted, the deposit will be returned. The receipt by the Company of the initial premium deposit and the deposit of any check drawn in connection with this Application shall not constitute an acceptance of liability. In the event that the Company does not approve this Application, its sole obligation shall be to refund the deposit to the Applicant.

- F. The Applicant represents that the statements and declarations made in this Application, the Disclosure Statement, and in the Plan Document referred to in this Application are true and complete and the Policy, when issued, will be issued in reliance upon the truth and completeness of such statements and declarations. The Disclosure Statement, this Application and the Plan shall form a part of the Policy, and the Policy shall constitute all agreements existing between the Applicant and the Company, or any of their respective agents, relating to this Stop Loss Insurance for which this application is being made.
- G. This policy includes a binding arbitration agreement. The arbitration agreement requires that any disagreement related to this policy must be resolved by arbitration and not in a court of law. The results of the arbitration are final and binding on the insured and the insurance company. In an arbitration, an arbitrator, who is an independent, neutral party, gives a decision after hearing the positions of the parties. When the insured accepts the insurance policy the insured agrees to resolve any disagreement related to the policy by binding arbitration instead of a trial in court including a trial by jury. Arbitration takes the place of resolving disputes by a judge and jury and the decision of the arbitrator cannot be reviewed in court by a judge and jury.
- H. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Date: _____

Applicant's Executive Officer (print): Charles Gruber

Title: Chairman

Signature: _____

Date: _____

Insurance Agency: Cobbs Allen & Hall, Inc.

Insurance Agency Taxpayer ID or SSN: [REDACTED]

Licensed Agent's Name (print): William H. Hartsfield, Jr.

Title: Executive Vice President

Agent License No. 245471

Signature: _____