

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, New York, NY 10038
(212) 770-7000

(a capital stock company, herein referred to as the Company)

Medical Excess LLC, One MacArthur Place, Suite 620, South Coast Metro, California 92707 (800) 634-7462

APPLICATION FOR INSURANCE COVERAGE

Applicant (Plan Sponsor): City of Sparks

Name of Employer: City of Sparks

Address: 431 Prater Way, Sparks, NV 89431

Telephone Number: 775-353-2346

Proposed Effective Date: July 1, 2013

Type of Business: Municipality

Initial Premium Deposit: \$28,235.00

Other Locations: Yes No If yes, where:

If any subsidiary or affiliated companies (under common control through stock ownership, contract etc.) are to be included, list legal name, address and nature of business.

Name(s):	Address:	Type Of Business
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Broker(s):

L P Insurance Services Inc.

Address:

6275 Neil Road, 3rd Floor, Reno, NV 89511

Third Party Administrator(s):

CDS of Nevada, Inc. dba CDS Group Health

Address:

1625 East Prater Way, Suite C101, Sparks, NV 89434

PPO Name(s):

Nevada Health Care Coalition

Nevada Preferred Healthcare Providers

Address

300 East Second Street, Suite 1520, Reno, NV 89501

639 Isbell Road, Suite 400, Reno, NV 89509

Coverage Area

NV

CA, NV

Medical Management (Entities):

CDS of Nevada, Inc. dba CDS Group Health

Address:

1625 East Prater Way, Suite C101, Sparks, NV 89434

Utilization Management Firm (Other than TPA):

CDS of Nevada, Inc. dba CDS Group Health

Address:

1625 East Prater Way, Suite C101, Sparks, NV 89434

Benefit Options (Describe all medical plan choices available to all employees during Open Enrollment whether they are included or not included under Stop Loss.)

Plan Description(s):

City of Sparks Medical & Dental Plan

Included Not Included

X

Coverage Applied For:

Specific Stop Loss

Aggregate Stop Loss

Life and AD&D – Complete Life Questionnaire

Classes of Covered Participants

Enrollment at the beginning of the Coverage Period

	<u>Included</u>	<u>Number of Covered Participants</u>	<u>Not Included</u>
Active Employees and their Eligible Dependents	<input checked="" type="checkbox"/>	441	<input type="checkbox"/>
Retired Employees and their Eligible Dependents	<input checked="" type="checkbox"/>	175	<input type="checkbox"/>
Disabled Employees and their Eligible Dependents	<input checked="" type="checkbox"/>		<input type="checkbox"/>
COBRA Employees and their Eligible Dependents	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Enrollment By Coverage Categories

Single Employee 157 Family 459

Insurance applied for replaces prior coverage as follows: Yes No If yes, Complete Information Below
Name of Company Type of Coverage Termination Date

SPECIFIC EXCESS LOSS INSURANCE: Included

Specific Deductible Amount per Covered Participant for the Coverage Period: \$225,000
Annual Limit of Liability per Covered Participant for the Coverage Period: N/A
Lifetime Limit of Liability per Covered Participant: Unlimited
Lifetime Limit of Liability for Mental, Nervous, Drug and Alcohol Abuse: As Stated in Plan Document
Specific Percentage Reimbursable per Covered Participant: 100%

Monthly Premium Rates payable per Covered Participant Unit for the Coverage Period

Single Employee \$19.22 Family \$54.94

MINIMUM PREMIUM:

Is the greater of 1) the sum of the first four months Premiums or 2) the first month's Premium Multiplied by four.
 Not Applicable

Specific Coverage Basis

- Incurred and Paid
- Incurred and Paid with Run-In Period of N/A months
- Incurred and Paid with Run-Out Period of N/A months
- Incurred in N/A months and Paid within N/A months
- Paid (Renewal Option only)
- Include Run-In Limit of

Specific Benefits

	<u>Covered</u>	<u>Not Covered</u>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Plan (Card)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Optional Specific Benefits

- Specific Terminal Liability
- Experimental/Investigational & Medical Necessity
- Specific Cash Flow Assistance Benefit
- Aggregating Specific Corridor:
 - Flat Corridor Amount:
 - Factor:
- Minimum Corridor Amount:

ADDITIONS

Quota Share:
Hospital Reimbursement Limitation:
Endorsement M20008 - Leave of Absence

INCLUDED

NOT INCLUDED

EXCLUSIONS

Organ and Tissue Transplant Exclusion Endorsement

INCLUDED

NOT INCLUDED

AGGREGATE EXCESS LOSS INSURANCE: Not Included

Monthly Aggregate Factors:

Estimated Annual Aggregate Attachment Point:
Minimum Aggregate Attachment Point:
Limit of Liability for the Coverage Period:
Aggregate Percentage Reimbursable:

AGGREGATE PREMIUM PAYABLE:

Per Employee Per Month of:

MINIMUM PREMIUM:

- Is the greater of 1) the sum of the first four months Premiums or 2) the first month's Premium Multiplied by four.
- Not Applicable

Aggregate Coverage Basis:

- Incurred and Paid
- Incurred and Paid with Run-In Period of N/A Months
- Incurred and Paid with Run-Out Period of N/A months
- Paid (Renewal Option only)
- Include Run-In Limit of
- Incurred in N/A months and Paid within N/A months

AGGREGATE BENEFITS

Medical
Prescription Drug Plan (Card)
Dental
Vision
Weekly Income

COVERED

NOT COVERED

Optional Aggregate Benefits

- Monthly Aggregate Protection Endorsement Premium:
 - Premium Rate Per Employee Per Month:
 - Included In Above Aggregate Premium
 - Annual Premium:
- Aggregate Terminal Liability Endorsement Premium:
 - Premium Rate Per Employee Per Month:
 - Included In Above Aggregate Premium
 - Annual Premium:

The Excess Loss Disclosure Statement is to be completed by the Applicant and will be attached to and become a part of this Application.

INSURANCE FRAUD WARNING

Any person who with 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, or conceals information for the purpose of misleading, may be found guilty of insurance fraud and is subject to criminal and/or civil penalties.

The Applicant hereby applies for Stop Loss, Life, and/or other Insurance coverage and:

- 1. Represents that the answers included in this application, the attached questionnaires and the Excess Loss Disclosure Statement have been reviewed and are true and complete to the best of the Applicant's knowledge and belief;
- 2. Understands and agrees that insurance applied for shall not become effective until the application for insurance is approved by the Company.
- 3. Agrees that if the insurance applied for is approved by the Company, the Applicant will pay all premium due after the effective date of insurance, including any premium which may accumulate between the effective date of the insurance and the date the Policy is issued.

This Application, as it may be amended, will become part of the Policy, if issued.

Signed at: (Time of Signature)	This day of: (Day and Month of Signature)	Year: (Year of Signature)
9:05 AM	15th day of May	2013

Signed by: Jen McCall	Title SPHR Analyst
JMcCall, BS, SPHR	Senior HR Analyst

REMARKS:

FOR HOME OFFICE USE ONLY

Approved: Yes No

Reviewed/Approved By:	Approved Date