Wellmark BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Application For Group Insurance
Please type or print. Must be completed in full.
Indicate "NA" if item does not apply.

1. General Information

City of Rapid City	
Full Legal Name of Group	
46-6000380	**(605)394-4136**
Tax I.D. Number	Business Telephone Number
300 Sixth Street	**(605)394-6621**
Address	Fax Number
Rapid City SD	**57701**
City, State	Zip Code
www.rcgov.org	**kevin.thom@rcgov.org**
Internet Address	E-Mail Address
City Government	**9111**
Nature of Business	SIC Code

2. Requested Effective Date: 7/1/2010

3. Number of Eligible Employees: _____ **Number of Participating Employees:** 803

4. Stop Loss Benefits / Premiums: ☐ **New Group** ☒ **Renewal**

Aggregate Coverage

Aggregate Stop Loss: Yes (Yes / No)
Aggregate Contract: 24/12 (15/12, 12/18, other)
Employee Benefit Plan expenses will be Incurred from 7/1/2009 through 6/30/2011, and Paid from 7/1/2010 through 6/30/2011
Aggregate Stop Loss Eligible Expenses Include: ☒ Health ☐ Dental ☒ Prescription ☐ Other
Aggregate Stop Loss Deductible: 125%

Aggregate Stop Loss Premium (per contract per month):

$1.65	Premium Amount
$	Broker Fee / Commission
$1.65	Total Aggregate Premium

Aggregate Attachment Points:

Benefit Description/Plan	Single		Family		EE/Sp		EE/Ch	
	Amount	Enrollment	Amount	Enrollment	Amount	Enrollment	Amount	Enrollment
	415.69	428	1039.23	322				

Annual Minimum Aggregate Deductible: **Calculated upon execution of agreement**

Maximum Aggregate Reimbursement: **Unlimited**

Aggregate Run-in, if applicable:

Individual Coverage

Individual Stop Loss: Yes (Yes / No)
Individual Contract: 24/12 (15/12, 12/18, other)
Employee Benefit Plan expenses will be Incurred from 7/1/2009 through 6/30/2011, and Paid from 7/1/2010 through 6/30/2011
Individual Stop Loss Eligible Expenses Include: ☒ Health ☐ Dental ☒ Prescription ☐ Other
Individual Stop Loss Deductible (per person): $100000.00
Aggregating Individual Deductible (if applicable): $

Individual Stop Loss Premium (per contract per month):

$29.31	Premium Amount
$5.95	Broker Fee / Commission
$35.26	Total Individual Premium

Individual Stop Loss Lifetime Maximum (per person): $2000000.00

5. Policy Limitations:

Individuals requiring separate Individual Stop Loss Deductible (please list by Social Security number and relationship to employee)

Social Security Number	Relationship	Individual Stop Loss Deductible	Excluded? Diagnosis

Other Policy Limitations:

Claims in excess of the group's Individual Stop Loss deductible level will not be covered under the Aggregate Stop Loss coverage.

Reimbursement of Third Party Fees, related to negotiation of out of network bills, is limited to 30% of the amount saved.

Advanced Funding: **Yes** (Yes / No)

6. Administration

Case Management: Wellmark Blue Cross Blue Shield of Iowa

Ship to: Stop Loss Policy FAI

Special Instructions: _____

I represent the statements contained in this application are true and complete to the best of my knowledge and belief, and I understand they form the basis for Wellmark Blue Cross Blue Shield of Iowa's approval of the coverage requested.

Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Title Date

Signature of Witness and/or Agent

Rapid City SD

Location, City/State

Jennifer Herz

Name of Resident Agent

Signature of Resident Agent

40090404

Resident Agent License Number