



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

**1. General Information**

<u>City of Rapid City</u> Full Legal Name of Group		<u>( 605 )394-4136</u> Business Telephone Number
<u>300 Sixth Street</u> Address	<u>( 605 )394-6621</u> Fax Number	
<u>Rapid City, SD</u> City, State	<u>57701</u> Zip Code	
<u>Government</u> Nature of Business	<u>9111</u> SIC Code	

**2. Requested Effective Date** 07/01/2009

**3. Number of Eligible Employees** \_\_\_\_\_ **Number of Participating Employees** 800

**4. Stop Loss Benefits / Premiums**  New Group  **Renewal**

Aggregate Stop Loss: Yes (Yes / No)  
 Aggregate Contract: 24/12 (15/12, 12/18, other)  
 Employee Benefit Plan expenses will be Incurred from 7/1/2008 through 6/30/2010, and Paid from 7/1/2009 through 6/30/2010.

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  
 Aggregate Attachment Points \$373.91 Single \$934.78 EE/Sp  
\$934.78 Family \$934.78 EE/Ch

Annual Minimum Aggregate Deductible \$ 90% of 455 single & 345 family

Maximum Aggregate Reimbursement: Unlimited  
 Aggregate Run-in, if applicable N/A

Individual Stop Loss Yes (Yes / No)  
 Individual Contract: 24/12 (15/12, 12/18, other)  
 Employee Benefit Plan expenses will be Incurred from 7/1/2008 through 6/30/2010, and Paid from 7/1/2009 through 6/30/2010.

Individual Stop Loss Eligible Expenses Include:  
 Health \_\_\_\_\_ Dental  
 Prescription \_\_\_\_\_ Other

Individual Stop Loss Deductible (per person) \$100,000 + Aggregating Specific of \$85,000  
 Individual Stop Loss Premium per contract per month \$34.41  
 Individual Stop Loss lifetime maximum (per person in excess of Individual Stop Loss Deductible) \$2,000,000

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
<u>NA</u>			

**5. Administration**

Case Management: Wellmark Blue Cross Blue Shield of Iowa

Ship to: Stop Loss Policy TPA  
(ie: Policyholder, TPA, Sales Office, Other)

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Certificates: Indicate how you would like your certificates formatted.  
Group Insurance Certificates will be prepared for each covered individual.  
NA Show coverages for all classes in one certificate.  
\_\_\_\_\_ Show last class in the certificate and separate Important Notices for each other class.  
\_\_\_\_\_ Do separate certificates for each class.

Summary Plan Document (SPD).  
NA Certificate only (no SPD wording).  
\_\_\_\_\_ Combined certificate and SPD. ERISA requires the following information:  
Plan Tax ID # (if different from Section 1 above) \_\_\_\_\_  
Plan # assigned by Policyholder (example 501, 502) \_\_\_\_\_

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

\_\_\_\_\_  
Location, City/State

**Connie Johnson**

\_\_\_\_\_  
Name of Resident Agent



\_\_\_\_\_  
Signature of Resident Agent

**40048156**

\_\_\_\_\_  
Resident Agent License Number