

Commission Scale:

List commissions included in the quoted premium rate.

Flat Dollar Amount \$ _____ Flat % of Premium _____ None _____

Should commission be split? ____ Yes ____ No

If yes: Producer Name: _____ Split % _____
Producer Name: _____ Split % _____

SPECIFIC STOP LOSS INSURANCE Yes No

Claim Basis: 12/12 12/15 15/12 18/12 24/12 Paid in 12 Other

If Other, please list _____

Specific Rate(s):

These are the rates that will be reflected in the stop loss policy that is issued. If a commission is indicated in the section above, the rates shown below must include that commission.

Composite

Employee \$ _____ exposures _____

Employee & one or more dependents \$ _____ exposures _____

Supercomposite

Employee with or without dependents \$ _____ exposures _____

3 Tier

Employee \$ _____ exposures _____

Employee & one dependent \$ _____ exposures _____

Employee & two or more dependents \$ _____ exposures _____

4 Tier

Employee \$ _____ exposures _____

Employee & Spouse \$ _____ exposures _____

Employee & Child \$ _____ exposures _____

Employee Spouse & Child \$ _____ exposures _____

Covered Benefits. Only the following self-insured benefits are to be covered by Specific Stop Loss Insurance:

- Medical (includes Body Organ Transplants & Mental & Nervous Disorders) *Standard*
- Medical (excludes Body Organ Transplants & Mental & Nervous Disorders) Exclusions will be added to Contract
- Prescription Drug (Card)
- Other

Specific Deductible: Per Person Per Family \$ _____

Specific Reimbursement Percentage %

Maximum Specific Reimbursement (less the specific deductible) \$

Specific Accommodation Yes No

Specific Terminal Liability Yes No

Aggregating Specific Yes No If yes Deductible \$ _____

AGGREGATE STOP LOSS INSURANCE

Yes No

Claim Basis: 12/12 12/15 15/12 18/12 24/12 Paid in 12 Other

If Other, please list _____

Monthly Aggregate Deductible Factors Medical (only or combined)

Composite

Employee \$_____ exposures_____

Employee & one or more dependents \$_____ exposures_____

Supercomposite

Employee with or without dependents \$_____ exposures_____

3 Tier

Employee \$_____ exposures_____

Employee & one dependent \$_____ exposures_____

Employee & two or more dependents \$_____ exposures_____

4 Tier

Employee \$_____ exposures_____

Employee & Spouse \$_____ exposures_____

Employee & Child \$_____ exposures_____

Employee Spouse & Child \$_____ exposures_____

If dental or vision is separate from medical factors please show below.

Dental (only if separate)

Other (only if separate)

Aggregate Deductible Factor(s): _____

Minimum **Monthly** Aggregate Deductible \$

Minimum monthly attachment will be based on your first month's enrollment using the aggregate deductible factors shown above.

Aggregate Rate(s): \$

These are the rates that will be reflected in the stop loss policy that is issued. If a commission is indicated in the section above, the rates shown below must include that commission.

Covered Benefits. Only the following self-insured benefits are to be covered by Aggregate Stop Loss Insurance:

- Medical (includes Body Organ Transplants & Mental & Nervous Disorders) *Standard*
- Medical (excludes Body Organ Transplants & Mental & Nervous Disorders) Exclusions will be added to Contract
- Prescription Drug (Card)
- Other

Aggregate Reimbursement Percentage %

Maximum Aggregate Reimbursement \$1,000,000

Monthly Aggregate Accommodation Yes No

Aggregate Terminal Liability..... Yes No

Note: It is Mutual of Omaha's understanding that:

- (a) the employer understands and agrees to accept the various risks inherent to a "self-insured" health care plan;
- (b) the TPA retained by the Employer will be considered the Employer's agent, and not the Company's agent;
- (c) all documentation requested by the Company (including the Summary Plan Document) must be submitted within 30 days of the Policy Effective Date. After evaluating that information, the Company may adjust rates and factors and/or require special limitations to accommodate for abnormal risks not previously disclosed; and
- (d) the premium will be paid from the Employer's assets, not from the assets of the Plan.

The employer must submit a Disclosure Form, Summary Plan Document, Census, and Deposit Premium. The Employer must also complete separate applications forms, when requesting any group Life and/or AD&D.

COMMENTS: _____
