

Sun Life Assurance Company of Canada

Application for Stop-Loss Insurance



33612

1 Plan sponsor information

Full legal name of plan sponsor City of Long Beach		Policy number (office use only)	
Street address 333 W. Ocean Blvd., 13 th Floor		Policy effective date 1/1/2013	
City Long Beach	State CA	Zip code 92802	

2 Subsidiaries, affiliates, divisions and locations

Please list all subsidiaries, affiliates, divisions, and locations to be covered under the Stop-Loss policy.

Subsidiaries, affiliates, divisions and locations to be covered under this policy:

1.
2.
3.
4.
5.
6.
7.
8.

3 Requested coverage

Please select the coverages for which you are applying.

Specific benefit

Specific benefit deductible \$ 500,000	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family
Aggregating specific deductible (if applicable) \$	
Specific benefit annual maximum eligible expenses \$ 5,000,000	
Specific benefit lifetime maximum eligible expenses \$	OR <input checked="" type="checkbox"/> No maximum

Aggregate benefit

Aggregate benefit maximum \$	Aggregate benefit maximum eligible expenses per covered person* \$
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* Individual or family option applies to all selected coverages

Domiciliary State - Michigan

4 Proposed benefits: rates, covered lives, and aggregate deductible factors

Specific Benefit Premium Rates:

Single \$	Family \$	Other \$ 15.55
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Specific Covered Benefits:

- Medical including Prescription Drug Medical excluding Prescription Drug

Aggregate Benefit Premium Rates:

<input type="checkbox"/> Monthly rate \$	<input type="checkbox"/> Annual rate (if applicable) \$	<input type="checkbox"/> Other: _____ \$
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Total Employees 3612	Total Family 2395
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Aggregate Deductible Factors (ADFs):

Covered Benefit	ADF
<input type="checkbox"/> Medical.....	\$
<input type="checkbox"/> Prescription Drug Plan.....	\$
<input type="checkbox"/> Dental.....	\$
<input type="checkbox"/> STD.....	\$
<input type="checkbox"/> Vision.....	\$
<input type="checkbox"/> Other _____	\$

Monthly Aggregate Accommodation (MAA)

5 Claims Basis

Contract Basis	Specific Benefit	Aggregate Benefit
12/12 Incurred and Paid.....	<input type="checkbox"/>	<input type="checkbox"/>
15/12 3 Month Run-In.....	<input type="checkbox"/>	<input type="checkbox"/>
18/12 6 Month Run-In.....	<input type="checkbox"/>	<input type="checkbox"/>
24/12 12 Month Run-In.....	<input type="checkbox"/>	<input type="checkbox"/>
12/15 3 Month Run-Out.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12/18 6 Month Run-Out.....	<input type="checkbox"/>	<input type="checkbox"/>
12/24 12 Month Run-Out.....	<input type="checkbox"/>	<input type="checkbox"/>
Incurred.....	<input type="checkbox"/>	NA
Paid.....	NA	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>
Terminal Liability Option:	<input type="checkbox"/>	<input type="checkbox"/>

3 Months Other _____

6 For employers who are providers of medical services only (i.e. hospitals, clinics, etc.)

The Related Provider Reimbursement Percentage applied to Eligible Claims Expenses for Related Provider Services will be _____ % for the Specific Benefit and _____ % for the Aggregate Benefit.

7 Retiree information

1. **Specific Benefit:** Is retiree coverage included?..... No Yes
 2. **Aggregate Benefit:** Is retiree coverage included? No Yes

8 Additional benefits (Must Be Underwriting Approved)

These are programs and enhancements to your Stop-Loss coverage.

SunExcel® Transplant Program

Elect Decline

Clinical Trials Benefit Provision

Elect Decline

No New Special Conditions Rider at Renewal

Elect Decline

9 Certification and Signature


Please return this form and all additional required documentation to your Sun Life Financial Group Office.

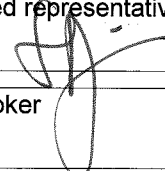
This application does not bind coverage. The applicant agrees to provide Sun Life Assurance Company of Canada with a current census of all eligible individuals, disclosure of all special risks on the Special Risk Questionnaire and a complete Plan document no later than the effective date specified in section 1. Upon approval of this application, Sun Life Assurance Company of Canada will issue a Stop-Loss insurance policy with insurance coverage to become effective on the effective date. This application will be attached to and made a part of the Stop-Loss policy.

The policy will be void if the applicant has concealed or misrepresented any material fact or circumstance concerning the subject of this application.

Please read the fraud warning below before signing this application. State law requires that we notify you of the following: *[(If the applicant organization is headquartered in Colorado, District of Columbia, Florida, Kansas, Kentucky, Maryland, New Jersey, Oregon, Rhode Island, Tennessee, Vermont, Virginia, and Washington, please see Page 4.)]*

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPROVED AS TO FORM AND RETURNED
 Jan. 31, 2013
 ROBERT E. SHANNON, City Attorney
 By  CHRISTINA L. CHECEL
 DEPUTY CITY ATTORNEY

Name of authorized representative of plan sponsor <i>Patrick H. West</i>	Title <i>City Manager</i>
Signature of authorized representative <input checked="" type="checkbox"/> 	Today's date <i>2-8-13</i>
Assistant City Manager EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.	
Signature of agent/broker <input checked="" type="checkbox"/>	
Print name of agent/broker	
Florida agent/broker license ID number	Amount paid with this application
Countersigned by licensed resident agent (when required by law) <input checked="" type="checkbox"/>	\$

Fraud Warnings

Please read the applicable fraud warning before signing this application.

State law requires that we notify you of the following:

Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

Fraud Warning (except as specified below): Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

Fraud Warning for Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Fraud Warning for District of Columbia and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Fraud Warning for Kansas: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

Fraud Warning for Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects that person to criminal and civil penalties.

Fraud Warning for Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Fraud Warning for Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may subject that person to criminal and civil penalties.

Fraud Warning for Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Warning for Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.