

Great-West®
HEALTHCARE

30876

Great-West Life & Annuity Insurance Company
Application for Group Coverage for
The City of Long Beach
Policy Number: 50703

<p>Summary of Amendment: Re-enrollment of the Flexible Spending Account effective January 1, 2008.</p>	
<p>Does this amendment include a Policyholder Name change or EIN/TIN change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>If Yes, is this due to a merger or acquisition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Full Legal Name of Firm: The City of Long Beach _____</p> <p>State of Situs: CA <input type="checkbox"/></p> <p>Tax ID/EIN: _____</p> <p>Requested Effective Date: January 1, 2008</p> <p>Industry: _____</p> <p>SIC: _____</p>	<p>Is this company subject to ERISA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Company Type:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> Association</p> <p><input checked="" type="checkbox"/> Government <input type="checkbox"/> Non-Electing Church Group</p> <p><input type="checkbox"/> Public/Non-Profit <input type="checkbox"/> Limited Liability Corp. (LLC)</p> <p><input type="checkbox"/> Individual /Unincorporated Business/Proprietorship</p> <p>ERISA Plan Number: _____</p> <p>ERISA Plan Year: _____</p>
<p>For an ERISA plan, Great-West will have full discretion and authority to interpret the Plan and determine whether a claim should be paid or denied on appeal and according to the provisions of the Plan as set forth in the Summary Plan Description.</p> <p>If Policyholder doesn't agree to this handling, please notify your Operations Administrator.</p>	

NOTE: This document is important. It affects your legal rights and obligations.

This Application is for employee benefit coverage and/or plan administrative services provided by Great-West Life & Annuity Insurance Company (Great-West) or one of its affiliates.

Other Benefits: None

If there are any additional benefits not previously indicated, please identify them here. In the Benefit column, list coverage affected, then in Description column describe the benefit. There will be an extra cost for each additional benefit listed. You may list up to 4 additions.

Benefit	Description

The Applicant understands that Great-West will provide amended Booklets, if any, electronically to the Applicant. The Applicant is responsible for distributing booklets (electronically or otherwise) to employees.

The undersigned ("the Applicant") hereby authorizes Great-West to amend the contracts and policies issued by Great-West, as specified in this Application. Such amendments to the policies, contracts, or booklets is to be effective January 1, 2008. Great-West agrees to deliver the documents in a timely manner.

It is the Applicants responsibility, upon receipt of the amendment to the contract or policy or the booklet, to promptly review the amendment within a reasonable time, but not to exceed 90 days from the date of the cover letter, containing the amendment, is sent to the Applicant. If the Applicant agrees and accepts the amendment, the Applicant must sign and return the amendments within 90 days from the date of the cover letter. If the Applicant disapproves, the Applicant must contact us within 90 days from the date of the cover letter. If the Applicant fails to communicate with us within the time frame specified above, it will constitute the Applicant's acceptance of the amendment as submitted. In such event, the Applicant's signature given below is also intended hereby as the Applicant's execution of the amendment

Full Legal Name of the Firm: The City of Long Beach Effective Date: January 1, 2008

By: (Printed Name) : Patrick H. West

Applicant Signature: [Signature] Assistant City Manager

Title: City Manager Dated: 3.6.08

**EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.**

APPROVED AS TO FORM

Feb. 28, 2008
ROBERT E. SHANNON, City Attorney

BY [Signature]
Deputy City Attorney