

Great-West[®]
HEALTHCARE

30876

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

Summary of Amendment: Terminate Express Scripts PBM Vendor for the following divisions for the following dates for policy number 50703, The City of Long Beach:

Active Employees-Effective December 1, 2007

Division 14, classes 101,102,201,202,301,302,401,402,501,502,601,602,701,702,801,802,901,902,

Division 20, classes 101,102,

Division 22, classes 001, 101, 201, 301, 401, 501, 601, 701, 801, 901,

Division 29, classes 101, 102,

Division 122, classes 101, 201, 301, 401, 501, 601, 701, 801, 901,

Division 129, classes 101, 102

Medicare Eligible Effective January 1, 2008

Division 005, all classes

Division 017, classes 101,102,103, 201, 202, 203, 301, 302, 303, 401, 402, 403, 501, 502, 503, 601, 602, 603, 701, 702, 703, 801, 802, 803, 901, 902, 903

Division 26, classes 100,101, 102, 201, 202, 301, 302, 401, 402, 501, 502 601, 602, 701, 702, 801, 802, 901, 902,

Division 31, classes 101, 102, 103,

Division 33, classes 101, 102, 103

Division 126, classes 100, 101, 102, 201, 202, 301, 302, 401, 402, 501, 502, 601, 602, 701, 702, 801, 802, 901, 902,

Division 133, classes 101, 102, 103

Early Retirees Effective February 1, 2008

Division 15, classes 101,102, 201,202, 301,302,401,402, 501, 502, 601, 602, 701, 702, 703, 704, 801, 802, 901, 902,

Division 19, classes 101, 102, 201, 202, 301, 302, 401, 402, 501, 502, 601, 602, 701, 702, 703, 704, 801, 802, 901, 902,

Division 23, classes 001, 100, 101, 201, 301, 401, 501, 601, 701, 801, 901,

Division 28, classes 100, 101, 201, 301, 401, 501, 601, 701, 801, 901,

Division 30, classes 101, 102, Division 32, classes 101, 102,

Division 123, classes 100, 101, 201, 301, 401, 501, 601, 701, 801, 901,

Division 128, classes 100, 101, 201, 301, 401, 501, 601, 701, 801, 901 Division 132 classes 101,102

Does this amendment include a Policyholder Name change or EIN/TIN change? Yes No

If Yes, is this due to a merger or acquisition? Yes No

Full Legal Name of Firm:

The City of Long Beach

State of Situs: CA

Tax ID/EIN: [REDACTED]

Requested Effective Date: December 1, 2007

Industry: _____

SIC: _____

Is this company subject to ERISA? Yes No

Company Type:

Corporation

Partnership

S-Corp

Association

Government

Non-Electing Church Group

Public/Non-Profit

Limited Liability Corp. (LLC)

Individual /Unincorporated Business/Proprietorship

ERISA Plan Number: _____

ERISA Plan Year: _____

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.

If Policyholder doesn't agree to this handling, please notify your Operations Administrator.

Michigan law requires insurers to provide the following offer TO MICHIGAN SITUATED PLANS AND TO PLANS THAT INCLUDE RESIDENTS OF MICHIGAN.

Please review the provision described below which we are required to offer and indicate below acceptance or rejection of the same. Although Great-West is required to offer you this provision, you are under no obligation to accept it.

- Auto Accident Exclusion - if accepted, benefits will not be payable under the Plan for injuries received in an accident involving a motor vehicle if the covered person is a resident of Michigan and the accident occurs in Michigan. If rejected, benefits will be coordinated with Auto Accident coverage.

Accept

Reject

Aggregate Stop-Loss: No Yes

Specific Stop-Loss: _____ Pick one...

NJ = \$20,000 minimum if under 50 lives

NY = \$25,000 minimum

CO = \$15,000 minimum

FL & MD = \$20,000 minimum

Aggregate limitation factor: 10%

Other: _____

Aggregate Attachment: Pick One...

Terminal Protection:

None

Fixed: \$_____ Employees \$_____ Dependents

Variable: _____%

Minimum Monthly Attachment: (effective 4/1/06)

90% 95% 100%

Minimum Terminal Attachment: same as minimum monthly attachment.

State law of Colorado requires the following notice:

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.

State law of New Jersey requires the following notice:

The provisions of this policy cannot be changed or waived except by written agreement. Such agreement must be signed by the Group Policyholder and by the President, or a Vice-President; and the Secretary, or Actuary of the Company. Only by such a signed agreement can a premium in default be accepted, the time for a premium payment be extended, any of the Company's rights be waived, the Company be bound by any promise regarding benefits; or any applications be accepted.

State law of Ohio requires the following notice:

Any person who, with intent to defraud or knowing that she/he is facilitating a fraud against an insurer, files an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The State of Pennsylvania requires the following notice:

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 such person to criminal and civil penalties.

NOTE: The above Notices are based upon specific State requirements and may not be applicable.

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 are to be effective 1/1/2008. 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 60 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 60 days from the date of the cover letter. If the Applicant disapproves, the Applicant must contact us within 60 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: Sterling Jewelers Inc. and Participating Affiliates

Effective Date: 1/1/2008

By: (Printed Name): Patrick H. West

Applicant Signature: [Signature] Assistant City Manager

Title: City Manager EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER

Dated: 3.6.08

APPROVED AS TO FORM

Feb. 28, 2008

ROBERT E. SHANNON, City Attorney

BY: [Signature]
Deputy City Attorney