

# 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: Set up bank account for the City of Long Beach claims Weekly with one day delay. Delete aggregate.**

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
- S-Corp
- Government
- Public/Non-Profit
- Individual /Unincorporated Business/Proprietorship
- Partnership
- Association
- Non-Electing Church Group
- Limited Liability Corp. (LLC)

**ERISA Plan Number:** \_\_\_\_\_

**ERISA Plan Year:** \_\_\_\_\_

**Will the health plan cover the employees of two or more employers or be otherwise considered a Multiple Employer Welfare Arrangement (MEWA)?**  Yes  No

If yes, click on help information and fill out below

Owner   Ownership %

**Company Name for ID Cards (Must be abbreviated to 30 digits):**

\_\_\_\_\_

**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 Applicant accepts and agrees that approval of the Application and the final rates, fees, and factors so determined will be based on the final enrollment and eligibility information provided to Great-West by the Applicant, including the final proportion of employees electing coverage under the contract(s) for which Application is made. Approval and final rates, fees and factors will also be subject to qualification under the current underwriting rules and practices. Underwriting rules which are used by Great-West, which include but are not limited to:

- Great-West is the sole provider of medical expense benefits.
- No more than 10% of eligible employees will be covered under a retiree class of benefits.
- The number of employed family members related to all company officers will be less than or equal to the larger of 5 or 10% of the number of eligible employees.
- The Applicant will fund at least 50% of total plan costs or 100% of employee costs.
- Employee participation minimum standards that more than 50% of eligible employees will apply for coverage under the medical plan.
- Dependent participation minimum standards that more than 65% of employees with eligible dependents, excluding those who elect to waive benefits (dependents covered under another plan), will apply for dependent coverage under the medical plan.

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 December 1, 2007. 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: December 1, 2007

By: (Printed Name) : Patrick H. West

APPROVED AS TO FORM  
Feb. 28, 2008  
ROBERT E. SHANNON, City Attorney

Applicant Signature: [Signature] Assistant City Manager

BY [Signature]  
Deputy City Attorney

Title: City Manager Dated: J.6.08

EXECUTED PURSUANT  
TO SECTION 301 OF  
THE CITY CHARTER