

**Great-West®**  
**HEALTHCARE**

30876

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

<b>Applicant Information:</b>	
Summary of Amendment: Effective February 1, 2008, add divisions/classes attached to accommodate Retirees whose contributions are paid by USL, (unpaid sick leave).	
Does this amendment include a Policyholder Name change or EIN/TIN change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, is this due to a merger or acquisition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Legal Name of Firm: The City of Long Beach  State of Situs: CA <input type="checkbox"/> Tax ID/EIN: <span style="background-color: black; color: black;">XXXXXXXXXX</span> Requested Effective Date: February 1, 2008  Industry: _____ SIC: _____	Is this company subject to ERISA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>Company Type:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Association <input checked="" type="checkbox"/> Government <input type="checkbox"/> Non-Electing Church Group <input type="checkbox"/> Public/Non-Profit <input type="checkbox"/> Limited Liability Corp. (LLC) <input type="checkbox"/> 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.	

**Application For Amended Group Coverage – Signature Pages:**

**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 February 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: February 1, 2008

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: 3-6-08

EXECUTED PURSUANT  
TO SECTION 3.01 OF  
THE CITY CHARTER.

**50703 City of Long Beach**  
**Effective 02/01/2008**

New [ New (Description

- 415 101 **USL EARLY RETIREE/SP <65 PPO IAMAW**
  - 415 102 **USL CHILDREN OF EARLY RETIREE PPO (NO CAUSE 2) IAMAW**
  - 415 201 **USL EARLY RETIREE/SP <65 PPO ASSOC OF ENGINEERING**
  - 415 202 **USL CHILDREN OF EARLY RETIREE PPO (NO CAUSE 2) ASSOC OF ENGINEERING**
  - 415 301 **USL EARLY RETIREE/SP <65 PPO ASSOC OF CONFIDENTIAL**
  - 415 302 **USL CHILDREN OF EARLY RETIREE PPO (NO CAUSE 2) ASSOC OF CONFIDENTIAL**
  - 415 401 **USL EARLY RETIREE/SP PPO LIFEGUARD**
  - 415 402 **USL CHILDREN OF EARLY RETIREE PPO (NO CAUSE 2) LIFEGUARD**
  - 415 501 **USL EARLY RETIREE/SP <65 PPO CTY ATTORNEY**
  - 415 502 **USL CHILDREN OF RETIREE PPO (NO CAUSE 2) CTY ATTORNEY**
  - 415 601 **USL EARLY RETIREE/SP <65 PPO CTY PROSECUTORS**
  - 415 602 **USL CHILDREN OF RETIREE PPO (NO CAUSE 2) CTY PROSECUTORS**
  - 415 701 **USL EARLY RETIREE/SP <65 PPO POLICE OFFICERS**
  - 415 702 **USL CHILDREN OF RETIREE PPO (NO CAUSE 2) POLICE OFFICERS**
  - 415 703 **USL EARLY RETIREE/SP <65 PPO POLICE OFFICERS**
  - 415 704 **USL CHILDREN OF RETIREE PPO (NO CAUSE 2) POLICE OFFICERS**
  - 415 801 **USL EARLY RETIREE/SP <65 PPO FIREFIGHTER ASSOC**
  - 415 802 **USL CHILDREN OF RETIREE PPO (NO CAUSE 2) FIREFIGHTER ASSOC**
  - 415 901 **USL EARLY RETIREE/SP <65 PPO NON BARG MGMT**
  - 415 902 **USL CHILDREN OF RETIREE PPO (NO CAUSE 2) NON BARG**
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- 423 1 **USL EARLY RETIREES & DEPS UNDER 65 POS A 100**
  - 423 100 **USL EARLY RETIREES/DEPS <65 POS B**
  - 423 101 **USL EARLY RETIREE/DEPS <65 POS A IAMAW**
  - 423 201 **USL EARLY RETIREE/DEPS <65 POS A ASSOC OF ENGINEERING**
  - 423 301 **USL EARLY RETIREE/DEPS <65 POS A ASSOC OF CONFIDENTIAL**
  - 423 401 **USL EARLY RETIREES/DEPS <65 POS A LIFEGUARD ASSOC**
  - 423 501 **USL EARLY RETIREE/DEPS <65 POS A CITY ATTORNEYS ASSO**
  - 423 601 **USL EARLY RETIREE/DEPS <65 POS A CITY PROSECUTORS**
  - 423 701 **USL EARLY RETIREE/DEPS <65 POS A POLICE OFFICERS**
  - 423 801 **USL EARLY RETIREE/DEPS <65 POS A FIREFIGHTERS**
  - 423 901 **USL EARLY RETIREE/DEPS <65 POS A NON BARGINING MGMT**
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- 515 101 **USL EARLY RETIREE/SP <65 HD PPO IAMAW**
  - 515 102 **USL CHILDREN OF EARLY RETIREE HD PPO (NO CAUSE 2) IAMAW**
  - 515 201 **USL EARLY RETIREE/SP <65 HD PPO ASSOC OF ENGINEERING**
  - 515 202 **USL CHILDREN OF EARLY RETIREE HD PPO (NO CAUSE 2) ASSOC OF ENGINEERING**
  - 515 301 **USL EARLY RETIREE/SP <65 HD PPO ASSOC OF CONFIDENTIAL**
  - 515 302 **USL CHILDREN OF EARLY RETIREE HD PPO (NO CAUSE 2) ASSOC OF CONFIDENTIAL**
  - 515 401 **USL EARLY RETIREE/SP HD PPO LIFEGUARD**
  - 515 402 **USL CHILDREN OF EARLY RETIREE HD PPO (NO CAUSE 2)**
  - 515 501 **USL EARLY RETIREE/SP <65 HD PPO CTY ATTORNEY**
  - 515 502 **USL CHILDREN OF RETIREE HD PPO (NO CAUSE 2) CTY ATTORNEY**
  - 515 601 **USL EARLY RETIREE/SP <65 HD PPO CTY PROSECUTORS**
  - 515 602 **USL CHILDREN OF RETIREE HD PPO (NO CAUSE 2) CTY PROSECUTORS**
  - 515 701 **USL EARLY RETIREE/SP <65 HD PPO POLICE OFFICERS**

515 702 **USL CHILDREN OF RETIREE HD PPO (NO CAUSE 2) POLICE OFFICERS**  
515 801 **USL EARLY RETIREE/SP <65 HD PPO FIREFIGHTER ASSOC**  
515 802 **USL CHILDREN OF RETIREE HD PPO (NO CAUSE 2) FIREFIGHTER ASS**  
515 901 **USL EARLY RETIREE/SP <65 HD PPO NON BARG MGMT**  
515 902 **USL CHILDREN OF RETIREE HD PPO (NO CAUSE 2) NON BARG**

523 100 **USL EARLY RETIREES/DEPS <65 POS B**  
523 101 **USL EARLY RETIREE/DEPS <65 POS A IAMAW**  
523 201 **USL EARLY RETIREE/DEPS <65 POS A ASSOC OF ENGINEERING**  
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