



**APPLICATION FOR EXCESS LOSS COVERAGE
(HMO Cost-Plus Accounts Only)**

Customer Number: 010156
Employer Group Name: Village of Oak
Employer Group Address: 123 Madison
Oak Park IL 60302
Employer Group Number(s): H10156 B10156
Effective Date of Policy: 01/01/2016

Is this a Unified group (HMO Excess Loss Coverage and Indemnity Excess Loss Coverage)?

Yes No

If yes, complete separate HMO and Indemnity Excess Loss Coverage Applications.

Aggregate Excess Loss Coverage: Yes No

If yes, complete items 1 through 8 below.

1. Excess Loss Coverage Period:

From 01/01/2016 to 01/01/2017

2. Aggregate Excess Loss Coverage shall apply to:

HMO Claims (not including fixed amounts paid to Participating IPAs)

3. Average Claim Value: \$10,105.92 (per employee).

4. Attachment Point: 135% of the Average Claim Value.

5. Aggregate Excess Loss Limit Claim Value: \$13,643.04
(equals the Average Claim Value multiplied by the Attachment Point)

6. Aggregate Excess Loss Coverage Limit:

The Aggregate Excess Loss Coverage Limit shall equal the average number of employees during the Excess Loss Coverage Period multiplied by the Aggregate Excess Loss Limit Claim Value. In no event shall the Aggregate Excess Loss Coverage Limit be less than \$1,706,738, as specified in Section III of the Policy.

7. Excess Loss Premium

Monthly: \$ _____ each month

Annual (Due on the Effective Date of Policy): \$1,048

8. The premium is based upon a current membership of 52 Individual Coverage Units and 87 Family Coverage Units.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Individual Excess Loss Coverage:

Yes

No

If yes, complete items 1 through 5 below.

1. Excess Loss Coverage Period:

From 01/01/2016 to 01/01/2017

2. Individual Excess Loss Coverage shall apply to:

HMO Claims (not including fixed amounts paid to Participating IPAs)

3. Individual Excess Loss Coverage Limit: \$125,000 per Covered Person during the Excess Loss Coverage Period

4. Excess Loss Premium (select one):

Monthly: \$ _____ each month or \$60.12 per Enrollee each month

Annual (Due on the Effective Date of Policy): \$ _____

5. The premium is based upon a current membership of 53 Individual Coverage Units and 87 Family Coverage Units.

Additional Provisions:

The undersigned person represents that he/she is authorized and responsible for purchasing excess loss coverage on behalf of the Employer Group. It is understood that the actual terms and conditions of coverage are those contained in this Application and the Excess Loss Coverage Policy into which this Application for Excess Loss Coverage shall be incorporated at the time of acceptance by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). Upon acceptance, HCSC shall issue an Excess Loss Coverage Policy to the Employer Group. Upon acceptance of this Application and issuance of the Excess Loss Coverage Policy, the Employer Group shall be referred to as "The Policyholder."

Judy Ott

Sales Representative

Vic Dingle

Printed Name of Underwriter

Signature of Underwriter

Signature of Authorized Purchaser

Title of Authorized Purchaser

Date