



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

Employer Group Name: Village of Oak Park
Employer Group Address: 123 Madison Oak Park, IL 60302
Account Number: 010156
Employer Group Number(s): PC1286 PC1287
Effective Date of Policy: 01/01/2016

Is this a Unified group (Indemnity Excess Loss Coverage and HMO Excess Loss Coverage)? [X] Yes [] No
If yes, please complete separate Indemnity and HMO Excess Loss Coverage Applications.

Aggregate Excess Loss Coverage: [X] Yes [] No
If yes, complete items 1 through 9 below.

1. [X] New Coverage [] Renewal of Existing Coverage

2. Excess Loss Coverage Period:

[X] New Coverage (Select one from below):

[] Standard: Claims incurred and paid from: _____ to _____

[X] "Run-in" included: Claims incurred from: 01/01/2002 for P10156 and P10251 and paid on or after the

Effective Date of Policy to: 01/01/2017

[] Renewal of Existing Coverage:

Claims incurred on or after the effective date of the administration of the Group Policy by the Plan (Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) and paid on or after the Effective Date of Policy to: _____

3. Aggregate Excess Loss Coverage shall apply to:

[X] Medical Claims [] Vision Claims

[X] Outpatient Prescription Drug Claims [] Dental Claims (Pre-Dent)

[] For Hospital Employer Groups only: Excludes _____% of Home Hospital Medical claims

[] Other (please specify): _____

4. Average Claim Value: \$16,466.28 (per employee).

[X] Includes Plan's Provider Access Fee [] Excludes Plan's Provider Access Fee

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

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

6. Aggregate Excess Loss Limit Claim Value: \$22,229.40
(equals the Average Claim Value multiplied by the Attachment Point)

7. 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 \$5,621,830 as specified in Section III of the Policy.

8. Annual Premium

(Due on the Effective Date of Policy): \$3,452

9. The annual premium is based upon a current membership of 98 Individual Coverage Units and 183 Family Coverage Units.

Individual Excess Loss Coverage: Yes No

If yes, complete items 1 through 6 below.

1. New Coverage Renewal of Existing Coverage

2. Excess Loss Coverage Period:

New Coverage (Select one from below):

Standard: Claims incurred and paid from: _____ to: _____

"Run-in" included: Claims incurred from: 01/01/2002 for and paid on or after the
P10156 and
P10251

Effective Date of Policy to: 01/01/2017

Renewal of Existing Coverage:

Claims incurred on or after the effective date of the administration of the Group Policy by the Plan (Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) and paid on or after the Effective Date of Policy to: _____.

3. Individual Excess Loss Coverage shall apply to:

Medical Claims Vision Claims

Outpatient Prescription Drug Claims Dental Claims (Pre-Dent)

For Hospital Employer Groups only: *Excludes* _____% of Home Hospital Medical claims

Other (please specify): _____

4. Individual Excess Loss Coverage Limit: \$125,000

Includes Plan's Provider Access Fee Excludes Plan's Provider Access Fee

5. Premium (select one):

Monthly: \$_____ each month **or** \$94.49 per employee each month.

Annual: \$_____

6. The premium is based upon a current membership of 98 Individual Coverage Units and 183 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 a 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 "The Policyholder."

Judy Ott

Sales Representative

Vic Dingle

Name of Underwriter

Signature of Authorized Purchaser

Title of Authorized Purchaser

Date

UNDERWRITING AUTHORIZATION	
INTERNAL USE ONLY	Date Application approved by Underwriting: _____ Signature of Underwriter: _____