



**BlueCross BlueShield
of Illinois**

**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: 01/01/2017

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

Aggregate Excess Loss Coverage: ☒ Yes ☐ No
If yes, complete items 1 through 9 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: _____ and paid on or after the
Effective Date of Policy to: _____

☒ 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: 01/01/2018

3. Aggregate 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. Average Claim Value: \$16,157.16 (per employee).

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

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

6. Aggregate Excess Loss Limit Claim Value: \$21,812.16

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

(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 \$6,769,596 as specified in Section III of the Policy.

8. Annual Premium

(Due on the Effective Date of Policy): \$3,457

9. The annual premium is based upon a current membership of 95 Individual Coverage Units and 179 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: _____ and paid on or after the Effective Date of Policy to: _____

☒ 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: 01/01/2018.

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** \$103.78 per employee each month.

☐ Annual: \$_____

6. The premium is based upon a current membership of 95 Individual Coverage Units and 179 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

Cara Pavlicek

Village Manager

Date

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