

Sun Life Assurance Company of Canada

Application for Stop Loss Insurance



1 Plan sponsor information

Full legal name of plan sponsor City of Midwest City	Policy number (office use only)	
Address 100 N Midwest Blvd	Policy effective date (mm/dd/yyyy) 07/01/2023	
City Midwest City	State OK	Zip code 73110

2 Subsidiaries, affiliates, divisions, and locations

Please list all subsidiaries, affiliates, divisions, and locations to be covered under the Stop Loss policy.

1.
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8.

3 Requested coverage

Please select the coverage(s) being applied for.

Specific Benefit

Specific Benefit Deductible \$ 150,000	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family
Aggregating Specific Deductible (if applicable) \$ 0		
Specific Benefit annual maximum eligible expenses per Covered Person \$	OR	<input checked="" type="checkbox"/> No maximum
Specific Benefit lifetime maximum eligible expenses per Covered Person \$	OR	<input checked="" type="checkbox"/> No maximum

Aggregate Benefit

Aggregate Benefit maximum \$ 1,000,000	Aggregate Benefit maximum eligible expenses per Covered Person* \$ 150,000
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* The individual or family option elected under the Specific Benefit will also apply to the Aggregate Benefit.

4 Proposed benefits: rates, covered lives, and aggregate deductible factors

Specific Benefit enrollment:

	Rate	Lives
Composite	\$125.42	513

Total: 513

Specific Covered Benefits: Check all that apply.

- Medical Prescription Drug Plan

Rx Carve Out Claim Servicing:

- Elect Decline

Rx Carve Out Claim Servicing with FTP:

- Elect Decline

Aggregate Benefit enrollment:

	Medical	Prescription drug	Dental	STD	Vision	Other
Composite	513	513				
Total	513	513				

Aggregate Deductible Factors (ADFs):

	Medical	Prescription drug	Dental	STD	Vision	Other
Composite	\$814.59	\$597.48				

4 Proposed benefits: rates, covered lives, and aggregate deductible factors, continued

Monthly Aggregate Accommodation (MAA)

Aggregate Benefit Premium Rates:

Monthly rate: \$ 4.43 Annual rate: \$ Other: _____ rate: \$

5 Claims Basis

Claims Basis		Specific Benefit	Aggregate Benefit
12/12	Incurred and paid	<input type="checkbox"/>	<input type="checkbox"/>
15/12	3 month run-in	<input type="checkbox"/>	<input type="checkbox"/>
18/12	6 month run-in	<input type="checkbox"/>	<input type="checkbox"/>
24/12	12 month run-in	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12/15	3 month run-out	<input type="checkbox"/>	<input type="checkbox"/>
12/18	6 month run-out	<input type="checkbox"/>	<input type="checkbox"/>
12/24	12 month run-out	<input type="checkbox"/>	<input type="checkbox"/>
First Year Gapless		<input type="checkbox"/>	N/A
Incurred		<input type="checkbox"/>	N/A
Paid		N/A	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
Terminal Liability Option:		<input type="checkbox"/>	<input type="checkbox"/>
Terminal Liability Option Premium		<input type="checkbox"/>	<input type="checkbox"/>

3 months Other:
 Paid as part of monthly premium
 Paid when TLO provision is exercised

6 For employers that provide medical or pharmacy services
(e.g. hospitals, clinics, and other healthcare providers)

The Domestic Provider Reimbursement Percentage applied to Eligible Expenses for services or treatment provided by a Domestic Provider will be N/A % for the Specific Benefit and N/A % for the Aggregate Benefit.

Please list all Domestic Providers. A Domestic Provider is any facility, service provider, pharmacy or other vendor that is owned, operated or controlled by, or affiliated with, the employer/plan sponsor and includes any subsidiaries, affiliates or parent company that provides medical or pharmacy services.

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7 Retiree information

1. Specific Benefit: Is retiree coverage included? Yes No
2. Aggregate Benefit: Is retiree coverage included? Yes No

8 Additional benefits (Must be approved by Underwriting)

The following benefits are available to enhance your Stop Loss coverage.

Experience Rated Refund
 Elect Decline

No New Special Conditions Rider at Renewal
 Elect Decline

Clinical Trials Benefit Provision
 Elect Decline

9 Fraud warnings

Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

General fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

9 Fraud warnings, continued

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who, with intent to defraud or knowingly providing false information may be guilty of fraud and may be subject to civil or criminal penalties.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

10 Certification and signature

Please return the completed Application and all additional required documentation to Sun Life Assurance Company of Canada.

The Application does not bind coverage. The applicant agrees to provide Sun Life Assurance Company of Canada with a current census of all Plan participants, a disclosure of all Special Risks, and a complete Plan document prior to the Policy effective date specified in section 1. Upon approval of the Application, Sun Life Assurance Company of Canada will issue a Stop Loss policy that will become effective on the Policy effective date. This Application will be attached to and made a part of the Stop Loss policy.

The policy will be void if the applicant has concealed or misrepresented any material fact or circumstance concerning the subject of the Application.

I have read or had read to me the fraud warning for my state.

Name of authorized representative of plan sponsor <i>Paul Byr</i>	Title <i>Acting Mayor</i>
Signature of authorized representative X	Today's date <i>6-16-23</i>
Signature of agent/broker X	
Print name of agent/broker	
Florida agent/broker license ID number (for policies issued in Florida)	Amount paid with the Application \$

Contact us



By mail

Sun Life Assurance Company of Canada
P.O. Box 9106
Wellesley Hills, MA 02481



By fax

781-304-5383



www.sunlife.com/us



Customer Service **800-247-6875** M-F 8:00 a.m. – 8:00 p.m., ET