# Application For Amended Group Coverage -- Signature Pages:

State law of Vermont requires the following notice:

NOTICE: Small employers with self-funded health plans should not consider the purchase of stop loss coverage as elected in this Application as complete protection from all liability created by the self-funded health plan. Small employers should be aware that failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded plan may cause the small employer to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny reimbursement under the stop loss policy. In addition, small employers may experience higher claim volatility due to fewer enrolled members and low-frequency, high-cost, claim utilization.

**State law of Minnesota requires the following notice:**

**THE STOP LOSS POLICY IS NOT PROTECTED BY THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OR THE MINNESOTA INSURANCE GUARANTY ASSOCIATION. IN THE CASE OF INSOLVENCY, PAYMENT OF CLAIMS IS NOT GUARANTEED. ONLY THE ASSETS OF THIS INSURER WILL BE AVAILABLE TO PAY YOUR CLAIM.**

**State law of Mississippi requires the following notice:**

**IMPORTANT NOTICE ABOUT THE STOP LOSS POLICY FOR WHICH YOU (APPLICANT) HAVE APPLIED. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ THE FOLLOWING INFORMATION CAREFULLY.**

**1. The policy for which you have applied includes a binding arbitration agreement.**

**2. The arbitration agreement requires that any dispute related to the policy must be resolved by arbitration and not in a court of law.**

**3. The results of the arbitration are final and binding on you and the insurance company.**

**4. In an arbitration proceeding, one or more arbitrators, who are independent, neutral decision makers, render a decision after hearing the positions of the parties.**

**5. When you accept the insurance policy, you agree to resolve any dispute related to the policy by binding arbitration instead of a trial in court, including a trial by jury.**

**6. Binding arbitration generally takes the place of resolving disputes by a judge and jury.**

**7. Should you need additional information regarding the binding arbitration provision in the policy, you may contact our toll free assistance line at 1-866-244-8081.**

**ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT:**

By my signature below, I acknowledge that I have read this statement. I understand that I am voluntarily surrendering the Applicant's right to have any dispute between the insurance company and myself resolved in court. This means that I am waiving the Applicant's right to a trial by jury.

The undersigned ("the Applicant") hereby authorizes CHLIC to amend the contracts and policies issued by CHLIC as specified in this Application. Such amendments to the policies, contracts, or booklets are to be effective 01/01/2026. CHLIC 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 60 days from the date the cover letter, containing the amendment, is received by the Applicant. If the Applicant agrees and accepts the amendment, the Applicant must sign and return the amendments within 60 days from the date the cover letter is received. If the Applicant disapproves, the Applicant must contact us within 60 days from the receipt 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.

## Application For Amended Group Coverage -- Signature Pages:

State law of Oregon requires the following notice:

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, may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Puerto Rico requires the following notice:

FRAUD WARNING: 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 with the penalty of 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. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; and if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

State Law of Vermont requires the following notice:

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, may be committing a fraudulent insurance act, which may be a crime subject to civil or criminal penalties.

State law of Virginia requires the following notice:

FRAUD WARNING: Any person who, with the 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 be in violation of state law.

State law of Washington requires the following notice:

FRAUD WARNING: 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.

The following notices apply to Stop Loss coverage:

State law of Arkansas requires the following notice:

NOTICE: Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and /or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employer/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

State law of Louisiana requires the following notice:

Applicant hereby agrees and understands that the stop-loss insurance policy coverage selected does not provide reimbursement to the plan sponsor for any expenses incurred under the Benefit Plan prior to the beginning of the policy period for stop-loss insurance or for any expenses paid after expiration of the policy period. Only eligible expenses that are both incurred under the Benefit Plan and paid by the Benefit Plan within the policy period for stop-loss insurance are reimbursable under the policy selected.

If Applicant declines Run-In coverage by selecting N/A, Applicant hereby agrees and understands that the stop-loss insurance policy coverage selected does not provide reimbursement to the plan sponsor for any expenses that are not paid by the Benefit Plan within the current policy period, unless the policy is subsequently renewed. Only eligible expenses that are both incurred and paid by the Benefit Plan within the stated policy period are reimbursable under the policy selected.

# Application For Amended Group Coverage -- Signature Pages:

Please note the terms Stop Loss and Excess Loss may be used interchangeably throughout this document.

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.

State Law of Alabama requires the following notice:

FRAUD WARNING: 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.

District of Columbia requires the following notice:

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.**

State law of Florida requires the following notice:

**FRAUD WARNING: 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.**

State law of Georgia requires the following notice:

**The self-funded welfare benefit plan of the Plan Sponsor is not regulated nor approved under the insurance laws of Georgia.**

State Law of Kentucky requires the following notice:

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 may subject such person to criminal and civil penalties.

State law of Louisiana requires the following notice:

**FRAUD WARNING: 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.**

State law of Maryland requires the following notice:

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

State law of New York requires the following notice:

**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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

State Law of Oklahoma requires the following notice:

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

# 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 or administration provided by Cigna Health and Life Insurance Company (CHLIC), or one of its affiliates.

**Benefit Description**

The Applicant understands that CHLIC will provide amended Booklets, if any, electronically to the Applicant. The Applicant is responsible for distributing booklets (electronically or otherwise) to employees.

**Renewing January 1, 2026 with the following changes**:

- Member Choice Cigna 90 Now - Walgreens Anchor
- Removing the OAP Buy Up Plan

**OAP Base**:
- INN Individual & Individual In A Family Deductible $6,000
- OON Individual & Individual In A Family Deductible $7,000
- INN Family Deductible $12,000
- OON Family Deductible $14,000
- INN Individual & Individual In A Family OOP $6,000
- OON Individual & Individual In A Family OOP $14,000
- INN Family OOP $12,000
- OON Family OOP $28,000

**OAP Mid**:
- INN Individual & Individual In A Family Deductible $3,000
- OON Individual & Individual In A Family Deductible $6,000
- INN Family Deductible $6,000
- OON Family Deductible $12,000
- INN Individual & Individual In A Family OOP $5,000
- OON Individual & Individual In A Family OOP $10,000
- INN Family OOP $10,000
- OON Family OOP $20,000

**OAP Premium**:
- INN Individual & Individual In A Family Deductible $1,000
- OON Individual & Individual In A Family Deductible $2,000
- INN Family Deductible $2,000
- OON Family Deductible $4,000
- INN Individual & Individual In A Family OOP $2,500
- OON Individual & Individual In A Family OOP $5,000
- INN Family OOP $5,000
- OON Family OOP $10,000

## Application For Amended Group Coverage -- Signature Pages:

Full Legal Name of the Firm: Fremont County

Effective Date: 01/01/2026

By (Printed Name): Kevin Grantham

Applicant Signature:

Title: BOCC Chair

Dated: 11/20/25