

1700 Market Street, Philadelphia, PA 19103

Full Legal Name of Prospective Policyholder Fremont County			Requested Effective Date 1/1/2025	
Address 615 Macon Ave Romm 106		City Canon City		State CO
Zip 81212		Executive Correspondence – Name Alicia Stone		Title HR Director
Email Address alicia.stone@fremontco.com		Routine Correspondence – Name Same as executive		Title
Email Address		Telephone Number (719) 276-7411		Fax Number (719) 276-7412
Policy(ies) to be issued in the state of: Colorado		Federal Tax ID # 84-6000765		
Prospective Policyholder is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Union <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Other (specify) <u>Government entity</u>				
Indicate Affiliate(s) or subsidiaries to be covered, if any:				
Name	Address		<input type="checkbox"/> Affiliate <input type="checkbox"/> Subsidiary	Federal Tax ID

Coverage

	Number Eligible	Number Enrolled		Number Eligible	Number Enrolled
<input checked="" type="checkbox"/> Group Life and AD&D	338		<input checked="" type="checkbox"/> Voluntary Short Term Disability	338	
<input type="checkbox"/> Short Term Disability			<input type="checkbox"/> Voluntary Long Term Disability		
<input checked="" type="checkbox"/> Long Term Disability	338		<input checked="" type="checkbox"/> Critical Illness	338	
<input checked="" type="checkbox"/> Supplemental Life	338		<input checked="" type="checkbox"/> Accident	338	
<input checked="" type="checkbox"/> Voluntary Life	338		<input checked="" type="checkbox"/> Hospital Indemnity	338	
<input checked="" type="checkbox"/> Voluntary AD&D	338		<input type="checkbox"/> Other:		

If any group insurance is now in force, provide a copy of in force contract(s) at time of submission.

Are all Proposed Insureds actively at work? Yes No. If not, please list the following for employee not actively at work.

Name	Date of Birth	Last Day Worked	Face Amount	Reason for Absence]

This Preliminary Application is subject to the acceptance and approval in writing by Reliance Standard Life Insurance Company (RSL) at its Administrative Offices in Philadelphia, Pennsylvania; and nothing contained herein shall be binding upon RSL until this Preliminary Application is approved. Such issuance is subject to the terms; conditions; limitations; and exceptions of the policy or policies if any to be issued.

By signing below, the prospective policyholder authorizes its agent/broker access to all policy information maintained electronically on RSL's systems pertaining to the proposed group insurance and further releases all parties from any legal liability resulting from access to such information. Any cancellation or modification of this authorization must be in writing.

Broker	Policyholder
Name of Broker/Producer of Record: <u>Bradley J Gauthreaux</u>	Name of Authorized Company Officer and Title: <u>Fremont County Commissioner</u>
Name of Brokerage/Agency, if applicable: <u>Choice Insurance Services, LLC</u>	Signature of Authorized Company Officer and Date: <u>[Signature] 9-18-24</u>
Name of Broker/Producer of Record (print or type) Share <u>Choice Insurance Services, LLC</u> <u>100</u> %	
_____%	
Writing Broker/Producer's Signature and Date: <u>[Signature]</u> <u>9/17/2024</u>	

ALABAMA, ARKANSAS and LOUISIANA — 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.

COLORADO — 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.

FLORIDA — 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.

KENTUCKY — 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.

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

MARYLAND — 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.

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

NEW MEXICO — 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.

NEW YORK (health insurance only) — 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO — 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.

OKLAHOMA – 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.

PENNSYLVANIA — 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.

PUERTO RICO – 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. 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.

RHODE ISLAND — 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.

TENNESSEE, WASHINGTON — 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.

VIRGINIA — 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 have violated the state law.

WASHINGTON, DC — 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.