

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

One Moody Plaza • Galveston, Texas 77550
(herein called the "Reinsurer")

APPLICATION FOR EXCESS LOSS REINSURANCE

Company:

Proposal Date:

Address:

Treaty Inception Date:

Treaty Expiration Date:

Treaty Number:

City:

State:

Zip Code:

Application is hereby made for a reinsurance Treaty as specified below, subject to approval by the Reinsurer. Coverage is only applicable to the category for which a retention amount is shown, and such retention amount is applicable only to the Treaty Period. If the Treaty is renewed, the retention amounts for subsequent Treaty Periods will be determined annually by the Reinsurer, and a new Application will be signed. If no retention amount is shown, coverage is not provided for that category.

(A) SPECIFIC EXCESS COVERAGE—MEDICAL ONLY

- 1) Specific Retention Amount per Covered Person for the Treaty Period \$ _____
- 2) Reimbursement Factor: Percent of payments in excess of the Specific Retention Amount _____ %
- 3) Specific Maximum Limit per Covered Person \$ _____
- 4) Treaty Payment Basis
 - Incurred on or after the Inception Date of the Treaty Period and Paid within the Treaty Period
 - Incurred within the Treaty Period and Paid within the Treaty Period plus _____ months following the Expiration Date of the Treaty Period
 - Paid within the Treaty Period
 - Paid within the Treaty Period, with Claims limited to those incurred _____ months prior to the Treaty Inception Date and to \$ _____ per Covered Person

5) Specific Excess Loss Premium Rates Payable for the Treaty Period
 Payment Mode:

- Monthly Annually

Covered Unit Number of Units

- Single \$ _____ _____
 Family \$ _____ _____
 Composite \$ _____ _____

6) Minimum Reinsurance Treaty Period
 Specific Stop Loss Premium \$ _____

(B) AGGREGATE EXCESS COVERAGE

1) Coverages of the Benefit Plan to be included:

- Medical Dental Short Term Disability Vision
 Prescription (pre-paid) Card Service (included in medical if shown on proposal)
 Through _____
 (Name of Service Company)

2) Monthly Aggregate Retention Amount Factor:

	Medical	Dental	STD	Other
Single	\$ _____	\$ _____	\$ _____	\$ _____
Family	\$ _____	\$ _____	\$ _____	\$ _____
Composite	\$ _____	\$ _____	\$ _____	\$ _____

3) Number of Initial Covered Units:

	Medical	Dental	STD	Other
Single	_____	_____	_____	_____
Family	_____	_____	_____	_____
Composite	_____	_____	_____	_____

4) Estimated Initial Annual Aggregate Retention Amount \$ _____

5) Minimum Annual Aggregate Retention Amount \$ _____

6) Percentage Applicable to Minimum Annual Aggregate Retention Amount _____%

7) Reimbursement Factor: Percent of payments in excess of the
 Annual Aggregate Retention Amount _____%

8) Maximum Limit of Reimbursement Liability \$ _____

9) Benefit Payment Basis

- Incurred on or after the Inception Date of the Treaty Period and Paid within the Treaty Period
 Incurred within the Treaty Period and Paid within the Treaty Period plus _____ months following the Expiration Date of the Treaty Period
 Paid within the Treaty Period
 Paid within the Treaty Period, with claims limited to those incurred _____ months prior to the Treaty Inception Date and to \$ _____.

10) Composite Monthly Aggregate Premium Rate
 Per Employee Per Month \$ _____PEPM

