

FRAUD WARNINGS

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (LA) 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.
- (NY) Please read statement located at bottom of application (reverse side) above signature section.
- (PA) 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.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) 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/or civil penalties.

NOTE: These plans are available in DC, PR, VI and all 50 states, EXCEPT that excess medical is NOT available: in NJ or to schools in AL or PA. For schools with interscholastic sp schools, individual junior or senior high schools are not eligible under this brochure—please contact us.

| <p>PREMIUM REPORT</p> <p align="center">Must be completed for Application to be accepted</p> <p>Program(s): <input type="checkbox"/> up to 3 mos., <input type="checkbox"/> up to 9 mos., and/or <input type="checkbox"/> up to 12 mos.</p> <p>Program(s) include(s) <u>non-resident</u>:</p> <p><input type="checkbox"/> Before/After School Care, <input type="checkbox"/> Day Care, <input type="checkbox"/> Disabled Child Development, <input type="checkbox"/> Home Day Care, <input type="checkbox"/> Kindergarten, <input type="checkbox"/> Latch Key, <input type="checkbox"/> Montessori Day School, <input type="checkbox"/> Nursery, <input type="checkbox"/> Operation Headstart, <input type="checkbox"/> Pre-School, <input type="checkbox"/> Religious Day School, <input type="checkbox"/> Study School, <input type="checkbox"/> Waldorf Day School, <input type="checkbox"/> Other _____</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; border-bottom: 1px solid black;">Anticipated Number of Eligible Persons to be Insured During the Policy Term</th> <th colspan="2"></th> <th style="text-align: center; border-bottom: 1px solid black;">Premium Rate per Eligible Person</th> <th style="text-align: center; border-bottom: 1px solid black;">Premium Due</th> </tr> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Participant</th> <th style="text-align: center; border-bottom: 1px solid black;">Staff</th> <th style="text-align: center; border-bottom: 1px solid black;">Total</th> <th colspan="2"></th> <th style="text-align: center; border-bottom: 1px solid black;"></th> <th style="text-align: center; border-bottom: 1px solid black;"></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">+</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">× \$</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">= \$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">+</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">× \$</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">= \$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">+</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">× \$</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">= \$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">+</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">× \$</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">= \$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">+</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">=</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">× \$</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="text-align: center;">= \$</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px; text-align: center;"> <p>The minimum premium per policy term is \$225 for primary medical coverage and \$175 for excess medical coverage.</p> </div> <p>I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.</p> <p>_____ by _____ Date Applicant's Signature and Title</p> <p>_____ Day Telephone Number _____ Fax Number</p> <p>_____ E-mail Address</p> | Anticipated Number of Eligible Persons to be Insured During the Policy Term | | | | | Premium Rate per Eligible Person | Premium Due | Participant | Staff | Total | | | | | _____ | + | _____ | = | _____ | × \$ | _____ | = \$ | _____ | _____ | + | _____ | = | _____ | × \$ | _____ | = \$ | _____ | _____ | + | _____ | = | _____ | × \$ | _____ | = \$ | _____ | _____ | + | _____ | = | _____ | × \$ | _____ | = \$ | _____ | _____ | + | _____ | = | _____ | × \$ | _____ | = \$ | _____ |
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| Participant | Staff | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | + | _____ | = | _____ | × \$ | _____ | = \$ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

