AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Policy Renewal; Berkley Life and Health Insurance

Action Requested: County Manager Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Berkley Ins. 2016-Gunnison County Renewal Schedule; Jan 1, 2016

Fiscal Impact:

Submitted by: Bre Navidi for Cheryl Seling **Submitter's Email Address:** breshelton@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Premium amounts for both employee and employer portions as determined by HR staff and benefits broker, and implemented in 2016 budget process.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 12/10/2015

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 12/11/2015 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\khaase Discharge Date: 12/11/2015

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 12/15/2015

Revised April 2015

BERKLEY
Accident and Health
a W. R. Berkley Company

2445 Kuser Road, Suite 201
Hamilton Square, NJ 08690
phone: 609.584.6990
fax: 609.588.5770
BerkleyAH.com

Gunnison County
200 E Virginia Ave
Gunnison, CO 81230

November 12, 2015

Re: Berkley Life and Health Insurance Company – Policy # ERL L16100926 002
Gunnison County, January 1, 2016

Dear Policyholder,

Thank you for renewing your policy with Berkley Life and Health Insurance Company. We appreciate your business and your satisfaction is important to us.

Enclosed is the Renewal Schedule of Insurance for your 2016 policy year.

Please review, sign and return a copy to of this schedule via email to dmandile@berkleyah.com.

In addition, the following items are required to complete the renewal process and to continue coverage:

- Initial Renewal Premium
- Final Plan Census
- Verification that the signed Summary Plan Description (SPD) on file from the previous policy year has not changed or if it has changed a copy of the updated signed SPD.

If this information has already been provided, we thank you.

We appreciate the opportunity to be your stop loss carrier and look forward to working with you again in the New Year.

Should you have any questions regarding this letter or the renewal process please let me know.

Sincerely,

Diana Mandile
Account Manager
Berkley Accident and Health

Berkley Life and Health Insurance Company

A BERKLEY COMPANY®
Urbandale, Iowa

Underwriting Office:
2445 Kuser Road, Suite 201
Hamilton Square, NJ 08690

Renewal Schedule of Insurance

Policyholder:	**Gunnison County**
State of Issue:	**CO**
Policy Number:	**ERL L16100926 002**
Original Effective Date:	**01/01/2015**
Renewal Effective Date:	**01/01/2016**
Policy Period	**January 1, 2016 through December 31, 2016**

PERSONS TO BE COVERED UNDER THE STOP LOSS POLICY: Covered Person(s) who meet the eligibility requirements as set forth under the Policyholder's employee benefit Plan, including:

- COBRA Continuees

AGGREGATE STOP LOSS ☒ Yes ☐ No

Benefit Period:

Losses Incurred from 01/01/2014 through 12/31/2016
and Paid from 01/01/2016 through 12/31/2016

Plan Coverages applying to Aggregate Stop Loss:

Included	Not Included		Included	Not Included	
[X]	[]	Medical	[]	[X]	Vision Care
[X]	[]	Prescription Drugs	[]	[X]	Disability Income
[]	[X]	Dental Care	[]	[X]	Other_____

Aggregate Percentage Reimbursable (Excess of Attachment Point) 100% all covered Plan benefits

Monthly Aggregate Factors:

	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Medical	$530.88	$1,057.50	$935.93	$1,588.38
Dental	$	$	$	$
Vision	$	$	$	$
Disability Income	$			
Other	$	$	$	$

All included coverages are combined for determination of Aggregate Stop Loss liability under the terms of this Policy.

Maximum Aggregate Benefit per Benefit Period (Excess of Annual Aggregate Attachment Point)	$1,000,000
Maximum Plan Losses per Covered Person per Benefit Period	$50,000
Minimum Annual Aggregate Attachment Point	$1,659,850

SPECIFIC STOP LOSS ☒ Yes ☐ No

Benefit Period:

Losses Incurred from 01/01/2014 through 12/31/2016
and Paid from 01/01/2016 through 12/31/2016

Plan Coverages applying to Specific Stop Loss:

Included	Not Included		Included	Not Included	
[X]	[]	Medical	[]	[X]	Vision Care
[X]	[]	Prescription Drugs	[]	[X]	Disability Income
[]	[X]	Dental Care	[]	[X]	Other_____

Specific Deductible (Per Covered Person) $ 50,000

Special Limitations: N/A

Aggregating Specific Deductible $ 40,000
(if Aggregating Specific Endorsement is selected)

Specific Percentage Reimbursable 100% all covered Plan benefits
(Excess of Deductible)

Annual Maximum Specific Benefit Unlimited
(per Covered Person in excess of the Specific Deductible)

PREMIUMS

Aggregate Premium per (month/annum):	Employee	$7.24
Specific Premium per month:	Employee	$152.46
	Employee & Child(ren)	$268.78
	Employee & Spouse	$303.69
	Employee & Family	$456.14

ENDORSEMENTS ATTACHED:

☒ Specific Simultaneous Funding	Included
☒ Aggregating Specific	Included
☒ Actively at Work	Included
☒ Appeals	Included

DESIGNATED TPA:

TPA Name
NGS CoreSource

Address City State Zip
19800 Hall Road, Clinton Township, MI 48038

In accepting this renewal, the Policyholder represents that such information accurately reflects the true facts and that the undersigned has authority to bind the Policyholder to the proposed renewal Policy. Accordingly, this renewal Schedule of Insurance, including any required Disclosure Statement, will be a part of the Policy if accepted by the Company.

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.

Signed at _____this ___day of _____, 2015

Signed for the Policyholder	
X	
Name	Title

BERKLEY LIFE AND HEALTH INSURANCE COMPANY
PRIVACY NOTICE

Berkley Life and Health Insurance Company (the "Company"), a member company of the W. R. Berkley Corporation ("Berkley") group of companies and each other member of the Berkley group of companies ("Affiliates") understands our customers' concern about privacy of their information collected by the Company. Our Company is dedicated to protecting the confidentiality and security of nonpublic personal information we collect about our customers in accordance with applicable laws and regulations. This notice refers to the Company by using the terms "us," "we," or "our." The law requires that we send you a notice describing our privacy policy and how we treat the nonpublic personal information about our customers that we receive in connection with our business (Information").

Why We Collect and How We Use Information.

We collect and use Information for business purposes with respect to our insurance products and services and other business relations involving our customers. We gather this Information to evaluate your request for insurance, to evaluate your insurance claims, to administer, maintain or review your insurance policy, and to process your insurance transactions. We also accumulate certain information about you as may be required or permitted by law.

Your insurance agent or broker also collects this Information and may use it to help with your overall insurance program or to market additional products and services to you. We may also use Information to offer you other products or services that we or our Affiliates provide.

How We Collect Information.

Most Information collected by us is provided by you or your insurance agent or broker to us. We obtain Information from (i) applications or other forms submitted by you, your insurance agent or broker or your authorized representatives to us and our Affiliates, and (ii) your transactions with us or our Affiliates. We may also obtain Information from other sources such as (i) consumer reporting agencies, (ii) other institutions or information services providers, (iii) employers, (iv) other insurers, or (v) your family members.

Information We Disclose.

We disclose any Information which we believe is necessary to conduct our business as permitted by applicable law or where required by applicable law. This disclosure may include (i) Information we receive from you on applications or other forms provided to us and our Affiliates, such as names, addresses, social security numbers, assets, employer information, salaries, etc. (ii) Information about your transactions with us and our Affiliates, such as policy coverages, premiums, payment history, etc., and (iii) Information we receive from a consumer reporting agency, such as credit worthiness and credit history.

To Whom We Disclose Information.

We may, as permitted or required by applicable law, disclose your Information to nonaffiliated third parties, such as (i) your insurance agent or broker, (ii) independent claims adjusters, (iii) insurance support organizations, (iv) processing companies , (v) actuarial organizations, (vi) law firms, (vii) other insurance companies involved in an insurance transaction with you, (viii) law enforcement, regulatory, or governmental agencies, (ix) courts or parties therein pursuant to a subpoena or court order, (x) businesses with whom we have a marketing agreement, or (xi) our Affiliates.

We may share Information with our Affiliates so that they may offer you products and services from the Berkley group of companies or to analyze our book of business and to consolidate necessary information. We do not disclose Information to other companies or organizations not affiliated with us for the purpose of using Information to sell their products or services to you. For example, we do not sell your name to unaffiliated mail order or direct marketing companies.

How We Protect Information.

We require our employees to protect the confidentiality of Information as required by applicable law. Access to Information by our employees is limited to administering, offering, servicing, processing or maintaining of our products and services. We also maintain physical, electronic and procedural safeguards designed to protect Information. When we share or provide Information to other persons or organizations, we contractually obligate them, if required by law, to treat Information as confidential and conform to our privacy policy and applicable laws and regulations.

Correction and Access to Information.

Upon our receipt of your written request to us at Berkley Life and Health Insurance Company, 475 Steamboat Road, Greenwich, Connecticut 06836-2519 we will, generally, make available Information for your review. If you believe the Information we have about you is incorrect or inaccurate, you may request that we make any necessary corrections, additions or deletions. If we agree with your belief, we will correct our records if required by applicable law. If we do not agree, you may submit to us a short statement of dispute, which we will include in any future disclosure by us of such Information if required by applicable law.

Requirements for Privacy Notice.

This privacy notice is being provided due to recently enacted federal and state laws and regulations establishing new privacy standards and requires us to provide this privacy policy. For additional information regarding our privacy policy, please write to us at 475 Steamboat Road, Greenwich, Connecticut 06836-2519.

Revised: February 7, 2006