AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Application for Group Accident-With Wellness Injur

Action Requested: County Manager Signature

Parties to the Agreement:

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

Summary:

Our group open enrollment ends as of 12/20/2015 and to avoid returned applications and/or pended business, they require that the signed Master Application be on file with Aflac Group prior to the submission of applications.

Fiscal Impact:

Submitted by: Katherine Haase for Cheryl Seling **Submitter's Email Address:** cseling@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 12/11/2015

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

APPLICATION FOR GROUP ACCIDENT-WITH WELLNESS INJURY INSURANCE
Application is hereby made to:

CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

By **Gunnison County**
Employer, Union Name

Of **Gunnison, CO**
Home Office Location (City and State)

For a Plan of Group Accidental Injury Insurance. Representations are made as follows:

1. **Class of Employees Eligible for Coverage:**

   ☒ Regular full-time Employees under age 70

   ☐ Regular full; part-time Employees under age 70, except _____

   Employee Requirements
   A full-time Employee is one who works **30** hours or more per week. An Employee must be Actively at Work on the date he applies for coverage and on the date his Group Accidental Injury Insurance becomes effective. An Employee is eligible to enroll the **first day of the month following employment.**

2. The minimum number of enrolled Employees necessary to keep the Group Policy in force is **10 payors.**

3. The requested Effective Date of the Group Policy is **1/1/2016.**

4. **Accident Plan:** ☒ 1

   Optional Features: ☒Dependent Rider

5. Will this Group Accidental Injury Policy replace any existing Group Accidental Injury Policy?

   ☐ Yes ☐ No

   If this coverage will replace any existing individual policy, please be aware that it may be in your Employees' best interest to maintain their individual guaranteed-renewable policy via direct bill. Employees may contact their insurance carrier for an explanation of their options for both continuation or cancellation of any existing coverage.

6. **General Agreement:**

The policyholder agrees to transmit the total premiums under the Group Policy to Continental American Insurance Company at its Home Office when due. No agent or other person except an officer can make or change any contract or agreement on behalf of Continental American Insurance Company.

By (Signature)	Date
Title	