
APPLICANT UNDERSTANDS AND AGREES THAT:

The stop loss insurance requested and the requested effective date must be approved by IMMS, INC. as under our current rules and practices. All options and special requests are subject to approval. No insurance agent or broker has authority to guarantee acceptability of requested insurance coverage.

Approval is subject to receipt and review of Disclosure, the first month's premium, final census, updated shock claims, monthly paid claims (if applicable), and any other information requested. Failure to do so will result in approval being denied or delayed until a later date.

Receipt of premium and deposit with the Application shall not constitute an acceptance of liability. In the event that IMMS, Inc., or our authorized agent disapproves this Application, its sole obligation shall be to refund such sum to the Applicant.

Coverage will not be effect until notified in writing

Final premium rates will be determined on the basis of Disclosure, Claim Information and the actual composition of persons covered by the underlying employee benefit plan on the requested effective date. Should subsequent information become known as of the date specified by IMMS, Inc., or our authorized agent which will have affect the rates, deductibles, terms or conditions for coverage, we reserve the right to revise the rates, deductibles, terms or conditions, by providing written notice to the Applicant. If a claim or any other circumstances was concealed or misrepresented on behalf of the Applicant, or if the Applicant or its Agent, committed fraud, the Policy will become null and void.

A signed and dated summary plan document describing the underlying employee medical plan must be submitted within 60 days of the Requested Effective Date. If the description of the benefits or plan provisions differs from what was initially utilized to underwrite the risk, the premium rates and aggregate retention factors may be subject to re-rating, retro-active to the requested effective date.

The stop loss insurance which is the subject of this Application is a reimbursement contract, and the Applicant must first pay claims and make funds available to pay claims as they become payable before submitting them for reimbursement. Oral statements not expressly incorporated herein are not part of this Application.

Issuance of the Policy is in reliance of the data, including Disclosure , census and Claim Information, submitted to us, and payment of the first month's premium; subsequent premiums are due no later than the first day of each calendar month during the Plan Year.

I represent that the statements contained in the application are true and complete to the best of my knowledge and belief, and I understand that they form the basis for IMMS, Inc.'s approval of the requested stop loss insurance.

Print Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Date

Title