

Application for Stop Loss Coverage

Connecticut General Life Insurance Company
Mailing Address: Attn: Stop Loss Unit - B2STL
900 Cottage Grove Rd.
Hartford, CT 06152



The Applicant, whose representative has signed below, hereby applies to Connecticut General Life Insurance Company ("CG") for a stop loss insurance policy(ies) providing the insurance coverage as described below in connection with its self-funded health benefit plan.

1. NAME OF APPLICANT: City of Fort Collins

ADDRESS: PO Box 580 Fort Collins CO 80522

2. AFFILIATED COMPANIES TO BE COVERED: _____

Name	Address (City and State)
_____	_____
_____	_____
_____	_____
_____	_____

Affiliated companies must be part of a common control group as described in Internal Revenue Code §414(c) and the regulations thereunder. Generally, this means that in a parent-subsidiary relationship, the parent must own 80% or more of the subsidiary. In a brother-sister relationship, the same five or fewer people must own at least 80% or more of each company and when considering the smallest percentage interest each person has among the companies, the sum of the smallest interests must exceed 50%. The purpose of this rule is to prevent covering a multiple employer welfare arrangement (MEWA). Any MEWA that wishes to be covered must provide evidence that state law in each jurisdiction in which it has persons to be covered allows the MEWA to operate on a self-insured basis.

3. NUMBER OF EMPLOYEES AT ALL LOCATIONS LISTED ABOVE: 1405

INDUSTRY: _____

4. NAME OF CLAIM ADMINISTRATOR: Connecticut General Life Insurance Company

ADDRESS: _____

5. PROPOSED EFFECTIVE DATE: 01/01/2011

6. INDIVIDUAL STOP LOSS COVERAGE

Benefits covered by Individual Stop Loss Coverage:

- Medical Mental Health/Substance Abuse Pharmacy
 Other: _____

PRODUCT FEATURES FOR INDIVIDUAL STOP LOSS COVERAGE:

- Tiered Pooling:
High Pooling Point \$ _____ Low Pooling Point \$ _____
CG Liability Split _____ %
Applies to: All Claimants First _____ Claimants
- Renewal Planner
- Renewal Advantage
- Bridge:
 ASO to ASO Bridge
 ASO to Shared Returns Bridge
- Other: _____

INDIVIDUAL STOP LOSS LIMIT: \$ 215,000.00

High Risk Individuals:

- N/A
- Yes, individual(s) will be treated as follows:
 - A separate Individual Stop Loss Limit Applies: \$ _____
 - Other: _____

MAXIMUM LIFETIME REIMBURSEMENT LIABILITY

FOR INDIVIDUAL STOP LOSS: will be the individual lifetime maximum as set forth in the Benefit Plan less the Individual Stop Loss Limit or will be \$ _____

BENEFIT PERCENTAGE PAYABLE: 100%

BENEFIT ELIGIBILITY BASIS:

Initial Policy Period: 01/01/2011 to 12/31/2011

Unless additional options are selected below, claims must be both incurred and paid during the policy period.

- Incurred in _____ months and paid in _____ months
- Paid in 12 months (available only for previously CG administered customers)

Run-in Provision: Claims incurred prior to the policy's effective date and paid during the policy period.

- N/A _____ months
- Run-in claims are limited to: \$ _____ [per individual]

Run-out Provision: Claims incurred during the policy period and paid after termination of the policy.

- N/A _____ months

OTHER REQUESTED PROVISIONS: _____

ESTIMATED MONTHLY INDIVIDUAL PREMIUM RATES: \$ 71.47 *

* Actual Rates will be contained in the Stop Loss Policy, if and when issued.

7. AGGREGATE STOP LOSS COVERAGE

Benefits covered by Aggregate Stop Loss Coverage:

- Medical Mental Health/Substance Abuse
- Pharmacy Dental Vision
- Other: _____

PRODUCT FEATURES FOR AGGREGATE STOP LOSS COVERAGE:

- Annual Reconciliation
- Other: _____

EXPECTED MONTHLY ATTACHMENT FACTOR PER COVERED EMPLOYEE: \$ _____

ADDITIONAL MONTHLY ATTACHMENT FACTORS BY PRODUCT:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

MINIMUM ATTACHMENT POINT: (Applies to Annual Reconciliation only): \$ _____

(Minimum Attachment Point will be restated based on 1st month of enrollment if 1st month of enrollment is greater than projected enrollment.)

MINIMUM ATTACHMENT PERCENTAGE: _____%

MAXIMUM REIMBURSEMENT LIABILITY FOR AGGREGATE STOP LOSS: will be \$ _____ for the Policy Year

BENEFIT PERCENTAGE PAYABLE: _____%

BENEFIT ELIGIBILITY BASIS:

Initial Policy Period: _____ to _____

Unless additional options are selected below, claims must be both incurred and paid during the policy period.

Paid in 12 months (available only for previously CG administered customers)

Run-in Provision: Claims incurred prior to the policy's effective date and paid during the policy period.

N/A _____ months

Run-in claims are limited to: \$ _____

Run-out Provision: Claims incurred during the policy period and paid after termination of the policy.

N/A _____ months

OTHER REQUESTED PROVISIONS: _____

ESTIMATED MONTHLY AGGREGATE PREMIUM RATES: \$ _____*

* Actual Rates will be contained in the Stop Loss Policy, if and when issued.

8. A DEPOSIT OF \$ 0.00 IS ENCLOSED

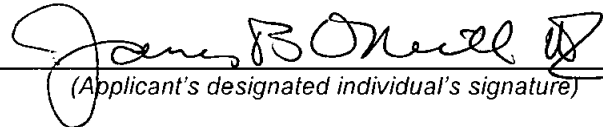
9. The Applicant agrees that:

- a. The Applicant has read the entire Application and certifies that the underwriting information presented to CG, whether provided by the Applicant or any person acting on behalf of or at the direction of the Applicant, voluntarily or in response to CG's request, is complete and accurate. Such underwriting information, if any, is considered to be part of this Application.
- b. Any policy issued based on this Application, together with any of its Schedule of Insurance, amendments or riders, shall control the stop loss insurance coverage and terms and conditions of such insurance. In the event of a conflict between the Application and terms of the Policy, the Policy shall prevail.
- c. No person, other than a duly authorized officer of CG or its delegate has authority to accept and approve this Application, or otherwise alter any policy provisions or waive any of CG's rights or requirements.

FRAUD WARNING: 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.

DATED AT _____ THIS 4TH DAY OF MARCH 2011

APPLICANT City of Fort Collins

BY  TITLE DIRECTOR OF PURCHASING & RESUME
(Applicant's designated individual's signature)

THIS APPLICATION IS REQUIRED IN ADDITION TO THE STANDARD GROUP APPLICATION. ONCE COMPLETED AND SIGNED, MAIL TO THE STOP LOSS CONTRACTING UNIT.

Mailing Address: Connecticut General Life Insurance Company
Attn: Stop Loss Unit - B2STL
900 Cottage Grove Rd.
Hartford, CT 06152