KAISER PERMANENTE INSURANCE COMPANY
One Kaiser Plaza
Oakland, California 94612
(Herein called the Company)

KAISER PERMANENTE®
Kaiser Permanente Insurance Company

APPLICATION FOR STOP LOSS INSURANCE

Complete this application in its entirety. Do not alter this document except to fill in the blanks and check the boxes provided, or this application will not be accepted. Sign and return the completed application to your sales representative.

APPLICATION IS HEREBY MADE FOR STOP LOSS INSURANCE based upon the following statements and representations:

(Type or Print)

1. Full legal name of Plan Sponsor:	Principal Office (Street, City, State, Zip):
2. Nature of Business:	
3. If employee benefit plans of subsidiary or affiliated companies (companies under common control through stock ownership, contract, or otherwise) are to be included, list legal names, addresses of such companies and nature of their business.	
4. Application is applicable to plans selected on the Level Funded group application.	
5. Requested policy effective date is the same as the plan effective date.	
6. Number of covered participants is reflected on the Level Funded application in the enrollment section.	
7. AGGREGATE STOP LOSS INSURANCE BENEFIT PERIOD: Incurred Period (Effective Date): From _____ Through (12-Month Period)_____ Paid Period (Effective Date): From _____ Through (15-Month Period)_____ Eligible Expenses for AGGREGATE STOP LOSS INSURANCE include services covered under the Level Funded plan. Aggregate Limit of Liability (per Coverage Period, excess of Deductible): Not Applicable.	

8. SPECIFIC STOP LOSS INSURANCE BENEFIT PERIOD:

Incurred Period (Effective Date):
From _____ Through (12-Month Period)_____

Paid Period (Effective Date):
From _____ Through (30-Month Period)_____

Eligible Expenses for SPECIFIC STOP LOSS INSURANCE include services offered under the Level Funded plan.

Specific Deductible: _____
Specific Limit of Liability (per Covered Participant, excess of Deductible): Not Applicable.

9. As of the date of this Application, the attached Disclosure Statement is updated by making the following additions, deletions, and changes:

I UNDERSTAND AND AGREE, on behalf of the Applicant, that the statements in this Application, and any attached Disclosure Statement, and other information provided to the Company for the purposes of underwriting coverage under the Policy, are complete and true. All statements will be deemed representations and not warranties, and no such statement shall be used in defense to a claim unless it is contained in this Application. I have read and understand the Fraud Statements included with this application. Coverage under the Policy will not become effective until the Application is approved and a Stop Loss Insurance Policy is issued by the Company.

Dated at _____ State of _____ on the _____ day of _____ 20_____
(City) (Month) (Year)

_____
Licensed Broker Representative (Please Print Full Name)

_____
Full Legal Name of Applicant/Plan Sponsor (Please Print)

_____
License Number/State

_____
By Plan Sponsor/Authorized Representative (Please Print)

_____
Signature

_____
Title (Please Print)

_____
Signature

Fraud Statements:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.
Georgia: Any natural person who knowingly and willfully with intent to defraud subscribes, makes, or concurs in making any annual or other statement required by law to be filed with the Commissioner containing any material statement which is false commits the crime of insurance fraud.