



Board of County Commissioners - Staff Report

Meeting Date: March 20, 2018

Presenter: Julianne Fries, Director of HR

Submitting Dept: Human Resources

Subject: Stop Loss Contract for Employee Benefit Plan

Statement / Purpose:

Consideration of the Reliance Standard Insurance Company Contract for Employee Medical Benefit Plan.

Background / Description (Pros & Cons):

Teton County contracts with a stop loss carrier to limit financial losses to both specific (or individual) and aggregate (total group) claims. It is a specific type of insurance designed to protect self-funded plans from catastrophic losses. The contract outlines the indemnity coverage provided relative to covered medical and prescription drug benefits of the Employee and Retiree Health Plans.

In October, Hays Companies of Utah, conducted a bid process to evaluate stop loss carriers, these results were presented to the commissioners in November. Our previous carrier, Voya, had been our provider for several years and renewed annually with minimal increases incurred to our monthly premium costs. However, proposed for plan year 2018, Voya had requested a 15.9% cost increase in monthly premiums and were no longer competitive in their renewal rates. Hays conducted a bid process on our behalf; bid results were received from five different carriers and ranged between 4.2% to 27.2% and presented to the Board. Reliance Standard was the lowest bid (3% for individual and 4.2% for Aggregate) and the recommended vendor.

Stop Loss	Voya - Current	Voya - Renewal	Reliance	HCC Life	Guardian	Symetra
Monthly Premium Rates	Single: \$85.05 Family: \$231.70	Single: \$102.90 Family: \$266.50	\$86.03 \$239.38	\$85.69 \$244.43	\$113.71 \$278.31	\$118.71 \$289.83
% Increase		15.9%	3%	4.8%	22.2%	27.3%
Monthly Aggregate Premium Rates	\$1,060.00	\$1,060.00	\$1,698.65	\$1,552.90	\$1060.00	\$1327.65
Total Annual Premium	\$596,423	\$689,392	\$621,515	\$630,198	\$725,903	\$758,942
Total % Change		15.6%	4.2%	5.7%	21.7%	27.2%

Stakeholder Analysis & Involvement:

none

Fiscal Impact:

While maintaining our individual specific stop loss at \$100,000, we were able to realize a slight increase to our overall costs resulting in approximately \$25,000 premium increase or 4.2% from last year.

Staff Impact:

None

Legal Review:

K. Gingery

Staff Input / Recommendation:

Staff recommends approving the Reliance Standard Insurance Company contract for stop-loss coverage related to our Medical and prescription benefit claims as presented.



Board of County Commissioners - Staff Report

Attachments:

Reliance Standard Insurance Company Contract for Employee Medical Benefit Plan is attached.

Suggested Motion:

I move to approve the Reliance Standard Insurance Company Contract for Employee Medical Benefit Plan, effective January 1, 2018.

RELIANCE STANDARD

LIFE INSURANCE COMPANY

Home Office: Schaumburg, Illinois • Administrative Office: Philadelphia, Pennsylvania

REQUEST FOR EXCESS LOSS INDEMNITY COVERAGE

Proposal Date: **October 25, 2017**

Group Policy Number: **SLM540362**

GENERAL INFORMATION

1. Full Legal Name of Participating Unit: **Teton County**

Principal Address: **200 S. Willow St. Jackson, WY 83001**

2. Nature of Business: **General Government, NEC**

3. Full Legal Name of Appointed Plan Supervisor: **Allegiance Benefit Plan Management
2806 S. Garfield St. P.O. Box 3018, Missoula, MT 59806**

4. If Employee Benefit Plan of subsidiary or affiliated companies (companies under common control through stock ownership, contract, or otherwise) are to be included, list legal names and addresses of such companies and the nature of their business. **N/A**

5. Disabled Lives: Covered () Not Covered ()
Retired Lives: Covered () Not Covered ()
Cobra Lives: Covered () Not Covered ()

6. Excess Loss Indemnity Policy Provisions

A. Aggregate Excess Risk Insurance

1. Company Limit of Liability: **100%** of paid Aggregate Losses which are in excess of the Aggregate Attachment Point, subject to an Aggregate Limit of Liability of **\$1,000,000**.

In addition, the Maximum amount chargeable per covered person to Aggregate Losses is subject to a maximum limit of **\$100,000**.

2. Minimum Aggregate Attachment Point of **\$3,702,093**, with an Employee Attachment Factor of **\$611.94** per employee per month, and a Family Attachment Factor of **\$1380.68** per employee, per month.

3. Additional Benefits:

Monthly Aggregate Accommodation Option: Yes () No ()

Aggregate Terminal Liability Option: Yes () No ()

(Continued)

4. Premiums:

Estimated Deposit Premium: \$ 1,750
Aggregate Premium Rate: \$ 6.41

Monthly Aggregate Accommodation Option Premium: \$ N/A
Aggregate Terminal Liability Option Premium: \$ N/A

5. Basis of Aggregate Excess Loss coverage benefit payment (Benefit Period):

Plan Benefits Incurred from 01/01/2017 through 12/31/2018.
and Paid from 01/01/2018 through 12/31/2018.

Plan Benefits Incurred prior to the Effective Date will be limited to: \$555,314 for all covered persons combined.

6. Covered Plan Benefits (Applicable only if an entry is specified herein.)

() Medical () Prescription Drug

7. Loss Reduction For Insured Hospitals

If the Participating Unit named herein is a licensed hospital, benefits payable under any applicable Employee Benefit Plan for expenses incurred as the result of services and charges provided by the Participating Unit shall be multiplied by N/A% when determining paid Aggregate Losses.

B. Specific Excess Risk Insurance

1. Company Limit of Liability:

100% of paid Specific Losses which are in excess of a specific deductible of \$100,000, after an aggregate corridor of \$N/A has been satisfied for the entire group, subject to a Maximum Limit of Liability per covered person of Unlimited Annually, Unlimited Lifetime.

2. Additional Benefits:

Specific Advance Option: **Included**
Specific Terminal Liability Option: Yes () No ()

3. Specific Excess Risk Premium

Specific Premium Rate(s): Single: \$ 86.03
Family: \$ 239.38

Specific Advance Option Premium: Included
Specific Terminal Liability Option Premium: N/A

4. Claims Basis - Benefit Period

Basis of Specific Excess Loss coverage benefit payment (Benefit Period):

Plan Benefits Incurred from 01/01/2017 through 12/31/2018.
and Paid from 01/01/2018 through 12/31/2018.

5. Covered Plan Benefits (Applicable only if an entry is specified herein.)

() Medical () Prescription Drug

6. Loss Reduction For Insured Hospitals

If the Participating Unit named herein is a licensed hospital, benefits payable under any applicable Employee Benefit Plan for expenses incurred as the result of services and charges provided by the Participating Unit shall be multiplied by N/A % when determining paid Specific Losses.

7. Estimated amount as an advance Payment on the premium for insurance applied for is \$51,703.

8. Inception Date: 01/01/2018 Expiration Date: 12/31/2018

9. As a condition of acceptance, the Participating Unit has conducted a thorough review of experience developed under its Employee Benefit Plan, and as a result thereof, represents that there are no covered persons with known disabilities, or other known conditions expected to result in paid claims in excess of the Specific Deductible Amount during the Benefit Period, other than those previously disclosed as the basis for proposed coverage.

C. Special Risk Limitations:

Coverage under this Policy will be based on the current employee benefits as defined in the Employee Benefit Plan by reference or by attachment, except as noted below:

- 1) Retirees age 65 and older will be considered Medicare Primary.
- 2) RSL is willing to abide with the following stipulation from Teton County. Teton County policy provides that and otherwise eligible expense must be "paid" as defined in the policy before (stop loss carrier) will be obligated to make payment. It has been explained that the County may approve a claim in December but that a physical check will not be processed until January of the following year. Consequently, the County has requested that the (stop loss carrier) consider such claims as "paid" during the calendar year in which the County formally approved such claims. In recognition of their valued customer relationship, RSL agrees to will administer any claims formally approved by a resolution of approving authority adopted in December of current plan year as "paid" during such year provided that actual payment are paid by the 10th day of January of the following year. However to avoid any potential for duplication of coverage in the event that the County should terminate the Policy any claims approved in the Contract Period of the final Policy year would need to be "paid" within the meaning of the Policy by the last day of the Contract Period (i.e. by December 31.)

Reliance Standard Life Insurance Company accepts this request for the above coverage. Coverage is in effect for the period shown in item 8. Renewal of this request for a further period must be submitted on a new form.

ACCEPTED BY:

RELIANCE STANDARD LIFE INSURANCE COMPANY

By: _____
Signature

Printed Name: Nicholas C. Milligan

Title: Stop Loss Specialist

Date: _____

ACCEPTED BY:

TETON COUNTY

By: _____ Chairman
Signature

Teton County Board of County Commissioners
Printed Name: _____

Title: _____

Date: _____

ATTEST:

By: _____

_____, County Clerk

RELIANCE STANDARD

LIFE INSURANCE COMPANY

Home Office: Schaumburg, Illinois • Administrative Office: Philadelphia, Pennsylvania

INSURED: **Teton County**
(Herein called the Participating Unit)

POLICY NUMBER: **SLM540362**

EFFECTIVE DATE: **January 1, 2018**

DATE OF ISSUE: **January 19, 2018**

STATE OF ISSUE: **Delaware**

Throughout this Policy, "you" and "your" refer to the Participating Unit.

Reliance Standard Life Insurance Company is referred to as "we", "our", "us" or "the Company" in this Policy.

We will pay you when you have a claim and provide other rights and privileges, subject to all the terms and conditions of this Policy.

This Policy is issued in consideration of your application and your payment of premiums.

This Policy is delivered in the State of Issue, and is governed by the laws of that state. Your Participation Agreement and Request for Excess Loss Indemnity Coverage, along with a copy of your Employee Benefit Plan document, are part of this Policy.

This Policy is signed for us by:



Secretary



President

EXCESS LOSS INDEMNITY GROUP POLICY

SCHEDULE OF INSURANCE

Participating Unit: **Teton County**

Address of Participating Unit: **200 S. Willow St. Jackson, WY 83001**

Participating Unit's Policy Number: **SLM540362**

Participating Unit's Policy Period:

From: **01-01-2018** To: **12-31-2018**
Inception Date Expiration Date
(12:01 AM Standard Time at the Participating Unit's Address)

Legal name and address of any subsidiaries or affiliated companies (companies under common control through stock ownership, contract or otherwise) to be covered. **N/A**

Participating Unit's Appointed Plan Supervisor: **Allegiance Benefit Plan Management**
2806 S. Garfield St. P.O. Box 3018, Missoula, MT 59806

Disabled Lives:	Covered	<input checked="" type="checkbox"/>	Not Covered	<input type="checkbox"/>
Retired Lives:	Covered	<input checked="" type="checkbox"/>	Not Covered	<input type="checkbox"/>
Cobra Lives:	Covered	<input checked="" type="checkbox"/>	Not Covered	<input type="checkbox"/>

Newborn children of an employee who has previously enrolled and continues to cover eligible dependents under the Employee Benefit Plan will be eligible under this Policy on the date of the child's birth. Employees who have not previously enrolled for dependent coverage will be eligible for coverage for a newborn child in accordance with the provisions within the Employee Benefit Plan.

A. AGGREGATE EXCESS RISK INSURANCE

1. Company Limit of Liability

- a. **100%** of paid Aggregate Losses which are in excess of the Aggregate Attachment Point, subject to a maximum limit of **\$1,000,000.**
- b. Maximum amount per covered person chargeable to Aggregate Losses **\$100,000.**

2. Aggregate Attachment Point is the greater of:

- a. Single Attachment Factor: **\$611.94** per employee per month, Family Attachment Factor: **\$1,380.68** per employee per month; or
- b. Minimum Aggregate Attachment Point: **\$3,702,093.**

3. Covered Plan Benefits (Applicable only if an entry is specified herein.)

Medical Dental Vision Weekly Accident and Sickness
 Prescription Drug Other (as indicated) _____.

4. Loss Reduction for Insured Hospitals -

If the Participating Unit named herein is a licensed hospital, benefits payable under any applicable Employee Benefit Plan for expenses incurred as the result of services and charges provided by you shall be multiplied by **N/A %** when determining paid Aggregate Losses.

5. Claims Basis - Benefit Period

Basis of Aggregate Excess Loss coverage benefit payment (Benefit Period):

Plan Benefits Incurred from 01/01/2017 through 12/31/2018
and Paid from 01/01/2018 through 12/31/2018.

Plan Benefits Incurred prior to the Effective Date will be limited to: **\$555,314** for all covered persons combined.

SCHEDULE OF INSURANCE (Continued)

6. Additional Benefits

Aggregate Accommodation Option: Yes () No (X)
Aggregate Terminal Liability Option: Yes () No (X)

B. SPECIFIC EXCESS RISK INSURANCE

1. Company Limit of Liability:

100% of paid Specific Losses in excess of a specific deductible of \$100,000, after an Aggregating Specific Deductible of \$ N/A has been satisfied for the entire group, subject to a Maximum Limit of Liability per covered person of Unlimited Annually, Unlimited Lifetime.

2. Covered Plan Benefits (Applicable only if an entry is specified herein.)

(X) Medical () Dental () Vision () Weekly Accident and Sickness
(X) Prescription Drug () Other (as indicated)_____.

3. Claims Basis - Benefit Period

Basis of Specific Excess Loss coverage benefit payment (Benefit Period):

Plan Benefits Incurred from 01/01/2017 through 12/31/2018
and Paid from 01/01/2018 through 12/31/2018.

Plan Benefits Incurred prior to the Effective Date will be limited to: \$ N/A for all covered persons combined.

4. Loss Reduction for Insured Hospitals

If the Participating Unit named herein is a licensed hospital, benefits payable under any applicable Employee Benefit Plan for expenses incurred as the result of services and charges provided by the Participating Unit shall be multiplied by N/A% when determining paid Specific Losses.

5. Additional Benefits:

Specific Advance Option: Yes (X) No ()
Specific Terminal Liability Option: Yes () No (X)

C. PREMIUM

1. Aggregate Excess Risk Premium

Estimated Deposit Premium: \$ 1,750
Aggregate Premium Rate: \$ 6.41
Estimated Annual Premium: \$ 20,999

Aggregate Accommodation Option Premium: \$ N/A
Aggregate Terminal Liability Option Premium: \$ N/A

2. Specific Excess Risk Premium

Specific Premium Rate(s): \$ 86.03 Single
\$ 239.38 Family
Specific Advance Option Premium: Included
Specific Terminal Liability Option Premium: N/A

D. SPECIAL RISK LIMITATIONS:

Coverage under this Policy will be based on the current employee benefits as defined in the Employee Benefit Plan by reference or by attachment, except as noted below:

1) Retirees age 65 and older will be considered Medicare primary.

2) RSL is willing to abide with the following stipulation from Teton County. Teton County policy provides that and otherwise eligible expense must be "paid" as defined in the policy before (stop loss carrier) will be obligated to make payment. It has been explained that the County may approve a claim in December but that a physical check will not be processed until January of the following year. Consequently, the County has requested that the (stop loss carrier) consider such claims as "paid" during the calendar year in which the County formally approved such claims. In recognition of their valued customer relationship, RSL agrees to will administer any claims formally approved by a resolution of approving authority adopted in December of current plan year as "paid" during such year provided that actual payment are paid by the 10th day of January of the following year. However to avoid any potential for duplication of coverage in the event that the County should terminate the Policy any claims approved in the Contract Period of the final Policy year would need to be "paid" within the meaning of the Policy by the last day of the Contract Period (i.e. by December 31.)

TABLE OF CONTENTS

General Definitions	3.0
Insuring Provisions	4.0
Exclusions and Limitations of Liability	5.0
Premiums	6.0
Renewal	7.0
General Provisions	7.0
Claims Provisions	8.0

GENERAL DEFINITIONS

“Actively at Work/Active” means that an employee is performing the ordinary duties of his or her job in the place and in the manner in which the job is normally performed and is not confined at home or to a hospital or other health care facility. Dependents and COBRA Continuees will be considered “Active” if he or she is able to perform the normal activities of a person of like age and sex.

“COBRA Continuee” means any person who was insured under this Policy whose coverage is being continued in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

“Employee Benefit Plan” means the master plan document belonging to you which provides medical expense benefits and/or weekly accident and sickness benefits to your covered person(s), and dependents of such covered person(s), in effect on the Effective Date of this Policy, a copy of which is attached to and made a part of this Policy.

“Paid” means that funds are actually disbursed by the Participating Unit or the Participating Unit’s agent in payment of a claim. Payment of a claim is the unconditional and direct payment of a claim to a covered person or their health care provider.

“Terrorism” means an activity committed by the Insured or by another individual or group of individuals against the Insured that:

(a) involves a violent act or any act dangerous to property or human life, including but not limited to, acts of mass destruction, assassination, kidnapping, or hostage-taking; and

(b) appears to be intentional in order to:

- (1) intimidate or coerce a civilian population; or
- (2) influence the policies of a government by intimidation or coercion; or
- (3) influence the conduct of a government.

“Usual, Customary and Reasonable Charges” is the amount which a provider routinely charges for goods and services provided, and is considered to be derived in conformity with the charge methodology of other similar or like providers within a geographic area, and is considered to represent a fair market value for the goods and services provided.

“us, we, our, the Company” mean Reliance Standard Life Insurance Company.

“you, yours” mean the Participating Unit and any subsidiaries, divisions or affiliates.

INSURING PROVISIONS

AGGREGATE EXCESS RISK INSURANCE: We will pay you a percentage of the amount by which the Aggregate Losses you have Paid under your Employee Benefit Plan exceed your Aggregate Attachment Point.

The percentage we will pay, and our Limit of Liability, are stated in your Schedule of Insurance. We will pay you as soon as reasonably possible after the end of your Policy Period, subject to satisfactory proof of loss.

SPECIFIC EXCESS RISK INSURANCE: We will pay you a percentage of the amount by which the Specific Losses you have Paid under your Employee Benefit Plan exceed the Specific Deductible Amount stated in your Schedule of Insurance. The percentage we will pay and our Limit of Liability are also stated in your Schedule of Insurance. We will pay you as soon as reasonably possible after you have requested reimbursement, subject to satisfactory proof of loss.

“AGGREGATE LOSSES” means the total amount of money you have actually Paid during the Benefit Period as indicated in the Schedule of Insurance, or on behalf of, all covered persons under your Employee Benefit Plan. Aggregate Losses, however, cannot include any payments you made to, or on behalf of, a covered person:

1. for covered expenses which are reimbursable under the Specific Excess Risk Insurance provision; or
2. which were in excess of the maximum amount chargeable as stated in your Schedule of Insurance; or
3. which were not incurred within the Benefit Period as indicated in the Schedule of Insurance.

An expense will be deemed to be incurred by a covered person on the date that the service, treatment, or supply is provided.

Your payments must have been made in accordance with the provisions of your Employee Benefit Plan document currently filed with us and included as a part of this Policy. Payment shall be deemed to have been Paid by you when both of the following are satisfied:

1. You have directly tendered payment by mailing, or otherwise delivering, a check or draft in payment of a covered expense; and
2. the account upon which payment is drawn contains, and continues to contain, sufficient funds in order to honor such payment.

If the account upon which payment is drawn does not contain sufficient funds to cover all outstanding checks and drafts against the account, then we may consider, in our sole discretion, any particular checks or drafts as not having been Paid, but only to the extent of the total amount representing the difference between the funds in the account and the total of outstanding checks and drafts.

“SPECIFIC LOSSES” means the total amount of money you have actually Paid during the Benefit Period as indicated in the Schedule of Insurance, or on behalf of, any one covered person under your Employee Benefit Plan. Specific Losses, however, cannot include any payments you made to, or on behalf of, a covered person which were not incurred within the Benefit Period as indicated in the Schedule of Insurance.

An expense will be deemed to be incurred by a covered person on the date that the service, treatment, or supply is provided.

Your payments must have been made in accordance with the provisions of your Employee Benefit Plan document currently filed with us and included as a part of this Policy; and shall be deemed to have been Paid by you when both of the following are satisfied:

1. you have directly tendered payment by mailing, or otherwise delivering, a check or draft in payment of a covered expense; and
2. the account upon which payment is drawn contains, and continues to contain, sufficient funds in order to honor such payment.

If the account upon which payment is drawn does not contain sufficient funds to cover all outstanding checks and drafts against the account, then we may consider, in our sole discretion, any particular checks or drafts as not having been Paid, but only to the extent of the total amount representing the difference between the funds in the account and the total of outstanding checks and drafts.

INSURING PROVISIONS, (Continued)

AGGREGATE ATTACHMENT POINT

Your Aggregate Attachment Point will be determined at the end of your Policy Period. The Aggregate Attachment Point will be the greater of:

1. The Aggregate Attachment Point which is calculated as follows: At the beginning of each month during your Policy Period, the number of your employees, their dependents and other covered individuals, as agreed upon between you and us, who are covered under your Employee Benefit Plan will be multiplied by the corresponding Attachment Factor stated in your Schedule of Insurance; or
2. The Minimum Aggregate Attachment Point shown in your Schedule of Insurance. Your Minimum Attachment Point will be applicable regardless of how long your coverage remains in force.

EXCLUSIONS AND LIMITATIONS OF LIABILITY

1. Our liability under this Policy is limited to reimbursement of payments you have made to, or on behalf of, covered persons under your Employee Benefit Plan for covered expenses Paid under your Employee Benefit Plan. We are not liable for punitive, exemplary, or consequential damages, and you must hold us harmless from damages of any kind which are not caused by our own acts or omissions. You will indemnify us for all expenses, including attorney fees incurred in defending claims or legal actions brought against us by a person covered under your Employee Benefit Plan.
2. We will not be liable for payments you have made to covered persons under any plan of benefits which has not been specifically identified as Covered Plan Benefits in your Schedule of Insurance.
3. We will not be liable to reimburse you for payments you have made to, or on behalf of, covered persons if your request for reimbursement is received by us more than 365 days following the expiration of the applicable Policy Period.
4. We will not be liable for expenses resulting from treatment, services or procedures which:
 - (a) are not accepted as standard medical treatment for the illness, disease or injury being treated by physicians normally practicing the specific medical specialty; or
 - (b) are the subject of scientific or medical research or study to determine the item's effectiveness and safety; or
 - (c) have not been granted, at the time services were rendered, any required approval by an appropriate federal or state governmental agency; or
 - (d) are performed subject to the covered person's informed consent under a treatment protocol that explains the treatment or procedure as being conducted under a human subject study or experiment.
5. We will not be liable for expenses covered by amendments to the Employee Benefit Plan that were incurred prior to our written approval of such amendment.
6. We will not be liable for expenses that are covered under any Coordination of Benefits provision.
7. We will not be liable for expenses incurred by or on behalf of an employee or dependent of an employee of an affiliate or subsidiary company not included in the Request for Excess Loss Indemnity Coverage unless added to this Policy by endorsement.
8. We will not be liable for expenses incurred by or on behalf of a COBRA Continuee, retiree or retiree's dependent unless included in the Request for Excess Loss Indemnity Coverage or added to this Policy by endorsement.
9. We will not be liable for expenses incurred by any COBRA Continuee whose COBRA continuation coverage was not offered in a timely manner.
10. We will not be liable for the cost of administration of claim payments including, but not limited to PPO Access Fees, or expense of litigation with individual claimants.
11. We will not be liable for your Third Party Administrator's (TPA) failure to provide timely payment to providers which results in the loss of any discounted fees for services or supplies. We will reimburse only for the discounted charge for services had timely payment been made by your TPA.
12. We will not be liable for expenses incurred by or on behalf of an employee or dependent of an employee who had a qualifying event but did not elect COBRA within the required time frame or whose COBRA benefit extension is exhausted.

PREMIUMS

AGGREGATE EXCESS RISK PREMIUM: The deposit premium shown in the Schedule of Insurance is payable by you on the Inception Date of the Policy Period.

SPECIFIC EXCESS RISK PREMIUM: Premiums are payable by you on a monthly basis.

The first premium is due on the Inception Date of your Policy Period, and subsequent premiums are due on the first day of each month thereafter.

OFFSET: We will be entitled to offset claim reimbursements to you against premiums due and unpaid by you.

RENEWAL

Your coverage may be renewed only if renewal is mutually agreeable to both you and us. If we refuse to renew, we must give you written notice 31 days prior to your expiration date. Your renewal is subject to our receipt and approval of a new Request For Excess Loss Indemnity Coverage. If approved, a new Schedule of Insurance will be issued to reflect any changes agreed upon by you and us.

GENERAL PROVISIONS

1. ACCESS TO RECORDS

We reserve the right to inspect and audit all records maintained by you and your Plan Supervisor with respect to your Employee Benefit Plan and with respect to this Policy. These records must be available to the Company or its designated Underwriting Manager for determination of plan benefits, proof of loss and proof of payment of plan benefits. Inspections and audits will be done during normal business hours.

2. AMENDMENT

This Policy may be amended from time to time by mutual consent of you and us. Any such amendment will be without prejudice to any claim arising prior to the date of change. No agent or other person, except the President, a Vice President or the Secretary of the Company, has authority to waive any conditions or restrictions of this Policy, to extend the time for paying a premium, or, to make or modify this Policy. No change in this Policy will be valid unless evidenced by an endorsement to it signed by you and by one of the aforesaid officers of the Company except those changes listed in the Group Specifications Changes provision.

3. ASSIGNMENT

You shall not assign any of your rights under this Policy without our prior written consent. Any assignment without prior written consent shall be void.

4. CHANGE OF YOUR EMPLOYEE BENEFIT PLAN

Your Employee Benefit Plan cannot be changed by you while you are covered under this Policy without our written consent.

Should you elect to change your Employee Benefit Plan, we reserve the right to change the Specific Excess premium rates and/or the Aggregate Attachment Factor, to reflect the effect of such changes.

5. CLERICAL ERROR

Clerical error, whether by you or us, in keeping any records pertaining to this coverage, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated.

6. ENTIRE CONTRACT

This Policy as issued to you, together with your application, entitled Request for Excess Loss Indemnity Coverage, the Participating Agreement, any amendments, and a copy of your Employee Benefit Plan, constitute the entire contract.

We have relied upon the underwriting information provided by you or your agent in the issuance of this Policy. Should subsequent information become known which, if known prior to issuance of this Policy, would affect the rates, deductibles, terms or conditions of coverage, we will have the right to revise such rates, deductibles, terms or conditions as of the Effective Date of this Policy.

7. GRACE PERIOD

If any premium is not paid in full on or prior to its premium due date, a grace period of 31 days following the premium due date shall be granted for the payment of that premium. Your coverage will continue in full force and effect during the grace period. You will be liable to the Company for all premiums remaining unpaid on the date of termination of your coverage, including premium for the days of the grace period during which your coverage remained in force.

GENERAL PROVISIONS (Continued)

8. INSOLVENCY

The insolvency, bankruptcy, financial impairment, receivership, or dissolution of the Participating Unit or your Plan Supervisor shall not impose upon us any liability other than the liability defined in this Policy. Your insolvency shall not make us liable to your creditors, including any covered person.

9. MISREPRESENTATION

In effecting this Policy, we shall be entitled to rely upon information provided by you or on your behalf. If that information proves not to have been correct as submitted, we have the right to rescind the coverage provided to you under this Policy as of its Effective Date or as of its last annual renewal date, if later. In lieu of rescission, we have the right to adjust the Specific Deductible Amount, the premium rates, the Aggregate Attachment Factor, and the Minimum Aggregate Attachment Point to those levels that we would have established if we had been initially provided with the correct information.

10. PAYMENT OF PREMIUMS

All premiums must be remitted to us at our Administrative Office. Except as otherwise provided under the provision entitled Grace Period, your coverage under this Policy will automatically terminate if any premium is not paid when due.

11. POLICY PERIOD: DURATION

Your Policy Period will begin on the Inception Date shown in your Schedule of Insurance. It will end, and all coverage provided by the Policy with respect to you will cease, on the earliest of the following dates:

1. the Expiration Date shown in your Schedule of Insurance;
2. the end of the Grace Period if any premium remains unpaid;
3. the date your Employee Benefit Plan terminates, or the date it changes, except as provided in the Change of Your Employee Plan provision;
4. the first day of any month specified by you following 30 days prior written notice to us;
5. the date you withdraw from the trust; or
6. the date the Plan Supervisor named in your Schedule of Insurance is changed, except as provided in the Plan Supervisor provision.
7. The date you do not pay claims or make available funds to pay claims as required by this Policy.

12. PLAN SUPERVISOR

You have appointed the Plan Supervisor named in the Schedule of Insurance to perform administrative services for your Employee Benefit Plan, including the payment of claims.

The Plan Supervisor is your agent and is not the agent of the Participating Unit or Company. Neither the Participating Unit or we are liable for any acts or omissions of the Plan Supervisor. Any requests or notices we send to the Plan Supervisor will be deemed as a request or notice sent to you.

You will enter into a written agreement with the Plan Supervisor. A copy of the written agreement will be furnished to us prior to the Inception Date of your Policy Period, or as soon as reasonably possible thereafter. The agreement will require your Plan Supervisor to fulfill the following duties and responsibilities:

- a. Administration and adjustment of all claims under the Employee Benefit Plan and verification of their validity, accuracy and computation; and
- b. Maintenance of accurate records of all claims payments; and
- c. Proper handling of and accounting for monies transmitted to and from you and us; and
- d. Payment of all claims within 31 days from the date satisfactory proof of loss has been established; and
- e. Submission to us within 15 days after the close of each Policy month, on a form supplied by us, a report containing all of the following information;
 1. the total number of covered persons for the month reported; and
 2. a statement of paid claims for the month reported.
- f. Satisfactory reporting and provision of proof requirements reasonably imposed by us.

The Plan Supervisor named in the Schedule of Insurance may not be changed unless prior written consent is obtained from us.

GENERAL PROVISIONS (Continued)

13. **SEVERABILITY**
Any provision deemed void, invalid, or otherwise unenforceable, whether or not such a provision is contrary to public policy, shall not render any of the remaining provisions of this Policy invalid.
14. **TAXES**
You shall hold us harmless from any state premium taxes which may be assessed against us with respect to benefits paid under your Employee Benefit Plan or this Policy, and shall reimburse us for such taxes, if any.
15. **WORKERS' COMPENSATION INSURANCE**
Coverage provided under this Policy applies only to covered expenses under your Employee Benefit Plan for non-occupational accidents or illnesses. It is not the intent of this Policy to provide benefits for covered expenses provided by your Employee Benefit Plan in lieu of Workers' Compensation Insurance.
16. **GROUP SPECIFICATIONS CHANGES**
The Company reserves the right to revise rates, deductibles, terms or conditions of the Contract on any of the following dates:
 1. When you add or delete a subsidiary or affiliate; or
 2. When there is a change in the geographical area in which you are located; or
 3. When there is a change in the nature of business in which you are engaged; or
 4. When there is an increase or decrease in the number of covered persons which exceeds 10% in any one month or 20% over any period of three (3) consecutive months

CLAIMS PROVISIONS

NOTICE OF CLAIM

You are required, either directly, or through your Plan Supervisor, to provide immediate written notice to us when Specific Losses reach or are reasonably expected to exceed 50% of the specific deductible amount.

When Specific Losses exceed the specified deductible amount, proof of loss must be immediately submitted to us. Such proof will be provided on a form supplied by us, and shall include that information reasonably required to establish satisfactory proof of loss. Such information shall include, but is not limited to:

1. A completed proof of loss form;
2. Proof of the covered person's eligibility under the Employee Benefit Plan;
3. Proof of payment under your Employee Benefit Plan for those covered expenses being applied towards the satisfaction of the Specific Deductible Amount and for which reimbursement is being requested; and
4. Copies of all medical reports pertaining to this request for reimbursement.

WARRANTY

Upon presentation of proof of loss to us, you warrant that all monies necessary to pay for services and supplies have been Paid to the respective providers of medical services or supplies to which the claim for reimbursement relates.

LEGAL ACTION

No action at law or in equity will be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action will be brought after the expiration of five (5) years after the time written proof of loss is required to be furnished.

If any time limitation in this Policy with respect to bringing an action at law or in equity to recover on this Policy is less than that permitted by the law of the jurisdiction of issue, that limitation is hereby extended to agree with the minimum period permitted by that law.

PAYMENT OF CLAIM

We will pay all benefits as they become payable under this Policy to you. All expenses as they become payable under the Employee Benefit Plan shall be Paid by you. We shall pay the claim within a reasonable time after receiving fully executed written proof of loss and the documentation reasonably necessary to evaluate the eligibility and extent of the claim.

ARBITRATION

Any dispute or claim arising out of or relating to this Policy and our determination of claims payable thereunder, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, with the express stipulation that the arbitrator(s) shall strictly abide by the terms of this Policy and shall strictly apply rules of law which are applicable. All matters shall be decided by a panel of three (3) arbitrators. Judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction. This provision shall survive the termination or expiration of this Policy. The parties may alter any of the terms of this provision only by express written agreement, although such alteration may be before or after any rights or obligations arise under this provision.

SUBROGATION

You shall prosecute any and all valid claims that you may have against third parties arising out of any occurrence resulting in a loss payment by you and to account for any amounts recovered. Should you fail to prosecute any valid claims against third parties and we become liable to make payments to you under the terms and conditions of this Policy, then we shall assume all your rights to prosecute any valid claims against third parties. You will be responsible for any legal expenses incurred in the course of the prosecution.

**REQUEST FOR PARTICIPATION IN
THE RSL EMPLOYER TRUST**

Effective as of **January 1, 2018**, the Participating Unit named below requests that it be approved as a participant in The RSL Employer Trust in order to provide insurance for its employees, and hereby agrees to be bound by all terms and conditions of the Trust Agreement applicable to it. The Participating Unit acknowledges receipt of a description of coverage form which summarizes the coverages and limitations requested by the Participating Unit.

Participating Unit: **Teton County**
Participating Unit Number: SLM540362

This Agreement may not be altered or amended without consent of both parties in writing.

This Agreement is completed in duplicate, one copy to be attached to your copy of the Master Policy and the other returned to us.

ACCEPTED BY:

RELIANCE STANDARD LIFE
INSURANCE COMPANY

BY: 
Secretary

DATE: _____

PARTICIPATING UNIT

BY: _____

TITLE: _____

DATE: _____

Please sign and return.

RELIANCE STANDARD

LIFE INSURANCE COMPANY

Home Office: Schaumburg, Illinois • Administrative Office: Philadelphia, Pennsylvania

Teton County
(Herein Called the Company)

THE RSL GROUP AND BLANKET INSURANCE TRUST
(Herein Called the Trust)

PARTICIPATION AGREEMENT

The undersigned Participant does hereby apply for Excess Loss Indemnity Group Coverage, as set forth in the Request for Excess Loss Indemnity Coverage (herein called the Plan) and subscribes to the Agreement and Declaration of the Trust.

Name of Trust: The RSL Group and Blanket Insurance Trust

It is understood and agreed that:

1. Insurance coverage shall not become effective unless this request is accepted and approved by the Company or its designated Underwriting Manager, as evidenced below. No one other than an Executive Officer of the Company or its designated Underwriting Manager may accept this application.
2. The Participant, or its appointed Plan Supervisor will:
 - a. furnish and maintain the records necessary to the administration of the Plan;
 - b. report changes to and from the group;
 - c. process claims promptly as they occur;
 - d. provide all claim notifications and proofs to the Company when required; and
 - e. collect premium contributions, where applicable, and remit required premium payments to the Company or its designated Underwriting Manager when due, or within the Grace Period provided.

If accepted for membership in the Trust, the undersigned Participant hereby subscribes to and agrees:

1. To become a Trustor for and on behalf of all persons who through or under the undersigned Participant may obtain benefits through the Trust; and
2. To be bound by such Trust Agreement.

It is also understood and agreed that under the Trust Agreement, the principal duties of the Trustee are to hold the group policy (ies) selected for the Trust by the Company. It is understood that the term Trustee shall mean any party named as Trustee of any Trust in which is held a group insurance policy providing the benefits contemplated thereunder. A copy of the Trust Agreements which sets out all the rights, powers, and duties of the Trustee and the Company in detail, and the group policy (ies) held by the Trustee will be sent to the Participant, upon request.

(continued)

It is further understood and agreed that:

1. The Trustee is not an Insured;
2. Coverage under any policy through the Trust shall only apply to the extent provided by the insurance being held by the Trustee, and all claims for and benefits provided by the insurance being applied for herein will be made to and payable by the insurance company (ies) issuing group policy (ies) to the Trustees; and
3. The Trustee does not have any obligation under any policy of insurance.


The Participant may withdraw from the Trust and cancel its application on the first day of any month following 30 days prior written notice to the Company. Failure to remit premium when due or within the Grace Period provided shall automatically constitute such withdrawal and cancellation of all coverage.

The undersigned Participant does herewith remit the sum of **\$53,453** by check () or money order () on account of the first premium or the first and subsequent premiums on a policy of group insurance for which request has been made to the Company. If such Participant is not approved or if for any reason the insurance applied for does not become effective, the amount paid shall be refunded.

Accepted for
RELIANCE STANDARD LIFE INSURANCE COMPANY

Teton County

Participant (Trustor)

By 
Authorized Signature

By _____
Signature Title

Date Accepted: _____

Street Address

Coverage Effective Date: 1/1/2018

City, State and Zip

RELIANCE STANDARD LIFE INSURANCE COMPANY
Administrative Office: Philadelphia, Pennsylvania

Waiver of Actively-at-Work Requirement

Reliance Standard Life Insurance Company has issued this Endorsement as a part of the Policy to which it is attached.

The Exclusions and Limitations of Liability section is hereby amended to waive the Actively at Work requirement.

The waiving of this requirement is based on the employer and the claims administrator performing thorough due diligence in completing the disclosure. Any material misrepresentation which alters the risk, whether intentional or unintentional, may result in denial of claims, revised terms and conditions, and/or the exclusion of participants in the plan(s) under the Policy.

Disclosure is not required on persons whose coverage becomes effective under the Plan after the Effective Date of this Policy, except with respect to employees (and their dependents) of an affiliated or subsidiary company that is not listed in the Request for Excess Loss Indemnity Coverage or added to the Policy by Endorsement.

ALL OTHER TERMS AND PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED REMAIN THE SAME.

Signed for RELIANCE STANDARD LIFE INSURANCE COMPANY



Secretary

Endorsement Number: 1

Effective Date: January 1, 2018

Excess Loss Policy Number: SLM540362

Participating Unit's Name: Teton County

Signature of Participating Unit's Authorized Representative: _____

Authorized Representative's Title: _____

Date Signed: _____

RELIANCE STANDARD LIFE INSURANCE COMPANY
Administrative Office: Philadelphia, Pennsylvania

Specific Advance Option

Reliance Standard Life Insurance Company has issued this Endorsement as a part of the Policy to which it is attached.

1. **AVAILABILITY OF SPECIFIC ADVANCE.** The Specific Advance is available when your Employee Benefit Plan sustains losses that:
 - a. exceed the Specific Deductible Amount plus \$1.00;
 - b. are determined in accord with your Employee Benefit Plan document; and
 - c. are processed for payment before the Policy Period ends.

2. **REQUEST FOR SPECIFIC ADVANCE.** To receive a Specific Advance, you must send us a written request, along with proof that you have paid up to the Specific Deductible Amount plus \$1.00 and any other required documentation.

3. **USE OF REIMBURSEMENT.** Within five calendar days after receiving our reimbursement, you must:
 - a. pay the benefits described in 1; and
 - b. deposit our reimbursement draft.In no event may our reimbursement draft be deposited before the benefits described in 1. have been paid. If the benefits are not paid within the five-day period, the reimbursement draft must be returned to us. The Policyholder must supply proof of such benefit payment, at our request.

4. **REFUND OF ANY USED AMOUNT.** If, for any reason, part of the reimbursement is not used to pay the losses described in 1, then you must refund the unused amount to us. This refund must be made within five business days after receiving our reimbursement draft.

If you fail to comply with the above conditions, your right to receive the Specific Advance shall be revoked. We do not waive any rights under this Excess Loss Indemnity Group Policy by adding this provision.

By your authorized representative's signature below, you are verifying that you have read and understand the terms of this Endorsement, and your obligations hereunder.

ALL OTHER TERMS AND PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED REMAIN THE SAME.

Signed for RELIANCE STANDARD LIFE INSURANCE COMPANY



Secretary

Endorsement Number: 2

Effective Date: January 1, 2018

Excess Loss Policy Number: SLM540362

Participating Unit's Name: Teton County

Signature of Participating Unit's Authorized Representative: _____

Authorized Representative's Title: _____

Date Signed: _____

RELIANCE STANDARD LIFE INSURANCE COMPANY
Administration Office: Philadelphia, Pennsylvania

Endorsement

Patient Protection and Affordable Care Act (PPACA) Benefit

Reliance Standard Life Insurance Company has issued this Endorsement as a part of the Policy to which it is attached. The "SPECIFIC LOSSES" provision found under the Insuring Provisions is replaced by the following:

"SPECIFIC LOSSES" means the total amount of money you have actually Paid during the Benefit Period as indicated in the Schedule of Insurance or on behalf of any one covered person under your Employee Benefit Plan. However, if a claim has been incurred and denied under your Employee Benefit Plan during the Benefit Period but such denial is reviewed by an accredited Independent Review Organization (IRO) in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA) and subsequently overturned, we will consider the claim to have been Paid within the Benefit Period regardless of when such payment is actually made provided:

- 1) the claim is Paid within three (3) months after the Benefit Period has expired; and
- 2) the claim is not eligible for payment under any other coverage; and
- 3) we are notified that a claim for benefits under the Employee Benefit Plan has been submitted to the IRO within ten (10) days of such submission; and
- 4) the Employee Benefit Plan pays the claim within ten (10) days of the Employee Benefit Plan's receipt of the IRO's decision to overturn the claim denial; and
- 5) we are notified of the IRO's decision prior to payment of the claim; and
- 6) we have received all documentation required to determine the eligibility of the claim under the Policy within thirty (30) days of payment of such claim.

Specific Losses cannot include any payments you made to, or on behalf of, a covered person which were not incurred within the Benefit Period as indicated in the Schedule of Insurance. When a claim is Paid in accordance with this Endorsement such payment will coincide with the Benefit Period in which the claim was incurred and will be excluded from any other Benefit Period that may exist.

An expense will be deemed to be incurred by a covered person on the date that the service, treatment, or supply is provided.

Your payments must have been made in accordance with the provisions of your Employee Benefit Plan document currently filed with us and included as a part of this Policy; and shall be deemed to have been Paid by you when both of the following are satisfied:

1. you have directly tendered payment by mailing, or otherwise delivering, a check or draft in payment of a covered expense; and
2. the account upon which payment is drawn contains, and continues to contain, sufficient funds in order to honor such payment.

If the account upon which payment is drawn does not contain sufficient funds to cover all outstanding checks and drafts against the account, then we may consider, in our sole discretion, any particular checks or drafts as not having been Paid, but only to the extent of the total amount representing the difference between the funds in the account and the total of outstanding checks and drafts.

ALL OTHER TERMS AND PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED REMAIN THE SAME.

Signed for RELIANCE STANDARD LIFE INSURANCE COMPANY



Secretary

Endorsement Number: 3

Effective Date: January 1, 2018

Excess Loss Policy Number: SLM540362

Participating Unit Name: Teton County

Participating Unit's Authorized Representative: _____
Signature

Authorized Representative's Title: _____

Date Signed: _____

RELIANCE STANDARD LIFE INSURANCE COMPANY
Administration Office: Philadelphia, Pennsylvania

Endorsement

Approved Clinical Trial Benefit

Reliance Standard Life Insurance Company has issued this Endorsement as a part of the Policy to which it is attached.

This Endorsement will reimburse eligible Paid claims, in excess of the Specific Deductible, for Patient Care Services provided in connection with participation in Approved Clinical Trials as defined by this Endorsement.

Approved Clinical Trials – Definition

An Approved Clinical Trial is defined as a clinical trial that meets all the following conditions:

1. The clinical trial is conducted for the prevention, detection, or treatment of cancer or other life threatening disease or condition likely to lead to death unless the course of the disease or condition is interrupted; and
2. The clinical trial has been peer reviewed and is approved by at least one of the following:
 - a. The United States National Institutes of Health; or
The Centers for Disease Control and Prevention; or
The Agency for Health Care Research and Quality; or
The Centers for Medicare & Medicaid Services; or
 - b. A cooperative group or center of the National Institutes of Health; or
 - c. A qualified non-governmental research entity identified in guidelines issued by the National Institutes of Health for center support grants; or
 - d. The United States Food and Drug Administration pursuant to an investigational new drug exemption; or
 - e. The United States Departments of Defense, Department of Energy or Veterans Affairs,
 - f. A federally funded, program either:
 - i. conducted under an investigational new drug application (IND) reviewed by the Food and Drug Administration; or
 - ii. a drug trial that is exempt from the IND application requirements; and
3. The facility and personnel conducting the clinical trial are capable of doing so by virtue of their experience and training and treat a sufficient volume of patients to maintain that expertise; and
4. The covered person meets the patient selection criteria enunciated in the study protocol for participation in the clinical trial; and
5. The covered person has provided informed consent for participation in the clinical trial in a manner that is consistent with current legal and ethical standards; and
6. The clinical trial must have a therapeutic intent and must, to some extent, assess the effect of the intervention on the covered person.

Patient Care Services – Definition

Patient Care Services are defined as health care items or services that are furnished to the covered person in an Approved Clinical Trial, which is consistent with the usual and customary standard of care for someone with the covered person's diagnosis, is consistent with the study protocol for the clinical trial, and would be covered if the covered person did not participate in the Approved Clinical Trial.

Patient Care Services must be determined to be eligible under the Participating Unit's Employee Benefit Plan.

Patient Care Services do not include any of the following:

1. An FDA approved drug or device but only to the extent paid for by the manufacturer, the distributor or the provider of the drug or device; or
2. Non-health care services that the covered person may be required to receive as a result of being enrolled in the Approved Clinical Trial; or
3. Costs associated with managing the research associated with the Approved Clinical Trial, or
4. Costs that would not be covered for non-investigational treatments; or
5. Any item, service or cost that is reimbursed or otherwise furnished by the sponsor of the Approved Clinical Trial; or
6. The costs of services, which are not provided as part of the Approved Clinical Trial's stated protocol or other similarly, intended guidelines.

Additional Provisions

We may require a copy of the Approved Clinical Trial's study protocol before determining if any benefits are payable under this Endorsement.

Policy benefits paid under this Endorsement will be included in the maximum limit per covered person under Specific Excess Risk.

Policy benefits paid under this Endorsement shall not create any legal presumption that we have recommended, directed, endorsed or required any covered person's participation in the Approved Clinical Trial.

Policy benefits paid under this Endorsement shall be subject to all terms and conditions of the Participating Unit's Employee Benefit Plan.

ALL OTHER TERMS AND PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED REMAIN THE SAME.

Signed for RELIANCE STANDARD LIFE INSURANCE COMPANY


Secretary

Endorsement Number: _____4_____

Effective Date: _____January 1, 2018_____

Excess Loss Policy Number: _____SLM540263_____

Participating Unit Name: _____Teton County_____

Participating Unit's Authorized Representative: _____
Signature

Authorized Representative's Title: _____

Date Signed: _____

RELIANCE STANDARD LIFE INSURANCE COMPANY

PARTICIPATING UNIT: Teton County
EFFECTIVE DATE: January 1, 2018
POLICY NUMBER: SLM540362

Reliance Standard Life Insurance Company has issued this Endorsement as a part of the Policy to which it is attached.

If You renew your Specific Stop Loss Insurance with Us for the next Policy Year, Your renewal Stop Loss Policy will not contain any additional Covered Persons with a Special Specific Deductible for Individuals Rider, and the Specific Premium Rates will not be increased by more than 50% over the Specific Premium Rates shown in the Schedule of Insurance, provided that:

- 1. Policyholder's Employee Benefit Plan contains no changes that materially affect or alter the risk presented by current Policy;
2. The renewal excess loss policy contains no material changes from present Policy; including, but not limited to, changes to a) the length of the Policy Period; (b) Covered Plan Benefits; (c) coverage for Retired Lives; (d) the Specific Deductible; (e) the Claims Basis; (f) the commission payable; (g)Your TPA; or (h) preferred provider networks;
3. There are no material changes in the demographic distribution of the group covered by Your current Policy versus the group covered by the renewal policy;
4. A new unit, division, subsidiary, affiliated company or class of covered people is not added to this Policy; and
5. There is no change in any assessment levied against Us by the state in which the Policy was issued.

We, in our sole discretion shall determine whether any of the changes referenced in sections 1 through 3 above are material. If we determine that any change is material, We shall adjust the renewal rate cap accordingly.

This policy provision will not apply to a covered person if We determine that: a) you failed to disclose the information, as required by the terms of the Policy, about that covered person; and b) had We known that information, We would have imposed a special limitation or a Special Specific Deductible applicable to that covered person.

We reserve the right to carry over to the renewal policy any or all Covered Persons that already have a Special Specific Deductible shown on the attached application.

ALL OTHER TERMS AND PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED REMAIN THE SAME.

Signed for RELIANCE STANDARD LIFE INSURANCE COMPANY:

Handwritten signature of Charles Denaro, Secretary

Endorsement Number: 5
Effective Date: January 1, 2018
Excess Loss Policy Number: SLM540362
Participating Unit's Name: Teton County
Signature of Participating Unit's Authorized Representative:
Authorized Representative's Title:
Date Signed: