Amalgamated Life
Group • Stop Loss • Voluntary

Amalgamated Life Insurance Company
Excess Loss Insurance Application

Name of Applicant (Correct Legal Name and Affiliated entities)

_____

Address (Street, City, State, Zip)

_____

Name and Address of Third Party Administrator

_____

Covered Persons ☐ Active ☐ COBRA ☐ Disabled ☐ Hospital Confined
☐ Retired (under age 65 and not covered by Medicare)
☐ Retired (over 65 or covered by Medicare) ☐ Not Actively at Work
☐ Temporarily Disabled ☐ On Approved Leave
☐ Receiving Severance Package ☐ Other (specify)_____

Rates (specify tier rates) _____

Aggregate Excess Loss ☐ Yes ☐ No [Assumed Basis is same as Specific, unless otherwise noted.]

1. Benefits to be covered: ☐ Medical ☐ Dental ☐ Prescription Drugs ☐ Vision
   ☐ Short-term Disability Income ☐ Other _____
2. The Monthly Attachment Point(s) per _____ $ _____
3. The Maximum Annual Aggregate reimbursement is: $_____.
4. Aggregate Payment after any Aggregate Deductible up to the Maximum Aggregate reimbursement:
   a. _____% of covered expenses; or
   b. _____% of the first _____ of covered expenses and _____% thereafter.
5. This policy provides Aggregate Extension if the plan becomes fully insured ☐ Yes ☐ No
6. This policy provides Company payment of claims before the end of benefit period (i.e. Aggregate Accommodation) ☐Yes No☐

Specific Excess Loss ☐ Yes ☐ No

1. Basis: ☐ Paid during the experience period (EP)
   ☐ Incurred during the experience period
   ☐ Incurred ___ months prior to and during the EP and paid during the EP and ___ months after. (___/___)
   ☐ Incurred during the experience period and paid during and ___ months after the EP. (___/___)
2. Benefits to be covered: ☐ Medical ☐ Dental ☐ Prescription Drugs ☐ Vision
   ☐ Short-term Disability Income ☐ Other _____
3. $_____ Specific Annual Deductible for each [person, family]; Aggregating-Specific Deductible of $_____,with the exception of the following:.
   [John Doe shall have a separate Specific Deductible of $x,xxx,xxx [with a maximum of [$x,xxx,xxx][N/A] eligible toward the Aggregate Deductible]
   _____
   _____
4. Specific Payment after any Specific Deductible up to the Maximum Lifetime Specific reimbursement:
   a. _____% of covered; or
   b. _____% of the first _____ of covered expenses and _____% thereafter.
5. This policy provides payment of claims by Company before applicant pays the claim (i.e. Specific Advancement) ☐ Yes ☐ No
6. This policy provides Specific Extension if the plan becomes fully insured ☐ Yes ☐ No

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Optional Benefits - check all that apply

- ☐ Advance Funding
- ☐ Specific Extension Benefit for _____ Months
- ☐ Aggregate Accommodation
- ☐ Aggregate Extension Benefit for _____ Months
- ☐ Expenses in Excess of UCR
- ☐ Other _____
- ☐ Other _____

The Supplementary Application Information, Excess Loss Disclosure form and supporting information is made part of this Application and is therefore made part of the Policy.

Requested effective From Effective Date _____ Through _____

Deposit of $_____ is enclosed to apply to the first payment under the policy, if issued.

Signed at	**Date**
Applicant (Correct Legal Name)	**Authorized Signature**
Agency Name	**Agent's Signature and Stat No.**

Amalgamated Representative _____

Home Office:
Amalgamated Life Insurance Company
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White Plains, NY 10604
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