

## 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

**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**  
333 Westchester Avenue  
White Plains, NY 10604  
Phone: 914-367-5000