

# EXCESS RISK APPLICATION

ReliaStar Life Insurance Company  
("ReliaStar Life")

Home Office: Minneapolis, Minnesota 55440

Plan Sponsor hereby applies for the Excess Risk Policy.

## PLAN INFORMATION

Name of Plan Sponsor (exact legal name) City of Reno  
Address (number and street) 1 E First St  
City Reno State NV Zip 89501

☒ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other. Specify: \_\_\_\_\_

Nature of Plan Sponsor's Business City Government Executive Offices SIC Code 9111

Are subsidiaries, affiliates or other associated entities to be included? ☐ Yes ☒ No

If "Yes," give Names. \_\_\_\_\_

Relationship to Plan Sponsor \_\_\_\_\_

Please provide the number of individuals covered as noted below:

|                               |              |                      |              |                                 |              |
|-------------------------------|--------------|----------------------|--------------|---------------------------------|--------------|
| Eligible Individuals          | _____        | Covered Persons Only | _____        | Covered Persons with Dependents | _____        |
| Enrolled Individuals          | <u>2,298</u> | Covered Persons Only | <u>1,069</u> | Covered Persons with Dependents | <u>1,229</u> |
| Individuals Covered Elsewhere | _____        | Covered Persons Only | _____        | Covered Persons with Dependents | _____        |

The initial Contract Period is from July 1, 2023 through June 30, 2024

## CLAIM ADMINISTRATOR INFORMATION (Claim Administrator for coverages checked below for the Employee Benefit Plan)

Name of Claim Administrator (exact legal name of entity) Hometown Health Providers, CDS of Nevada, Inc., dba, CDS Group Health, MaxorPlus (Rx)

Address (number and street) N/A

City N/A State N/A Zip N/A

\* Claim Administrator must be approved by ReliaStar Life prior to acceptance of this Application

## INDIVIDUAL EXCESS RISK

Individual Excess Risk: ☒ Yes ☐ No

Benefits To Be Covered: ☒ Medical ☒ Other (Please specify) Prescription Drugs

### Initial Coverage Period:

☐ Incurred and Paid in 12 months ☐ Incurred in 12 months and Paid in 15 months  
☐ Incurred in 15 months and Paid in 12 months ☒ Incurred in 24 months and Paid in 12 months  
☐ Paid in 12 months  
☐ Other \_\_\_\_\_

Individual Excess Risk Deductible \$ 400,000 per Individual

Individuals subject to the Individual Adjusted Deductible as identified in the disclosure process  
n/a

Claims for Individuals subject to the Individual Adjusted Deductible that exceed the Individual Excess Risk Deductible amount are excluded under any Aggregate Excess Risk Insurance.

Benefit percentage 100%

**INDIVIDUAL EXCESS RISK (Continued)****Maximum Individual Benefit:**

Individual Excess Risk Lifetime Maximum: \$ Unlimited Individual Excess Risk Annual Maximum: \$ Unlimited  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**Optional Endorsements:**

- ☐ Individual Terminal Liability ☐ 3 months ☐ 6 months  
☒ Individual Advanced Funding  
☐ Individual Step-Down Deductible  
☐ Individual Gapless Renewal (Only available for 12/15 or 12/18)  
☐ Aggregating Individual Deductible: \$ \_\_\_\_\_ (Individual Excess Risk must be elected)  
☒ Plan Mirroring Coordination  
☒ Renewal Rate Cap  
☐ Other: \_\_\_\_\_

**AGGREGATE EXCESS RISK**

Aggregate Excess Risk: ☐ Yes ☒ No

Benefits To Be Covered: ☐ Medical ☐ Vision ☐ Prescription Drugs ☐ Dental ☐ Other (Specify) \_\_\_\_\_

**Initial Coverage Period:**

- ☐ Incurred and Paid in 12 months ☐ Incurred in 12 months and Paid in 15 months  
☐ Incurred in 15 months and Paid in 12 months ☐ Incurred in \_\_\_\_\_ months and Paid in \_\_\_\_\_ months  
☐ Paid in 12 months  
☐ Other: \_\_\_\_\_

Aggregate Adjustment Corridor: \_\_\_\_\_ %

Minimum Annual Aggregate Deductible: See Excess Risk Schedule

ReliaStar Life's Limit of Liability: \$ \_\_\_\_\_ per Coverage Period

**Optional Endorsements:**

- ☐ Plan Mirroring Coordination  
☐ Aggregate Terminal Liability ☐ 3 months ☐ 6 months (Individual Terminal Liability must also be elected)  
☐ Other \_\_\_\_\_

Are retirees covered? ☒ Yes ☐ No

Are retirees age 65 and over covered? ☒ Yes ☐ No

**Attached to and incorporated in this Application is a copy of the Employee Benefit Plan that relates to the Excess Risk Policy being applied for.**

The Producer/Agent of Record (provided he/she is duly licensed as required by law) is:

Lockton Companies

This insurance is to be effective on July 1, 2023 at 12:01 a.m. Standard Time at the Plan Sponsor's place of business, provided that the first premium is paid in full and that the Disclosure Agreement and this Application are accepted by ReliaStar Life.

An advance deposit of \$ N/A is attached. (The deposit is to equal the first premium.) The deposit will be applied toward payment of the premiums on the insurance requested if the application is accepted by ReliaStar Life. If not accepted, the deposit will be refunded to the Plan Sponsor Applicant.

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## ACKNOWLEDGEMENT & SIGNATURES

By signing this Application below, the Plan Sponsor Applicant represents that all statements, answers and information made above in this application and in the Disclosure Agreement are complete and true to the best of its knowledge and belief. Plan Sponsor Applicant further acknowledges and agrees (i) that such statements, answers and information in this Application and in the Disclosure Agreement, together with a copy of the Employee Benefit Plan and other information attached to this application or furnished to ReliaStar Life, are submitted by the Plan Sponsor Applicant as an inducement to, and will be relied upon by, ReliaStar Life, in underwriting this risk and determining whether to accept this application and issue the Excess Risk Policy being applied for; (ii) if such statements, answers and information is/are incomplete or untrue, and such incompleteness or falsity is material to the risk to be insured by ReliaStar Life, any policy issued by ReliaStar Life may be rescinded and/or any benefits that might otherwise be payable thereunder may be denied; and (iii) the Plan Sponsor Applicant has fully read and understands this completed Application and the Disclosure Agreement.

Plan Sponsor Applicant      City of Reno

Name of Signer (*Please print*) \_\_\_\_\_



By \_\_\_\_\_ Title \_\_\_\_\_

# DISCLOSURE AGREEMENT

ReliaStar Life Insurance Company, Minneapolis, MN  
A member of the *Voya® family of companies*  
(the "Company")



Policy Effective Date July 01, 2023

Plan Sponsor Name City of Reno

## INSTRUCTIONS FOR COMPLETION

Please provide the information described in the Disclosure Reports Section below and then have an authorized representative of the Plan Sponsor submit the Disclosure Agreement. Prior to submitting this Disclosure Agreement and Disclosure Reports to the Company, please consult with your current Claim Administrator(s), Utilization Review Firm(s), Case Management, and Pharmacy Benefits Manager(s) (collectively, "Claim Vendors"), and Plan Sponsor's Broker or other insurance advisor. The Disclosure Reports must be provided to the Company no earlier than 90 calendar days prior to the Policy's Effective Date or renewal date, as applicable. Please note the required monthly claim reporting provided on behalf of the Plan Sponsor to Company will suffice for renewal purposes. Should the Company require any additional information, it will notify the Plan Sponsor and/or its designated representative in writing no later than 20 calendar days following receipt of the Disclosure Reports. Any firm quote is void unless accepted by the Plan Sponsor in writing within 30 days from the date quoted by the Company.

**DISCLOSURE REPORTS** *Plan Sponsor has provided the following reports or data (which include claimant name and primary ICD-10 diagnosis) on the following date(s):* \_\_\_\_\_

- Any individual with paid claims that has exceeded 50% of the stop loss deductible during the applicable current policy year (minimum 9 months);
- Any individual with denied and/or pended claims that has exceeded \$25,000 during the applicable current policy year (minimum of 9 months);
- Any individual evaluated and/or listed for an organ, stem cell or bone marrow transplant;
- Any individual, including claim amounts for that individual, who is or was in case management or whose condition or diagnosis would be referred to case management during the applicable current policy year (minimum 9 months) by your claims Administrator based upon the ICD-10 codes used by your Claims Administrator for referral to case management;
- Any individual, including claim amounts for that individual, whose condition or diagnosis during the applicable current policy year (minimum 9 months) is represented by any of the ICD-10 codes contained in the attached list.

## DISCLOSURE AGREEMENT

The Plan Sponsor represents to the Company, to the best of its knowledge and belief, and after making a diligent and good faith inquiry, that it has fully read and understands this Disclosure Agreement; and as of the date of submitting this Disclosure Agreement there are no known potential catastrophic claims other than those disclosed on the submitted Disclosure Reports.

The Plan Sponsor understands and agrees that the Company will rely on this Disclosure Agreement and the attached Disclosure Reports to:

- underwrite this risk,
- determine whether or not to issue (or renew) a Policy, and
- If the Company agrees to issue or renew a Policy, determine the terms, conditions, limitations and rates of or for such Policy.

The Plan Sponsor further understands and agrees that if there are any undisclosed claimants known to the plan sponsor that are material to the risk to be insured by the Company, any Policy issued or renewed by the Company may be rescinded, any benefits that might otherwise be payable thereunder may be denied, and/or the premium rates, deductibles, terms, conditions and limitations of the Policy may be revised by the Company; and, the requirement to submit any required Disclosure Report may not be waived by the Company without a written representation by the Plan Sponsor that there are no reports or data with respect to any individual required to be included on any of the Disclosure Reports above.

To be eligible for a claim of reimbursement under the Policy, the Plan Sponsor or the Claims Administrator must request payment and provide complete and accurate Proof of Loss, in the form and content acceptable to the Company, to support a claim within 180 days after the end of the Coverage Period of the Policy.

## ICD-10 CODES FOR DISCLOSURE NOTIFICATION

The following ICD-10 Codes for Disclosure Notification provide conditions or diagnosis which must be disclosed. Please list all Plan Participants who have been diagnosed with or treated for any of the Codes listed under the following categories during the current Benefit Period. Where a range of Codes is shown, any and all conditions or diagnosis within that range must be disclosed.

### **A00-B99 Infectious Diseases**

B17.1-B17.11 Hepatitis C

### **C00-D49 Neoplasms**

C00-C14 Malignancies of oral cavity and pharynx  
C15-C26 Malignant neoplasm of digestive organs  
C30-C39 Malignant neoplasm of respiratory  
C43-C44 Melanoma  
C50-C50 Breast Malignancies  
C51-C68 Genitourinary Malignancies  
C69-C72 Malignancies of Nervous System  
C81-C96 Leukemias, Lymphomas and Myelomas

### **D50-D89 Hematologic Disorders**

D57.1 Sickle Cell Anemia  
D61.01 Aplastic Anemia  
D66 Hemophilia/Hereditary Factor VIII Deficiency  
D81.0 Severe Combined Immune Deficiency (SCID)  
D82.1 DiGeorge Syndrome  
D83.1 Immune Deficiency T Cells (AIDS)  
D84.1 Alpha 1-Antitrypsin

### **E70-E88 Metabolic Disorders**

E75.22 Gaucher's Disease  
E84.0 Cystic Fibrosis

### **G00-G99 Disease of the Nervous System**

G12.21 Lou Gehrig's disease (ALS)  
G61.0 Guillain-Barre Syndrome  
G82.50 Quadriplegia  
G91.1 Obstructive Hydrocephalus

### **I00-I99 Disease of Circulatory System**

I27.0 Primary Pulmonary Hypertension  
I42.0-I42.9 Cardiomyopathy  
I46.9 Cardiac Arrest  
I60.9 Subarachnoid Hemorrhage

### **J00-J99 Disease of Respiratory System**

J96.00-J96.92 Respiratory Failure

### **K00-K95 Disease of Digestive System**

K70.0-K74.69 Chronic Liver Disease  
K72.00-K72.91 Liver Failure

### **M86 Diseases of Musculoskeletal System and Connective Tissue**

M86 Osteomyelitis

### **N00-N99 Disease of Genitourinary System**

N18.1-N18.9 Chronic Renal Failure

### **O00-O9A Pregnancy, Childbirth & Puerperium**

O30.10--O30.109 Triplet Pregnancy  
O30.20-O30.209 Quadruplet Pregnancy  
O60.00--O60.14 Preterm Labor

### **P00-P96 Perinatal Conditions**

P07.00-P07.36 Preterm Infant  
P22.0 Respiratory Distress Syndrome of Newborn

### **Q00-Q99 Congenital Malformations**

Q20-Q28 Congenital Heart Diseases  
Q39.0-Q39.4 Tracheoesophageal Fistula  
Q89.7 Multiple Anomalies

### **S00-T88 Injury, Poisoning and Trauma**

S06.0-S06.9 Brain Injuries  
S12-S14 Spinal Cord Injuries  
S88 Amputations  
T07 Multiple Trauma Injuries  
T20-T32 Burns  
T79 Early Complications of Trauma

### **T86-Z94 Complications Peculiar to Certain Specified Conditions**

T86.00-T86.02 Graft vs. Host Disease  
T86.00-T86.09 Graft vs. Host Disease  
T86.90-T86.92 Complications of Transplants  
T86.90-T89.99 Complications of Transplants  
Z94 Transplants