1. Insurance Audit & Claims Agenda August 23, 2022

   Documents:

   INSURANCE AUDIT AND CLAIMS AGENDA 08 23 22.PDF

2. Insurance Audit & Claims Packet August 23, 2022

   Documents:

   INSURANCE AUDIT AND CLAIMS PACKET 08 23 22.PDF

COMMITTEE ON INSURANCE/AUDIT AND CLAIMS
August 23, 2022
City Hall Council Chambers
5:00 PM

Old Business

1. Consideration and Approval of Minutes from Previous Meeting
2. Review and Approval of the Claims Report

Citizens Participation

(Citizens wishing to speak should notify Department Head or Committee Chair in advance)

New Business

1. Consider and discuss amending Section 300-Compensation/Classification of the Personnel Policy Manual
2. Consider and discuss Penmac Staffing Services, Inc. agreement
3. Consider and discuss Anthem Life Insurance Policy
4. Staff Reports
5. Other Reports

Adjournment

PERSONS WITH DISABILITIES WHO NEED SPECIAL ASSISTANCE CALL 417-237-7000 (VOICE) OR 1-800-735-2466 (TDD VIA RELAY MISSOURI) AT LEAST 24 HOURS PRIOR TO MEETING.

Posted: _____

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Posted: _____

COMMITTEE ON INSURANCE/AUDIT AND CLAIMS
TUESDAY, AUGUST 9, 2022
5:00 p.m.

COMMITTEE MEMBERS PRESENT: Robin Harrison, David Armstrong, Trudy Blankenship, and Robin Blair.

OTHER COUNCIL MEMBERS: Mayor Dan Rife

STAFF PRESENT: Assistant City Administrator Traci Cox, City Clerk Miranda Deal

Chair Robin Harrison called the meeting to order at 5:00 P.M.

OLD BUSINESS:

1. **Approval of minutes from previous meeting**: On a motion by Ms. Blankenship, the minutes of the July 26, 2022 meeting were approved 4-0.

2. **Review and approval of the Claims Report**: The Committee discussed items regarding the Claims Report. Ms. Blair moved to approve the claims. Motion carried 4-0.

NEW BUSINESS:

1. **Staff Reports:**
   Ms. Cox reported on a meeting she attended with Michael Miller and Lorie Downing from Beimdiek regarding the City's health insurance plan. There is currently only one high cost claim, last year there were two and one of them has dropped off. They also discussed the City's life insurance and long-term disability provider, Mutual of Omaha. Their rates have increased 60% so Traci, Michael, and Lorie will be looking into other options for providers.

   Ms. Cox also reported that she is working on closing out the Fiscal Year and that the preliminary audit is August 19. She is also working on redoing the chart of accounts for when the City starts using the Opengov software.

2. **Other Reports:** None.

ADJOURNMENT: Mr. Armstrong made a motion to adjourn at 5:11 PM. Motion carried 4-0.

Miranda Deal

COUNCIL BILL NO. 22-39 **ORDINANCE NO. _____**

An Ordinance to amend Section 300 – Compensation/Classification of the Personnel Policy Manual of the City of Carthage by amending subsection 308 – Compensatory Time.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CARTHAGE, JASPER COUNTY, MISSOURI as follows:

SECTION I: Section 300 – Compensation/Classification of the Personnel Policy Manual is hereby amended by amending subsection 308 – Compensatory Time.

308. Compensatory Time:

In some cases, compensatory time off may be granted in lieu of overtime pay. Compensatory time off is figured at one-and-one-half (1½) hours for each hour of overtime worked. An employee requesting the use of compensatory time shall make arrangements with the Department Head ahead of the time he wishes to take off. An employee who has accrued compensatory time and requests use of the time, must be permitted to use the time off within a "reasonable period" after making the request if it does not "unduly disrupt" the operation of the department.

01. Use: Compensatory time may be used in increments of no less than one half hour. An employee has a right to use the compensatory time earned and must not be coerced to accept more compensatory time than the department can realistically, and in good faith, expect to be able to grant. If compensatory time is allowed, it may be used in lieu of authorized leave without pay for excused absences, or as any other scheduled and approved vacation leave. It may not be used for 12 any unauthorized leave, unscheduled sick leave, nor to offset suspensions without pay.

02. Transfer and Promotion: Upon transfer or promotion, an employee's compensatory time will follow them to their new assignment or be paid off at the old rate as determined by the City Administrator. A person who promotes to an exempt management position will be required to take/use the compensatory time within one year.

03. Department Head Responsibilities: The compensatory time earned by an employee constitutes a legal liability for the City. It is the responsibility of the Department Heads to be familiar with the guidelines established by the Fair Labor Standards Act concerning the use of compensatory time. Efforts should be made by Department Heads to hold down accumulated compensatory time. Compensatory time limitations shall be determined by each department, but in no case shall exceed eighty (80) hours. For departments meeting the requirements of "seasonal activity" as defined in the FLSA, the limitation for compensatory time shall not exceed one hundred twenty (120) hours.

04. Termination and Pay: Employees terminating their services with the City will be paid for the compensatory time balances, subject to all withholding and other deductions applicable to

final pay based on their final pay or as governed by FLSA.

05. Department Heads and Exempt Positions: Department Heads and exempt positions shall not be entitled to earn compensatory time as governed by the Fair Labors Standards Act.

SECTION II: This Ordinance shall take effect and be in force effective from and after its passage and approval.

PASSED AND APPROVED THIS _____ DAY OF _____, 2022.

_____

Dan Rife, Mayor

ATTEST:

_____

Miranda Deal, City Clerk

Sponsored by: Insurance, Audit and Claims

RESOLUTION NO. 1980

A RESOLUTION OF THE CITY OF CARTHAGE, MISSOURI, AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT WITH PENMAC STAFFING SERVICES, INC. IN CARTHAGE, MISSOURI FOR STAFFING SOLUTIONS.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF CARTHAGE, JASPER COUNTY, MISSOURI as follows:

WHEREAS, it is necessary for the Mayor of the City of Carthage to enter into an agreement with Penmac Staffing Services, Inc., located in Carthage Missouri for staffing solutions that may remediate staffing shortages, particularly in the Parks and Streets departments, and perhaps citywide. A contract is attached hereto and incorporated herein as if set out in full.

WHEREAS, the City has already allocated funds for staffing and it is anticipated no budget amendments will be necessary to fully engage this contract.

WHEREAS, the contract is expected to be budget neutral.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF CARTHAGE, JASPER COUNTY, MISSOURI,
The Mayor is authorized to enter into the attached agreement with Penmac Staffing Services, Inc.for staffing solutions.

PASSED AND APPROVED THIS _____ DAY OF _____, 2022.

_____
Dan Rife, Mayor

ATTEST:

_____
Miranda Deal, City Clerk

Sponsored by: Committee on Insurance Audit and Claims

Penmac Staffing Services, Inc., with its principal office located at 447 South Avenue, Springfield, MO 65806 (hereinafter "Penmac"), and City Of Carthage , with its principal office located at 326 Grant Street Carthage, MO 64836 (hereinafter the "Client") agree to the terms and conditions set forth in this Staffing Agreement (hereinafter the "Agreement").

PENMAC's Duties and Responsibilities

1. **PENMAC** will

   a. Recruit, screen, interview, check references, conduct pre-employment screening/assessments, verify and assign its employees ("herein after the Assigned Employees") to perform the type of work described on Exhibit A under Client's supervision at the locations specified on Exhibit A (Scope of Work set forth herein in as Exhibit A and incorporated herein by reference);

   b. Pay Assigned Employees' wages and provide them with the benefits that Penmac offers to them;

   c. Pay, withhold, manage benefits including Stock Ownership Plan & 401k Retirement Plan and transmit payroll taxes; provide unemployment insurance and workers' compensation benefits; and handle unemployment and workers' compensation claims involving Assigned Employees;

   d. Require Assigned Employees to sign agreements acknowledging that they are not entitled to holidays, vacations, disability benefits, insurance, pensions, or retirement plans, or any other benefits offered or provided by Client; and

   e. Require Assigned Employees to sign confidentiality agreements, if required by the Client (Confidentiality Agreement set forth herein in as Exhibit B and incorporated herein by reference) before they begin their assignments to Client.

   f. Penmac will provide Assigned Employees who are eligible, health coverage that meets the requirements of the Patient Protection and Affordable Care Act.

   g. Penmac will perform safety training and testing based on OSHA standards and conduct customized orientations.

CLIENT's Duties and Responsibilities

2. **CLIENT** will

   a. Properly supervise Assigned Employees performing its work and be responsible for its business operations, products, services, and intellectual property;

   b. Properly supervise, control, and safeguard its premises, processes, or systems, and not permit Assigned Employees to operate any of Client's vehicle or mobile equipment (including but not limited to forklifts, pallet jacks, scissor lifts and any other equipment that requires OSHA certification), or entrust them with Client's unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without Penmac's express prior written approval or as strictly required by the job description provided to Penmac set forth in Exhibit A;

   c. Provide Assigned Employees with a safe work site and provide appropriate information, training, and safety equipment with respect to any hazardous substances or conditions to which they may be exposed at the work site;

   d. Not change Assigned Employees' job duties without Penmac's express prior written approval and the Client and Penmac agree that any changes to the Assigned Employees' job duties must be an Amendment to Exhibit A in writing;

e. Exclude Assigned Employees from Client's benefit plans, policies, and practices, and not make any offer or promise relating to Assigned Employees' compensation or benefits; and

f. Must immediately notify the local Penmac Branch when a work injury occurs involving an Assigned Employee and the parties agree that all medical treatment is to be directed by the Penmac unless Assigned Employee requires immediate medical attention.

Payment Terms, Bill Rates, and Fees

3. Client will pay Penmac for its performance at the (rates set forth herein on Exhibit A and incorporated herein by reference) and will also pay any additional costs or fees set forth in this Agreement. Rates are subject to change as workers' compensation, unemployment rates or other employment-related expenses change. Client will be given a 30-day notice of any change to billing rate. The agreed-upon sales terms of net due upon receipt will be reflected on invoices. Client agrees to all terms and conditions of Penmac.

   a. Penmac will invoice Client for services provided under this Agreement on a weekly basis.
   b. Payment is due on receipt of invoice.
   c. Invoices will be supported by the pertinent time sheets or other agreed system for documenting time worked by the Assigned Employees. Client's signature or other agreed method of approval of the work time submitted for Assigned Employees certifies that the documented hours are correct and authorizes Penmac to bill Client for those hours.
   d. If a portion of any invoice is disputed, Client will pay the undisputed portion.

4. **ASSIGNED EMPLOYEES** are presumed to be nonexempt from laws requiring premium pay for overtime, holiday work, or weekend work. **PENMAC** will charge **CLIENT** special rates for premium work time only when an **ASSIGNED EMPLOYEE'S** work on assignment to **CLIENT**, would legally require premium pay and **CLIENT** has authorized, directed, or allowed the **ASSIGNED EMPLOYEE** to work such premium work time.

5. Four Hour Minimum Policy: on the first day of any assignment, the **CLIENT** agrees to pay and/or work an **ASSIGNED EMPLOYEE** for a minimum of four hours, as long as **ASSIGNED EMPLOYEE** does not walk off the job.

6. The **CLIENT** agrees to abide by the credit requirements and invoice terms extended by the Penmac Credit Department. The term of net due upon receipt will be reflected on the weekly invoice. Unpaid invoices after the due date will be considered in default and therefore a default charge will be imposed at 1½% per month on unpaid balances (annual percentage rate of 18%). The **CLIENT** agrees to pay default charges, collection, or attorney's fees for cost of collection. The Penmac Credit Department reserves the right to modify the customer credit requirements and/or invoices terms without notice as conditions warrant.

Conversion, Hour-Bank, and Guarantee

7. Every hour of labor used in a calendar year will go into Client's "Hour Bank." For every 480 hours in Client's bank, Client may hire one Assigned Employee who has worked a minimum of 80 hours. There are separate hour banks for each division: Industrial, Clerical and Transportation. The bank of hours accumulated applies to Client and are not transferrable. If Client chooses to hire an Assigned Employee before 480 banked hours, a buy-out fee will be calculated and applied.

8. If **CLIENT** uses the services of any **ASSIGNED EMPLOYEE** as its direct employee, as an independent contractor, or through any person or firm other than **PENMAC** during or within 480 hours after any assignment of the **ASSIGNED EMPLOYEE** to **CLIENT** from **PENMAC**, **CLIENT** must notify **PENMAC** and (a) continue the **ASSIGNED EMPLOYEE'S** assignment from **PENMAC** to fulfill the 480 hours, (b) use hours available in **CLIENT's** Hour Bank; or (c) pay **PENMAC** a conversion fee in the amount of: 1-240 hours: 15% of 1st year salary, 241-479 hours: 8% of 1st year salary for that **ASSIGNED EMPLOYEE.**

9. In addition to the bill rates specified in Exhibit A of this Agreement, **CLIENT** will pay **PENMAC** the amount of all new or increased labor costs associated with **CLIENT's ASSIGNED EMPLOYEES** that **STAFFING FIRM** is legally required to pay until the parties agree on new bill rates.

Penmac
STAFFING

10. **First Day Guarantee: PENMAC** guarantees that there will be no charge for unsatisfactory work performance by **ASSIGNED EMPLOYEE** (up to an 8 hour maximum), provided **PENMAC** is notified within the first day of the assignment.

Confidentiality and Indemnification

11. Both parties may receive information that is proprietary to or confidential to the other party or its affiliated companies and their clients. Both parties agree to hold such information in strict confidence and not to disclose such information to third parties or to use such information for any purpose whatsoever other than performing under this Agreement or as required by law. No knowledge, possession, or use of **CLIENT's** confidential information will be imputed to **PENMAC** as a result of **ASSIGNED EMPLOYEES'** access to such information.

12. To the extent permitted by law, **PENMAC** hereby agrees to indemnify, hold harmless and defend the **CLIENT** and its parent, subsidiaries, directors, officers, agents, representatives, and employees from and against any and all causes of action, claims, demands, losses, damages, liabilities and costs (including but not limited to *reasonable* attorneys' fees and costs incurred by the **CLIENT** or any thereof) of any nature whatsoever, including but not limited to the extent caused by **PENMAC's** breach of this Agreement; its failure to discharge its duties and responsibilities set forth in paragraph 1; or the negligence, or willful misconduct of **PENMAC** or **PENMAC's** officers, employees, or authorized agents in the discharge of those duties and responsibilities.

13. To the extent permitted by law, **CLIENT** hereby agrees to indemnify, hold harmless and defend the **PENMAC** and its parent, subsidiaries, directors, officers, agents, representatives, and employees from and against any and all causes of action, claims, demands, losses, damages, liabilities and costs (including but not limited to *reasonable* attorneys' fees and costs incurred by the **PENMAC** or any thereof) of any nature whatsoever, including but not limited to the extent caused by **CLIENT's** breach of this Agreement; its failure to discharge its duties and responsibilities set forth in paragraph 2; or the negligence, or willful misconduct of **CLIENT** or **CLIENT's** officers, employees, or authorized agents in the discharge of those duties and responsibilities.

14. Neither party shall be liable for or be required to indemnify the other party for any incidental, consequential, exemplary, special, punitive, or lost profit damages that arise in connection with this Agreement, regardless of the form of action (whether in contract, tort, negligence, strict liability, or otherwise) and regardless of how characterized, even if such party has been advised of the possibility of such damages.

15. As a condition precedent to indemnification, the party seeking indemnification will inform the other party within 5 business days after it receives notice of any claim, loss, liability, or demand for which it seeks indemnification from the other party; and the party seeking indemnification will cooperate in the investigation and defense of any such matter.

General Conditions

16. Provisions of this Agreement, which by their terms extend beyond the termination or nonrenewal of this Agreement, will remain effective after termination or nonrenewal.

17. No provision of this Agreement may be amended or waived unless agreed to in a writing signed by the parties.

18. This Agreement and the exhibits attached to it contain the entire understanding between the parties and supersede all prior agreements and understandings relating to the subject matter of the Agreement.

19. **CLIENT** will not transfer or assign this Agreement without **PENMAC's** written consent.

20. Any notice or other communication will be deemed to be properly given only when sent via the United States Postal Service or a nationally recognized courier, addressed as shown on the first page of this Agreement.

21. Neither party will be responsible for failure or delay in performance of this Agreement if the failure or delay is due to labor disputes, strikes, fire, riot, war, terrorism, acts of God, or any other causes beyond the control of the nonperforming party.

Penmac
STAFFING

22. This Agreement will become effective the date on which both parties have executed it and automatically renew each year thereafter. The Agreement may be terminated by either party upon 30 days written notice to the other party, except that, if a party becomes bankrupt or insolvent, discontinues operations, or fails to make any payments as required by the Agreement, either party may terminate the agreement immediately.

23. Should any party to this Agreement employ an attorney for enforcement or interpretation of this Agreement, in addition to any other remedies it may have, it may recover from the defaulting party all damages it may incur by reason of such breach, including, without limitation, reasonable attorney fees, process server fees, court filing fees, court reporter charges, and any other fees related to the enforcement and/or interpretation of this Agreement.

24. There are no representations, warranties or inducements, whether oral, written, express or implied other than as set forth herein that in any way affect or condition the validity of this Agreement or any of its conditions or terms.

25. This Agreement shall be construed and applied pursuant to the law of the State of Missouri, notwithstanding any conflict of laws doctrine to the contrary.

26. Each party executing this document warrants that the person executing the Agreement on his, her or its behalf was fully authorized to do so at the time of execution. Each party executing this document warrants to the other party that he has not heretofore assigned any of the claims this Agreement has released.

27. This Agreement shall become effective only upon its execution by all parties. It is understood, however, that this Agreement may be executed in counterparts, each of which shall be deemed an original, but which, when taken together, shall constitute one and the same Agreement.

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms.

IN WITNESS WHEREOF, the parties have executed this Agreement by an authorized officer or agent, as of the effective date below. **CLIENT** agrees that all orders will be subject to the terms and conditions in this Agreement.

By:

_____

City of Carthage Date
Michael Miller
Human Resources Coordinator
417-237-7000
m.miller@carthagemo.gov

By:

_____

Penmac Staffing Services, Inc. Date
Tim Massey, CEO
447 South Avenue, Springfield MO 65806

Penmac STAFFING

EXHIBIT A
Assignment Description, Rates, Screening

Assignment Description:

Rates:

Screenings (initial to request):

_____10-panel drug screen – included in bill rate

_____Nationwide Criminal Background check – billed back at $27 per person

_____Credit Check – billed back at $18.00 per person

_____Motor Vehicle Record – billed back at $18.00 per person

Remit Invoices To:

Contact:_____

Address:_____

Phone:_____

Email:_____

Penmac®
WE PLACE PEOPLE FIRST

Penmac Staffing Services, Inc.
Credit Agreement & Application

I. CREDIT AGREEMENT:

The applicant, through the undersigned agent, agrees the endorsement of this agreement does not obligate **Penmac Staffing Services, Inc.**, herein after called **Penmac,** to accept an order for services or products for the applicant. Applicant agrees that this credit agreement was made and accepted within the State of Missouri. Further, the applicant agrees to the following conditions of sale:

A. Credit Requirements/Invoice Terms

The applicant agrees to abide by the credit requirements and Invoice terms extended to the applicant by the **Penmac** Credit Department. The agreed-upon sales terms of net due upon receipt will be reflected on Invoices. The **Penmac** Credit Department reserves the right to modify the customer credit requirements and Invoice terms without notice as conditions warrant.

B. Invoice Discrepancies

The applicant agrees to notify the **Penmac** Sales Department prior to the Invoice due date to discuss invoice discrepancies. The stated Invoice amount is to be paid in full unless a deduction is approved by the **Penmac** Sales Department.

C. Default on Invoice Terms or Conditions of Sale

The applicant agrees to compensate **Penmac** for its actual collection costs arising from the applicant's default on Invoice terms or conditions of sale. Collection costs include, but are not limited to, third party collection fees, travel expenses, attorney fees and costs. The applicant agrees to pay interest at the rate of 1 ½% per month (18% per annum) on any invoice more than one day past due.

D. Missouri Enforcement

As part of the consideration for delivery of **Penmac's** products or services, the applicant agrees that any and all actions or proceedings arising from this business relationship will, at **Penmac's** option, be litigated in courts having a situs within the state of Missouri. The applicant consents to the jurisdiction of any State or Federal Court located in Greene County Missouri and agrees that the applicant is subject to jurisdiction of Missouri courts and service of process under section 506.500 RSMO and applicable Missouri Statutes and Rules, and also agrees to accept such service as is authorized by that statute and prescribed in the Missouri Rules of Civil Procedure.

E. Notification of Change in Operation

I/We agree to immediately notify **Penmac** of any change in ownership or address or form of said business. The applicant further agrees to immediately notify the **Penmac** Credit Department of changes in business operations which would effect the applicant's ability to remit by the invoice terms extended by **Penmac.**

II. AUTHORIZATION AGREEMENT:

I/We authorize **Penmac** to investigate our credit history, bank references and any other information deemed necessary to extend credit. The undersigned warrants that he/she is authorized to execute this application on behalf of applicant.

Agreement Date _____ Authorized Signature _____

Applicant Firm Name _____ Print or Type Name _____

Applicant Firm Address _____ Title _____

Business Credit Application

PENMAC USE ONLY

LEGAL NAME OF COMPANY	DATE	ACCT #	WORK COMP CODE #
TRADE NAME	INCORPORATED PROPRIETORSHIP PARTNERSHIP FRANCHISE		
BILLING MAILING ADDRESS	FEDERAL TAX I.D. NUMBER	DUNS NO.	YRS IN BUSINESS
CITY STATE ZIP	NAMES OF PRINCIPALS & TITLES:		
PHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS	PHYSICAL ADDRESS (JOB SITE)		
PERSON TO CONTACT FOR PAYMENT-A/P	A/P E-MAIL ADDRESS		

BANK REFERENCE

NAME OF BANK	STREET ADDRESS	CITY STATE	ZIP CODE
ACCOUNT NUMBER	NAME OF CONTACT	FAX NUMBER	PHONE NUMBER

TRADE REFERENCE

NAME OF COMPANY CONTACT PERSON	**MAILING ADDRESS** CITY STATE ZIP	PHONE /FAX #	
		P	
		F	

Life and Disability online administration tools

Easy, secure ways to manage life and disability benefits online

Access the tools you need to administer your life and/or disability plans online. You can add new employees, terminate employee coverage, pay your bill, access claims reports, and more.

Administer your plan with Compassi[1]

Use this tool to view your billing statements and employee coverage information online. The secure self-service tool also allows you to:

- View Life and Disability plan information.
- Add new employees.
- Terminate employees.
- View and update employee demographic data.
- Make changes to employee information such as name, salary, date of birth and Social Security number.
- View monthly billing summary.
- Add new lines of coverage to existing members.
- Terminate lines of coverage from existing members.
- View/print/save PDF of Billing Invoice.
- Download Excel version of Billing Invoice.
- Pay your bill (list billed groups only) via link to Pay and View My Bill. The payment system requires a separate login.
- View Employee Specific Coverage Details - Effective Dates, Line of business, coverage amounts, monthly premium

Select Compassi Employer Self Service on the attached form and fill in the form for access. You can register as many users as needed.

Pay your bill with MyOnlineBill

Use this tool to view bills and make payments online. We can automatically withdraw funds from your bank account to pay your plan premium. You can log on every month to pay your bill or set up recurring payments.

Select Online Bill Pay on the attached form and fill in the form for access. There can only be one active user per bill group.

Access life and disability claims status/online claims reports through our benefit administrator portal[2]

You will access your life and disability claims reports online. Reports include:

- Monthly, Quarterly and Annual Paid Claims Tax Reports
- Life Claims Statistic Reports
- Disability Claims Statistic Reports
- ASO Short Term Disability Advice to Pay reports,

You can also submit claims, download claim forms, and check the status of employees' claims.

Select Employer Claims Reporting/Status Check Application on the attached form and fill in the form for access.

For more information, contact

- compassicustomersupp@anthem.com for questions about Compassi Employer Self Service
- mypayment@anthem.com for questions about Online Bill Pay
- dl-socerreporting@anthem.com for questions about Online Employer Claims Reporting/Status Check.

[1] Available for list billed groups. Eligibility and access may vary. Not applicable for groups using electronic enrollment files.
[2] Not available for any state or federal leave administration product.

Life and Disability Online Services Registration Form and User Agreement

Select all that apply for user access to:

☑ Compassi Employer Self Service (only available for list billed groups) – for assistance email compassicustomersupp@anthem.com

☐ Online Bill Pay (only available for list billed groups) – for assistance email mypayment@anthem.com

☐ Employer Claims Reporting/Status Check Application. **This form must be signed by an officer of the client (CEO, CFO, President, Vice President, etc.).** For assistance email dl-socerreporting@anthem.com

Company Name	City of Carthage
Group Number(s)	MO2036
Bill Group/Sub Group	
First/Last Name	Michael Miller
Title	HR Coordinator
Email Address	m.miller@carthagemo.gov
Phone Number	417-237-7000
Fax Number	417-237-7002
Address	326 Grant
City	Carthage
State	Missouri
Zip	64836

Email this completed, signed agreement to:

- **For Compassi Access and/or Online Bill Pay Access compassicustomersupp@anthem.com**
- **For Claims Reporting Access dl-socerreporting@anthem.com**

Please list additional users/operators in your groups who will have access. Fill out all information for each user.

First Name/Last Name Lorie Downing			**Email** lorie.downing@assuredpartners.com	**Daytime Phone** 4173584007	
Compassi Access	Give access to Compassi ☑ Yes ☐ No	Compassi access ☑ Full Access ☐ View Only	Bill groups for user access ☑ All bill groups ☐ Specific bill groups – list:	☑ Use my Anthem User Name (enter User Name): ldowning1050	
Online Bill Pay Access	Give access to Online Bill Pay ☐ Yes ☐ No	Bill groups for user access (Each Specific bill group can only have one assigned user.) ☐ All bill groups ☐ Specific Bill groups – list:		Paperless Billing ☐ Yes ☐ No	
Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application ☑ Yes ☐ No		Give this User access to Tax Reports ☐ Yes ☐ No	We will provide a unique User Name for Claims Reporting Access.	

First Name/Last Name	**Email**	**Daytime Phone**

Compassi Access	Give access to Compassi ☐Yes ☐No	Compassi access ☐ Full Access ☐ View Only	Bill groups for user access ☐ All bill groups ☐ Specific bill groups – list:	☐ Use my Anthem User Name (enter User Name):
Online Bill Pay Access	Give access to Online Bill Pay ☐Yes ☐No	Bill groups for user access (Each Specific bill group can only have one assigned user.) ☐ All bill groups ☐ Specific Bill groups – list:		Paperless Billing ☐Yes ☐No
Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application ☐Yes ☐No		Give this User access to Tax Reports ☐ Yes ☐No	We will provide a unique User Name for Claims Reporting Access.

First Name/Last Name	**Email**	**Daytime Phone**

Compassi Access	Give access to Compassi ☐Yes ☐No	Compassi access ☐Full Access ☐View Only	Bill groups for user access ☐All bill groups ☐Specific bill groups – list:	☐Use my Anthem User Name (enter User Name):
Online Bill Pay Access	Give access to Online Bill Pay ☐Yes ☐No	Bill groups for user access (Each Specific bill group can only have one assigned user.) ☐All bill groups ☐Specific Bill groups – list:		Paperless Billing ☐Yes ☐No
Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application ☐Yes ☐No		Give this User access to Tax Reports ☐Yes ☐No	We will provide a unique User Name for Claims Reporting Access.

First Name/Last Name	**Email**	**Daytime Phone**

Compassi Access	Give access to Compassi ☐Yes ☐No	Compassi access ☐ Full Access ☐ View Only	Bill groups for user access ☐All bill groups ☐Specific bill groups – list:	☐ Use my Anthem User Name (enter User Name):
Online Bill Pay Access	Give access to Online Bill Pay ☐Yes ☐No	Bill groups for user access (Each Specific bill group can only have one assigned user.) ☐All bill groups ☐Specific Bill groups – list:		Paperless Billing ☐Yes ☐No
Claims Reporting Access	Give access to Employer Claims Reporting/Status Check Application ☐Yes ☐No		Give this User access to Tax Reports ☐Yes ☐No	We will provide a unique User Name for Claims Reporting Access.

Only complete this section if you requested Online Bill Pay

Premium Payment Authorization

One-Time and Recurring Payment Options through Electronic Funds Transfer (EFT)

Enrollment Information

Section 1: Enrollment information

Enrollment type	☐ New Account ☐ Existing account – Group number: Bill Group Number, if not all:
Enrollment option	☐ Recurring automatic bank draft ☐ One-time payment option
Requested effective date - submit 30 days prior	(MM/DD/YYYY)
Please select a Draft Day between the 1st – 20th	

Section 2: Financial institution information

Financial Institution	
9 digit ABA/routing no.	
Account no.	
Account type	☐ Business checking ☐ Business savings ☐ Personal checking ☐ Personal savings

Please attach a voided check/scan of a voided check to ensure accuracy.

Authorization

This authorization will remain in full force and effect until written notification to cancel is received from customer with at least 30 days notice to act. Customer will receive notification at least 10 days prior to each action with the applicable amount and date information. By signing below, I (we) hereby authorize the intiation of debit entries of premiums or any other related payments to our account. I also understand if changes I make to my auto withdrawal amount are processesd close to the withdrawal date, Anthem may not be able to notify me of the new auto withdrawal amount before the withdrawal is made.

User Agreement between Anthem and End User of Anthem Application
Compassi Employer Self Service and Employer Claims Reporting/Status Check Application

1. Definitions

1.1. Affiliate means any entity which owns or is owned by Anthem, directly or indirectly, and any entity which is under common ownership directly or indirectly, by or with Anthem.

1.2. Agreement means this End User Agreement.

1.3. Application means any of the on-line bill pay, claims reporting or status check services offered to Employers by Anthem to assist Employers in submitting, viewing, creating or changing membership information or similar functions and submitting, viewing or checking status on member claims information or similar functions.

1.4. Documentation means the Application(s)and the written and printed materials in all media pertaining to such Application.

1.5. End User means a Employer or their designated agent, who desires to access an Application pursuant to the terms of this Agreement.

1.6. Member means those individuals who are eligible to receive covered services under a group life and/or disability benefit plan issued or administered in whole or in part by Anthem or an Affiliate.

1.7. Operators means those individuals who are employees or agents or are otherwise acting exclusively on behalf of an End User accessing an Application(s).

1.8. Operator Keys means the security protocols of Anthem used to identify Operators and control access to an Application(s).

1.9. Designated Agents means those persons accessing an Application(s) for more than one End User (e.g., clearinghouses, practice management vendors or billing agents). A Designated Agent can be an individual or it can be a processing center employing several individuals, each of whom would be considered an Operator of the Designated Agent. Designated Agents must be separately designated by each End User on whose behalf the Designated Agent is accessing an Application.

1.10. Recognized Devices means those computers under the exclusive control of the End User (and/or its Designated Agent).

1.11. Site Administrators means those persons employed by, agents for or otherwise acting on behalf of the End User who are responsible for administration at the End User's site.

1.12. Anthem means Anthem Life Insurance Company and its affiliates.

2. Scope of Agreement

2.1. Parties. This Agreement is by and between Anthem (on behalf of itself and its Affiliates) and End User. Anthem grants End User a non-exclusive, non-transferable, revocable, limited-use license to access the selected Application(s) set forth in this Agreement, including the online bill pay, Compassi Employer Self Service Application and the Application(s)set forth in the *Submitting life and disability claims online: A guide for employers manual* for End User's legitimate business purposes in providing services to Members. End User may request access for its Operators and/or its Designated Agents (e.g., clearinghouses, practice management vendors or billing agents), which access shall be provided and utilized in accordance with this Agreement.

2.2. Protecting Confidential Information. Member information, of any nature and in any format, along with all other sensitive or proprietary information obtained from Anthem is confidential information. End User represents and warrants that it has implemented and will enforce adequate policies and procedures to protect the confidentiality of Confidential Information as required by applicable laws, rules, and regulations. End User shall not use or disclose any Confidential Information except as expressly authorized in this Agreement or as required by applicable law. End User further represents and warrants that it shall comply with all applicable privacy and confidentiality laws, regulations and rules pertaining to the use, disclosure and transmission of Confidential Information. End User must notify Anthem as soon as possible, but no later than the next business day, after learning of any unauthorized access to, disclosure of or use of any Confidential Information and cooperate with Anthem to regain possession of the information.

2.3. Restricting Access. End User (and/or its Designated Agent) shall, directly, or through its Designated Agent, if applicable, restrict access to an Application to its authorized Operators. End User (and/or its Designated Agent) shall ensure that each Operator has access to only those records of the End User which such Operator must access for legitimate business purposes of the End User in serving End User's Members/patients who are enrolled in a health care plan offered or administered by Anthem or one of its affiliates. Operators shall access an Application(s) solely on behalf of End User's Members/patients. Such access shall be on a need-to-know basis and only in accordance with this Agreement, applicable laws, rules, and regulations.

2.4. Indemnification. End User directly or through its Designated Agent shall defend, indemnify, and hold harmless Anthem, Anthem, Inc., Affiliates, and their respective direct and indirect subsidiaries, joint ventures, partnerships and other corporate arrangements, and each of their officers, directors, shareholders, agents and assigns from and against all claims, expenses (including reasonable attorneys' fees), damages, and liabilities arising or alleged to arise from End Users, Designated Agents, and their respective Operators and agents access of Application(s) or wrongful, unlawful or unauthorized access of an Application(s), or any breach of this Agreement. In addition, End User

agrees on behalf of itself and its Designated Agent that Anthem shall have the right to obtain equitable relief from a court of competent jurisdiction as Anthem may deem necessary or appropriate to prevent or stop any unlawful or unauthorized actions.

2.5. Internet Connectivity. End User must provide its own Internet Service connectivity directly, or through its Designated Agent.

2.6. Non-disclosure of Proprietary Information. End User acknowledges and agrees that Documentation is the proprietary and intellectual property of Anthem. Except for disclosure to Site Administrators and Operators necessary to the End User's use of an Application(s), End User shall not disclose, sell, use, reengineer or re-license the Documentation for any purpose. End User acknowledges and agrees that any unauthorized use or disclosure of Anthem's proprietary and intellectual property would cause Anthem irreparable harm that could not be fully remedied by monetary damages. End User, therefore, agrees that Anthem shall have the right to obtain such injunctive or other equitable relief as may be necessary to prevent unauthorized or unlawful action.

2.7. Appointment of Site Administrators. End User agrees to appoint one or more Site Administrator(s) as Anthem and End User mutually agree are necessary for the administration by End User. The initial Site Administrator(s) shall be specified on this Access Request Form. End User shall notify Anthem immediately when End User must change the initial Site Administrator(s) information by completing and submitting the applicable sections of the Access Change Form to Anthem. End User agrees to provide any information regarding Site Administrators reasonably requested by Anthem. End User represents that each Site Administrator shall have the authority to make decisions on behalf of the End User.

2.8. Responsibility of Site Administrator. End User acknowledges and agrees that, as between it and Anthem, End User is solely responsible for any and all actions of its Site Administrators, Operators and Designated Agent(s) and its/their Operators.

2.9. Canceling Operator Keys. End User shall ensure that the Site Administrator(s) notify Anthem in writing within two business days to cancel an Operator Key when the Operator to whom it was assigned has been dismissed, transferred, or is otherwise no longer authorized to access one or more Applications.

2.10. Notification of Change in Designated Agent/s. End User must promptly notify Anthem in writing upon appointing a Designated Agent, changing its Designated Agent or upon discontinuing its use of its Designated Agent, and must supply all information requested by Anthem pursuant to such appointment, change, or discontinuance.

2.11. Notice of Change in Operator, Site Administrator or Designated Agents. If at any time during the term of this Agreement the End User elects to: (a) change its Operator(s) (including hiring new employees who will be Operators or terminating one of its Operators or canceling the access of one of its Operators); (b) change any of its Site Administrator(s) information; or (iii) change its Designated Agent (including the retaining of a different Designated Agent or the cancellation of the Designated Agent), the End User must agree to the applicable portions of the User Agreement and notify Anthem. No Designated Agent may access an Application until such forms are accepted and approved by Anthem and all applicable Operator Keys are issued.

2.12. Proper Use and Non-Transferability of Operator Keys. End User acknowledges Operator Keys are unique to each individual Operator and agrees it must ensure proper use of all Operator Keys assigned to its Operators. Operator Keys are nontransferable. End User must request a separate Operator Key for each Operator by submitting each Operator's contact information to Anthem in writing in a manner acceptable to Anthem. End User agrees to implement and enforce policies and procedures to ensure that Operator Keys are disclosed only to the individual Operator to whom such Operator Key is assigned. End User also shall implement policies and procedures to ensure that no person other than Site Administrators and Operators have access to an Application(s).

2.13. Use of Anthem Group Number. End User shall implement and enforce policies and procedures to ensure that all End User's transactions and all communications from End User to Anthem include the End User's Anthem Group Number(s). The End User's tax identification number(s) is/are set forth as part of this Agreement.

2.14. Anthem Provides Applications "AS IS" without warranties of any kind. All implied warranties are hereby disclaimed to the fullest extent permitted by law. Under no circumstances shall Anthem be liable to End User (including, but not limited to, its Site Administrators, Operators or its Designated Agent and its Operators) or any third party for damages of any kind.

3. General Provisions

3.1. Assignment. This Agreement is binding upon the parties, their successors and assignees.

3.2. Termination. This Agreement may not be assigned without Anthem's written consent. Anthem has the right to terminate access to an Application(s) by End User, any Operators, and/or End User's Designated Agent and its Operators immediately and without notice if Anthem reasonably believes that any of them breaches the terms of his or her respective agreements or if necessitated by concerns for the security of Application(s). Anthem may otherwise terminate this Agreement upon 10 days' written Notice. Any liabilities or obligations set forth in this Agreement that remain to be performed, or by their nature would be intended to be applicable following any such termination will survive termination of the Agreement.

3.3. Entire Agreement. This Agreement, together with all of the Forms and Attachments hereto, which are deemed incorporated by reference herein, represents the entire agreement between End User and Anthem and supersedes all prior and contemporaneous agreements or representations between the parties regarding the subject matter hereof.

3.4. Modifying the Agreement. Anthem reserves the right to modify this Agreement upon 15 days' notice to End User (Anthem may modify this Agreement by only the posting of modification(s) to this Agreement to its site, although Anthem may provide notice by other means as well); however, End User may notify Anthem within the 15 day period that the modification is unacceptable, and Anthem will discontinue End User's access to Applications. End User may not modify this Agreement unless the modification is in writing and signed by Anthem.

3.5. Governing Law. This Agreement will be construed in accordance with and governed by the laws of the State of Indiana without regard to its conflict of laws rules.

3.6. Waiver. All disputes arising from or relating to this Agreement shall be litigated only in the state courts in Marion County, Indiana, or in the United States District Court for the Southern District of Indiana. Anthem's waiver or failure to claim breach of any provision of this Agreement will not be a waiver of a breach of any other provision or subsequent breach of the same provision.

3.7. Descriptive Headings. The headings contained in this agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

3.8. Accuracy of Data. End User represents that all data submitted through the application is true and accurate to the best of their knowledge and understands that it is being relied on by Anthem in accepting, creating or updating membership information. Any misstatements or failure to report medical information prior to effective dates may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found may result in denial of benefits or rescission or cancellation of coverage.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective as of the day and year stated below.

Anthem	
Authorized Representative	Scott Towers
Signature	
Title	President
Date	

Employer Group Name	City of Carthage
Authorized Officer **CEO, CFO, President, Vice President, etc.**	Michael Miller
Signature	
Title	HR Coordinator
Date	

12/2021

Hold Harmless Agreement

This ADMINISTRATIVE AGREEMENT (this "Agreement"), effective as of 12:01 a.m., Eastern Daylight Time, on the Closing Date (the "Effective Date"), is entered into by and between: City of Carthage (The Policyholder), and The Insurer.

RECITALS

Whereas, The Policyholder has requested that The Insurer accept beneficiary designations (if applicable), and other personal information from certificateholders that the Policyholder has obtained through the enrollment forms of the group's prior carrier, email, census data, or other electronic process.

Whereas, The Insurer is one of the following: In California, Life and Disability products are underwritten by Anthem Blue Cross Life and Health Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. In New York, Life and Disability products are underwritten by Anthem Life & Disability Insurance Company. In all other states, Life and Disability products are underwritten by Anthem Life Insurance Company or Life and Disability products are underwritten by UniCare Life & Health Insurance Company.

Whereas, The Insurer has agreed to permit the Policyholder and its certificateholders to use such electronic processes to make beneficiary designations (if applicable), and to obtain personal information, provided the Policyholder indemnifies and holds The Insurer harmless if the information is not accurate or has been tampered with.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual agreements and covenants contained herein and upon the terms and conditions set forth herein, the parties hereto agree as follows

1. The Insurer hereby agrees that Policyholder may accept beneficiary designations (if applicable), and other personal information from certificateholders that the Policyholder has obtained through enrollment forms of the group's prior carrier(s), email, census data, or other electronic process.

2. Policyholder agrees to indemnify and hold harmless The Insurer and each of its directors, officers, employees, agents or affiliates (and the directors, officers, employees and agents of such affiliates) from any and all losses, liabilities, costs, claims, demands, compensatory, extra contractual and/or punitive damages, fines, penalties and expenses (including reasonable attorneys' fees and expenses) arising out of or caused by any inaccuracy or other issues with such designations or other personal information obtained using enrollment forms of the group's prior carrier, email, census data, or other electronic means.

3. The Insurer agrees to immediately contact the Policyholder in writing if any claim or suit is filed against The Insurer as a result of The Insurer paying benefits in accordance with the beneficiary designations (if applicable), provided in the prior carriers' enrollment forms or otherwise based on said personal information. The Policyholder reserves the right, and The Insurer specifically agrees that the Policyholder may retain its own attorneys to defend both the Policyholder and The Insurer in any action resulting from a beneficiary designation (if applicable), provided in the prior carrier's enrollment forms or otherwise based on said personal information. If the Policyholder elects to retain counsel in any action resulting from a beneficiary designation (if applicable), provided in the prior carrier's enrollment forms or otherwise based on said personal information, and The Insurer elects to retain its own counsel, the Policyholder will not be responsible for any legal fees incurred by The Insurer.

4. The Insurer may terminate this Agreement upon written notice of such termination to the Policyholder.

On behalf of The Insurer:

Scott Towers

Scott Towers, President

On behalf of The Policyholder:

Group name	Name and title of groups authorized representative
City of Carthage	Michael Miller HR Coordinator
Signature of authorized group representative	Date signed
X	08/17/2022

Employer Application
Group size 51+ eligible employees
Missouri

Anthem Anthem Life

ADDING LIFE, VOLUNTARY LIFE AND LONG-TERM DISABILITY

Please complete electronically, or in blue or black ink only.

Group no.
MO2036

Section 1: Company information

☐ New enrollment ☑ Renewal/Plan amendment	Benefit year ☐ Calendar year ☐ Plan year	Requested effective date (MM/DD/YYYY) 09012022
Applicant (legal name of group) City of Carthage		Tax ID/FEIN (required) 446000157
Name of association (if applicable)		
Company street address 326 Grant St		
City Carthage	County Jasper	State MO / ZIP code 64836
Billing address – If different from above		
City	County	State / ZIP code
Organization type: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Limited Liability Company (LLC) ☐ Labor union ☐ Trust ☑ Government unit/agency ☐ Other:		
SIC code – Required	Type of business municipality	No. of years in business
Group administrator name Michael Miller		Primary phone no. 4172377000
Email address m.miller@carthagemo.gov		Fax no.
Additional company contact name		
Email address		Primary phone no.
Current group carrier Mutual of Omaha	Current carrier effective date 08012019	Type of coverage / Type of funding
Is any part of group subject to bargaining agreement? ☐ Yes ☑ No Will bargaining agreement participants be considered eligible employees? ☐ Yes ☐ No		
Union name (attach copy of agreement)	Union no.	Contract expiration date

Group no.
M O 2 0 3 6

Section 1: Company information — Continued

List all affiliates/subsidiaries/divisions (list names, locations, no. employed at each location.) Attach a separate page to show any separate billing addresses, and any separate billings for life classes.

Names of affiliates/subsidiaries/divisions	Location	No. of employees per location

Total no. of employees residing/working outside of home office state	List no. of employees at each office location

Will any insurance carrier(s), in addition to Anthem, provide medical coverage as part of the group's employee benefit plan? ☐ Yes ☐ No
If yes, list carrier(s) and product(s) offered: _____

In the past 36 months, has the company or any affiliate entity filed for protection or operated under federal/state bankruptcy laws (Chapter 11 or 7) or state receivership? ☐ Yes ☑ No

In the past 36 months, has any creditor filed or threatened to file a petition requesting the company or any affiliated entity to be placed voluntarily into bankruptcy? ☐ Yes ☑ No

Section 2: Type of coverage

Medical coverage

Large Group 51–99 options

- ☐ Anthem Alliance EPO
- ☐ Anthem Alliance EPO HSA (with Copay)
- ☐ Blue Access (PPO)
- ☐ Blue Access PPO HRA
- ☐ Blue Access PPO HRA (with Copay)
- ☐ Blue Access PPO HSA
- ☐ Blue Access PPO HSA (with Copay)
- ☐ Blue Access PPO Deductible First HRA
- ☐ Blue Access Choice (PPO)
- ☐ Blue Access Choice PPO HRA
- ☐ Blue Access Choice PPO HRA (with Copay)
- ☐ Blue Access Choice PPO HSA
- ☐ Blue Access Choice PPO HSA (with Copay)
- ☐ Blue Access Choice PPO Deductible First HRA
- ☐ Blue Preferred EPO
- ☐ Blue Preferred Plus (POS)
- ☐ Blue Preferred Select
- ☐ Blue Preferred Select HRA
- ☐ Blue Preferred Select HRA (with Copay)
- ☐ Blue Preferred Select HSA
- ☐ Blue Preferred Select HSA (with Copay)
- ☐ Blue Preferred Select Deductible First HRA

Large Group 100+ options

- ☐ Anthem Alliance EPO
- ☐ Anthem Alliance EPO HSA (with Copay)
- ☐ Blue Access (PPO)
- ☐ Blue Access PPO HRA
- ☐ Blue Access PPO HRA (with Copay)
- ☐ Blue Access PPO HSA
- ☐ Blue Access PPO HSA (with Copay)
- ☐ Blue Access PPO Deductible First HRA
- ☐ Blue Access PPO (with HRA wrap)
- ☐ Blue Access Choice (PPO)
- ☐ Blue Access Choice PPO HRA
- ☐ Blue Access Choice PPO HRA (with Copay)
- ☐ Blue Access Choice PPO HSA
- ☐ Blue Access Choice PPO HSA (with Copay)
- ☐ Blue Access Choice PPO Deductible First HRA
- ☐ Blue Access Choice PPO (with HRA wrap)
- ☐ Blue Preferred EPO
- ☐ Blue Preferred (HMO)
- ☐ Blue Preferred Options (where applicable)
- ☐ Blue Preferred Options HSA (where applicable)
- ☐ Blue Preferred Plus (POS)
- ☐ Blue Preferred Select
- ☐ Blue Preferred Select HRA
- ☐ Blue Preferred Select HRA (with Copay)
- ☐ Blue Preferred Select PPO (with HRA wrap)
- ☐ Blue Preferred Select HSA
- ☐ Blue Preferred Select HSA (with Copay)
- ☐ Blue Preferred Select Deductible First HRA

For CDHP accounts (HSA/HRA) plans:
Do you want Anthem to facilitate opening a Health Savings Account Financial Custodian (bank) account? ☐ Yes ☐ No
If yes, requires completion of questionnaire.

Flexible Spending Account (FSA) coverage — Multiple plans can be selected.

- ☐ Healthcare FSA (excluded if you have an HSA plan)
- ☐ Limited-Purpose FSA (for dental and vision services)
- ☐ Dependent Care FSA
- ☐ Commuter Parking
- ☐ Commuter Transit
- ☐ No FSA coverage at this time

Dental coverage

- ☐ Prime Essential Choice — Quote ID: _____
- ☐ Other: _____ — Quote ID: _____
- ☐ Complete Essential Choice — Quote ID: _____

Vision coverage

- ☐ Vision

Group no.
M O 2 0 3 6

Contribution requirements

Choose your group contribution level for each month:

Medical: _____% per employee _____% per dependent (optional)
Dental: _____% per employee _____% per dependent (optional)
Vision: _____% per employee _____% per dependent (optional)

Do any classes have a percentage of group contribution different than above? ☐ Yes ☐ No
If yes, explain: _____

Life coverage – Please check all that apply and attach your quote/proposal with the application. A minimum of two employees must enroll.

Life/AD&D products

Choose life product and group contribution percentage:

☐ None
☐ Basic Life _____%
☑ Basic Life & AD&D 100 %
☐ Basic Dependent Life _____%
☑ Optional Supplemental/Voluntary Life and AD&D 0 %
☑ Optional Supplemental/Voluntary Dependent Life 0 %

Life probationary period/waiting period

Would you like to waive the probationary period/eligibility waiting period for ALL existing employees at initial group enrollment? ☐ Yes ☐ No

Is the eligibility waiting period for new eligible employees enrolling in life plans after the group's coverage effective date the same as the Anthem medical policy eligibility period? ☑ Yes ☐ No

If no, enter the life eligibility probationary period below. Attach additional page if more than three classes.

Class number	Description of eligibility probationary period (Ex. Date of hire, First of month following 60 days of continuous employment, etc.)

Eligible employees must be actively at work, and must satisfy any applicable waiting period. Minimum work hours required for eligible employees is 30 hours per week unless otherwise indicated.

Prior life coverage

Do you have any existing life insurance with this or any other company? ☑ Yes ☐ No

Do you intend with the purchase of this insurance to replace, terminate or change the value of any existing life insurance with this or any other company? ☑ Yes ☐ No

If yes, provide information below for each policy or contract being replaced and attach any applicable replacement forms:

Insurance company name	Policy/contract no.	Termination date (MM/DD/YYYY)
Mutual of Omaha		0 9 0 1 2 0 2 2

Disability coverage – Please check all that apply and attach your quote/proposal with the application. A minimum of two employees must enroll.

Disability products

Choose disability product and group contribution percentage:

☐ None
☐ Short Term Disability _____%
☑ Long Term Disability 100 %
☐ Voluntary Short Term Disability _____%
☐ Voluntary Long Term Disability _____%

If disability benefits are selected, indicate whether the employee pays disability premiums on a pre- or post-tax basis. If it varies by class, attach additional page with class-level information.

Short Term Disability: ☐ Pre tax ☐ Post tax
Long Term Disability: ☐ Pre tax ☐ Post tax
Voluntary Short Term Disability: ☐ Pre tax ☐ Post tax
Voluntary Long Term Disability: ☐ Pre tax ☐ Post tax

Group no.
M O 2 0 3 6

Disability coverage – Continued

Disability probationary period/waiting period

Would you like to waive the probationary period/eligibility waiting period for ALL existing employees at initial group enrollment? ☐ Yes ☐ No

Is the eligibility waiting period for new eligible employees enrolling in disability plans after the group's coverage effective date the same as the Anthem medical policy eligibility period? ☑ Yes ☐ No

If no, enter the disability eligibility probationary period below. Attach additional page if more than three classes.

Class number	Description of eligibility probationary period (Ex. Date of hire, First of month following 60 days of continuous employment, etc.)

Eligible employees must be actively at work, and must satisfy any applicable waiting period. Minimum work hours required for eligible employees is 30 hours per week unless otherwise indicated.

Prior disability coverage

Do you have any existing disability insurance with this or any other company? ☑ Yes ☐ No

Do you intend with the purchase of this insurance to replace, terminate or change the value of any existing disability insurance with this or any other company? ☑ Yes ☐ No

If yes, provide information below for each policy or contract being replaced and attach any applicable replacement forms:

Insurance company name	Policy/contract no.	Termination date (MM/DD/YYYY)
Mutual of Omaha		0 9 0 1 2 0 2 2

Participation requirements

Refer to the Life and Disability Proposal for life and disability participation requirements.

Not actively-at-work requirements for life and disability products

The employees listed below are not presently actively at work and/or are not expected to be actively at work on the requested group effective date. Anthem Life Insurance Company (Anthem Life) may make an exception and assume liability, subject to Underwriting approval, for certain employees. Unless this exception is applied for and granted as indicated below, they will not be covered until they return to active work. To qualify for this exception, the following conditions must all be satisfied. 1) The employee's absence must be due to illness or injury. 2) The employee must be covered by the prior carrier on the day immediately prior to Anthem Life's effective date of coverage for your group. 3) The employee must not be eligible to have coverage continued or extended by the prior carrier after that policy/contract terminates. In no event will the actively-at-work requirement be waived for coverage which provides benefits due to total disability, such as short term disability, waiver of premium or extension of benefits. In no event will any increase in coverage or any additional coverage become effective until the employee returns to work. Coverage approved below will end when your group's coverage under Anthem Life's policy ends or at the end of any time period shown below, whichever occurs first. (Attach additional sheet if necessary.)

Employee name	Amount of insurance	Date of birth	Last date worked	Reason not working	Date expected to return	Insured by prior carrier	Request actively-at-work waiver	For Anthem use only. Waiver request approved	For Anthem use only. Underwriter approval
						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Group Accident, Critical Illness, and Hospital Indemnity Insurance
Refer to sold case proposal for plan details. ☐ Accident Insurance – Contract code 1: _____ Contract code 2: _____ Contract code 3: _____ ☐ Critical Illness Insurance – Contract code 1: _____ Contract code 2: _____ Contract code 3: _____ ☐ Tobacco rated ☐ Uni-Tobacco ☐ Hospital Indemnity Insurance – Contract code 1: _____ Contract code 2: _____ Contract code 3: _____
Medicare Part D coverage
Prescription drug benefits: ☐ Wrap ☐ Waiver ☐ Subsidy
If subsidy (CMS Information needed): Plan sponsor ID: _____ Application ID: _____ Unique benefit option identifier: _____

Section 3: Eligibility

Eligible full-time employees must work at least 30 hours per week, must be actively at work and must have satisfied any applicable eligibility waiting period. Eligible full-time employees do not include temporary or seasonal employees.
Total number of employees (including part-time): _____
Total number of full-time employees (including those within their waiting period): _____
Total number of full-time employees in employee waiting period: _____
Probationary period/waiting period for eligible enrollees: ☐ None ☐ First of month after hire date ☐ 1 month ☐ 30 days ☐ 2 months ☐ 60 days ☐ 90 days
Do any classes of employees have a different waiting period? ☐ Yes ☐ No If yes, explain:
New eligible enrollees will become effective on: ☐ Day following completion of waiting period/probationary periods **(required for selection of 90 day waiting period)** ☐ First of month following completion of waiting period/probationary period
Do you wish to offer coverage for domestic partners? ☐ Yes ☐ No
Is your group subject to COBRA? ☐ Yes ☐ No Do you have a COBRA administrator? ☐ Yes ☐ No Do you want an Anthem affiliate to administer COBRA for your group? ☐ Yes ☐ No If yes, please complete and sign the COBRA agreement.

List employees/dependents on Continuation of Coverage/COBRA	Name of persons in COBRA eligibility period	List all totally disabled employees and dependents

ERISA qualified? ☐ Yes ☐ No
Employee termination effective date: ☐ End of month ☐ End of day

Section 4: Open enrollment – Does not apply to Life and Disability coverage.

Our standard open enrollment period is at least 31 days prior to the group's renewal date and 31 days following, which is held no less frequently than once in any 12 consecutive months. If you want to designate a different open enrollment period, please indicate the following:

Start date: ____ End date: ____ (MM/DD/YYYY)

Group no.
M O 2 0 3 6

Section 5: Read this section carefully before signing. Please review your application for errors or omissions.

The employer and/or authorized representative hereby requests that it be approved for coverage through Anthem Blue Cross and Blue Shield and Anthem Life Insurance Company (hereinafter "Anthem" unless otherwise specified) and to be bound by Anthem's and Anthem Life's rules and regulations pertaining to coverage under the insurance contracts and policies, as adopted and/or revised from time to time. Employer understands and certifies the following, and if approved for coverage, agrees by payment of the required premiums; and the authorized representative certifies on behalf of the employer:

1. To comply with all terms and provisions of the Group Contract(s) issued, and trust agreements, if applicable, and also accepts enrollment under the Anthem Life trust policy(ies), if applicable.
2. To make the coverage available to all eligible employees and their eligible dependents and to distribute information and documents to enrolled employees as needed.
3. To maintain records and furnish to Anthem or their designated agent(s), any information required in connection with administration of the coverage.
4. To provide notice of applicable conversion rights and rights to continue health coverage under COBRA to eligible employees and eligible dependents.
5. That statements of medical history will be required of employees, and dependents when applying for coverage within or outside the time frames or amount of coverage limits established by Anthem.
6. That approval for this coverage may cancel any prior contracts and/or coverage with Anthem effective immediately preceding the effective date of the employer's coverage.
7. To pay Anthem by the premium due date, the premiums on behalf of each member covered under the contract, unless otherwise stated in any financial agreement between the parties, to submit applications of employees prior to their date of eligibility, to keep all necessary records regarding membership, to assume responsibility for handling the COBRA and state-mandated continued group coverage and/or conversion process, if applicable.
8. That claims filed by or on behalf of members may, at Anthem's option, be suspended if premiums are not timely received.
9. If applicable, employer will receive on behalf of members, all notices delivered by Anthem, and immediately forward such notices to persons involved, at their last known address.
10. The advance premium check does not create temporary or interim coverage and that receipt and deposit of that payment does not guarantee issuance of coverage. Rather, issuance of coverage is expressly conditioned on Anthem's determination that the group is an acceptable risk based on their current underwriting practices and procedures. Unless these conditions are met, there shall be no liability on the part of Anthem except to refund the payment. The employer will be responsible for returning to individual employees any part of the payment contributed by those employees.
11. That in order for Anthem to accept or decline this application, all the information requested on this application must be completed. In the event the application is not complete, Anthem, or its designated agent(s), is authorized to obtain the necessary information and to complete that information on this application. The employer understands that the coverage issued by Anthem may be different than the coverage applied for herein. In that event, Anthem shall notify the employer of such differences, and by payment of the appropriate premiums, the employer will accept the coverage as issued.
12. The premium rates calculated for the employer are contingent, based upon the accuracy of the eligibility data submitted on employees and covered dependents to Anthem by the employer. Anthem reserves the right to review such rates upon receipt of all individual applications for employers' employees and to modify the rates, if the enrollment information so warrants. Any misstatements on employees' application or failure to report new medical information prior to the employees' effective dates may result in a material change to the groups' coverage or premium rates as of the effective date of coverage.
13. The entire application for group coverage has been reviewed, and all answers contained herein are true and complete to the best of the employer's and/or authorized representative's knowledge and belief.
14. All employees applying for coverage are employees of the employer and receive salary or wages documented on state and/or federal payroll reports. Eligible full-time employees must work at least 30 hours per week, must be actively at work, must have satisfied any applicable eligible waiting period.
15. The requested coverage is not in effect unless and until this application is approved by Anthem, that approval of coverage shall be evidenced by issuing group contracts and/or policies to the employer, and an employee's coverage is not in effect unless and until the employee applies and is approved for coverage by Anthem.
16. The employer acknowledges that he has signed the attached benefit proposals indicating the coverages requested.
17. The broker listed below is authorized to make enrollment and eligibility changes on behalf of the employer's group health plan, and employer will immediately inform Anthem if this authorization is revoked.
18. STD benefits for employees eligible for state disability plans in CA, HI, NJ, NY, PR or RI will be integrated with the state mandated program in that state. The volume calculated for monthly premium will be based on the total benefit amount, and not reduced by the state mandated benefit.

Section 6: Signature – Please attach a check for the first month's premium. Read section 5 carefully before signing.

Printed name of authorized group representative	Title	
Michael Miller	HR Coordinator	
Signature of authorized group representative X		Date (MM/DD/YYYY) 0 8 1 7 2 0 2 2
Accepted by Anthem's Underwriting Department – Signature X	Title	Date (MM/DD/YYYY)

Group no.
M O 2 0 3 6

Section 7: Agent/producer/broker certification

I certify that:

1. I have reviewed the attached employee and group applications and waivers for completeness and accuracy.
2. I have not completed any of the information contained in the applications except with the permission of the applicant and as noted by my initials on the application.
3. I have not signed any of the applications for a group representative or individual applicant.
4. I have advised the group that a failure to provide complete and accurate information may result in a loss of coverage retroactive to the effective date of coverage or re-rating of the group's premium retroactive to the effective date and that coverage shall not be effective until Anthem and approves the application and the group receives a written notice and contract from Anthem.

Are commissions paid to the agent or agency? ☐ Agent ☑ Agency

Writing payable/sub-agent/producer/broker			**Second writing payable/sub-agent/producer/broker**		
Split commission percentages: Medical: _____% Dental: _____%			**Split commission percentages:** Medical: _____% Dental: _____%		
Agency name Assured Partners of MO	Agency ID no.		Agency name	Agency ID no.	
Agent/producer/broker name Lorie Downing	Agent ID no.		Agent/producer/broker name	Agent ID no.	
Commissions paid to tax ID (must match designation above) 800948154			Commissions paid to tax ID (must match designation above)		
Agent/producer/broker street address 303 W 3rd St			Agent/producer/broker street address		
City Carthage	State M O	ZIP code 6 4 8 3 6	City	State	ZIP code
Agent/producer/broker phone no. 4173584007			Agent/producer/broker phone no.		
Agent/producer/broker email address lorie.downing@assuredpartners.com			Agent/producer/broker email address		
Signature	Date (MM/DD/YYYY)		Signature	Date (MM/DD/YYYY)	

For general agent/producer/broker use only			
General agent/producer/broker name	Agent/producer/broker ID no.		
Street address	City	State	ZIP code

Sales representative	
Sales representative name	Sales representative ID no.