

Sponsor: Morgan

RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FLORENCE, ALABAMA, that the attached quote for the renewal of the City's excess health insurance (stop loss) coverage from Lloyds of London, effective January 1, 2025, is hereby approved, ratified and confirmed.

BE IT FURTHER RESOLVED BY THE CITY COUNCIL OF THE CITY OF FLORENCE, ALABAMA, that the Mayor is hereby authorized to sign any documentation necessary to effectuate the acceptance of this renewal quote.

ADOPTED this the _____ day of _____, 2024.

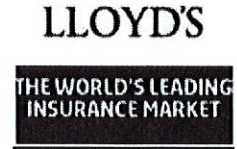
CITY COUNCIL

APPROVED this the _____ day of _____, 2024.

MAYOR

ADOPTED and APPROVED this the _____ day of _____, 2024.

CITY CLERK - TREASURER



**LLOYD'S OF LONDON
APPLICATION FOR MEDICAL STOP LOSS**

**C/O StarLine
804 Main Street, Suite 2A
Osterville, MA 02655**

Tel: 508-495-0882

NAME AND ADDRESS OF APPLICANT: City of Florence 110 W. College Street Room 107 Florence, AL 35630 Tel: (256) 740-6060 Contact: Melissa Harris Benefits Administrator H/R	NATURE OF BUSINESS: Executive office PERIOD OF INSURANCE: 01/01/2025 to 01/01/2026
---	---

MULTIPLE LOCATIONS: YES NO

NAME AND ADDRESS OF ADMINISTRATOR: BC BS Alabama 450 Riverchase Parkway East Birmingham, AL 35244 Tel: (205) 220-2480 Fax: (205) 220-5575 Contact: Michelle Salmon or Kim Hodges

OPENING ENROLMENT: Single: 331 Family: 508

Stop Loss Coverage: Specific: Contract type: 48/12 Specific Deductible: \$290,000 A separate Minimum Aggregating Specific Deductible of \$80,000 will apply. Individual Limit: UNLIMITED	Aggregate: Not Applicable Contract type: Monthly Factor: \$ Attachment Point: \$ AOP Limit: \$ Aggregate Limit: \$
---	--

Coverage: Medical & Rx	Coverage: Not Applicable
Specific:	Aggregate:
Rates: (Monthly)	Rates: (Monthly)
Composite: \$69.91 + \$4.19 Surplus lines tax	

OTHER CONDITIONS:

1. Terms are based on the benefits provided within the request for proposal.
2. No claims will be payable without a current signed plan document.
3. Subject to full details, including diagnosis, prognosis, amount and disposition, at the time coverage is bound, of all ongoing claims that have or can reasonably be expected to exceed 50% of the specific deductible selected. Underwriting terms may change including possible higher individual deductibles.
4. If enrolment fluctuates by more than 30% up or down during the plan year, then Underwriters retain the right to re-underwrite terms.
5. Address on Policy and for Surplus Lines tax filing to be:
110 W. College Street
Room 107
Florence, AL 35630

Authorized Signature of Applicant Title Date

By signing above, the applicant hereby certifies that the disclosed information listed on the application is a complete and true representation to the best of his/her knowledge. The applicant understands the Company through it's underwriting Manager, StarLine has based their proposal upon this information. The application does not bind coverage. Upon approval of the application, the Stop Loss Agreement (evidence that the coverage is in force) will be issued. Coverage will commence on the Effective Date set forth in the Stop Loss Agreement.

By signature below, I confirm my understanding of my policy's contract basis and realize that only claims that fall within both the incurred and paid parameters of my contract basis will be eligible for reimbursement.

Authorized Signature of Applicant