

Anthem Blue Cross and Blue Shield Group Application

Anthem Insurance Companies, Inc. dba Anthem Blue Cross and Blue Shield Anthem Medicare Preferred (PPO) Medicare Advantage with Prescription Drug Plan	Effective Date: January 1, 2024 State: Kentucky
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Section 1: Applicant

Group Legal Name (including DBA, if any) Police and Fire Retirement Fund of the Urban County Government			
Street Address 200 East Main Street	City Lexington	State KY	Zip Code 40507
Type of Business Municipality	Tax ID Number 61-0858140	Location of Group Headquarters Lexington, KY	
Officer Name & Title Susan Combs	Group Contact Name & Title Susan Combs, Pension Administrator		
Number of Eligible Retirees 542	Group Contact Email scombs@lexingtonky.gov	Group Contact Phone Number 859-258-3539	

Section 2: Current Carrier(s)

Current Carrier Name(s), Product(s), Number of Retirees Covered Humana Medicare Advantage 542 Enrolled	
Will Anthem Blue Cross and Blue Shield ("Anthem") be the exclusive offering? If no, please provide detail. Yes	Does Group contribute to retiree premium? Will contribution change? Please provide detail. Attach separate sheet, if needed. Yes, Yes

Section 3: Third-Party Administrators (TPAs)

Will Group be using a TPA? If yes, please provide detail below.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
TPA Name	TPA Services	
Street Address	City	State Zip Code


Section 4: Clinical Calls to Members

Anthem receives Member telephone numbers from Group through enrollment files, paper applications, or the online employer access portal. By signing this application below, Group attests that (i) Telephone numbers are provided directly to Group by Members as part of the employment or health plan enrollment process and this phone number may be periodically updated by the Member, (ii) Group does not obtain telephone numbers through a lookup service or other third party, and (iii) Group retains Member employment or health plan enrollment records for a period of at least 4 years.

As part of its customary practice, Anthem will honor Do Not Call requests with certain limited exceptions permitted by law for cell phone numbers and landlines.

Section 5: Broker/Consultant

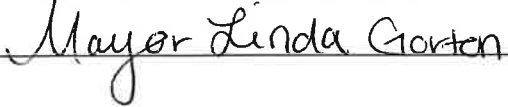

Broker Consultant Name Benji Marrs / Benefit Insurance Marketing	State License Number 313204
Street Address 1151 Red Mile Rd	City Lexington
Broker/Consultant Personal Tax Identification Number (if commissions will be paid)	Email benji@bimgroup.us
	State Zip Code KY 40504
	Phone Number 859-255-9455

Broker/Consultant Agency Firm Tax Identification Number (if commissions will be paid) 621-0966902		
Certification: I certify that: I have reviewed this Group Application for completeness and accuracy. I have not completed any of the information contained in this Group Application or individual applications except with the permission of the applicant and as noted by my initials on the application. I have not signed this Group Application or any individual applications for a group representative or individual applicant. I have advised the Group that a failure to provide complete and accurate information may result in a loss of coverage retroactively to the effective date of coverage or re-rating of the Group's premium or fees retroactive to the effective date, and that coverage shall not be effective until Anthem reviews and approves the application and the Group receives a written notice and contract from Anthem.		
Broker/Consultant Name Benji Marrs, Sr. Benefit Strategist	Broker/Consultant Signature 	Date 09/22/2023

Section 6: General Agreement

The Group and authorized representative hereby request approval for coverage through Anthem and to be bound by the regulations pertaining to coverage under the insurance contracts and policies as adopted and/or revised from time to time. By executing this Application, Group or authorized representative on behalf of the Group understands and certifies the following and agrees by payment of the required charges:

1. To comply with all terms and provisions of the group contract(s) issued.
2. To make the coverage available to all eligible retirees and to distribute information and documents to enrolled retirees as needed.
3. To maintain records and furnish to Anthem or Group's designated broker/consultant any information required in connection with administration of the coverage.
4. That approval for this coverage will cancel any prior contracts and/or coverage with Anthem with respect to the coverage applied for by this Application, effective concurrently with the effective date of the Group's coverage.
5. To pay Anthem by the due date, the charges on behalf of each retiree covered under the contract, unless otherwise stated in any financial agreements between the parties, to submit applications of retirees prior to their date of eligibility, to keep all necessary records regarding membership, and to assume responsibility for handling the COBRA and state-mandated continued group coverage and/or conversion process, if applicable.
6. That Anthem will mail all member notices to be provided by Anthem directly to the members at their last known address.
7. If an advance check is submitted, it 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 its 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 Group will be responsible for returning to individual retirees any part of the payment contributed by those retirees.
8. That all the information requested on this application must be completed. The Group understands that the coverage issued by Anthem may be different from the coverage applied for herein. In that event, Anthem shall notify the Group of such differences, and by payment of the appropriate charges, the Group will be deemed to have accepted the coverage as issued.
9. That the charges calculated for the Group are contingent upon the accuracy of the eligibility data submitted on retirees and covered dependents to Anthem by the Group and that Anthem may retroactively modify the premium rates if the data provided is inaccurate or new data is submitted that varies from the data previously provided by Group or its representative.
10. That 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 Group, and a retiree's coverage is not in effect unless and until the retiree applies and is approved for coverage by Anthem.
11. That Group shall be required to execute additional documentation, including without limitation, the Medicare Advantage Group Agreement, in order to effectuate the coverage applied for hereunder.
12. That the entire application for group coverage has been reviewed, and all information contained herein is true and complete to the best of the Group and/or authorized representative's knowledge and belief.

Group Signature		
Name & Title of Authorized Group Representative 	Signature 	Date 10/31/2022