

|   |          |   |       |
|---|----------|---|-------|
| Sponsor's Legal Name                      |          | Name of Endorsing Organization N/A <input type="checkbox"/><br><b>Alabama Credit Union League</b> |       |
| Address                                   |          | Contact Person  |       |
| City,                                     | State    | Zip Code  | Phone |
| Principal Industry                        | SIC Code |   | Fax   |
|   |          |   | Email |
| Location Name (if different from above)   |          | Contact Person  |       |
| Mailing Address (if different from above) |          | Phone   |       |
| City,                                     | State    | Zip Code  | Fax   |
|   |          |   | Email |

**Sponsor Contribution:**

**Contributory**—Indicate amount (\$ or %) \_\_\_\_\_  
 (No minimum participation required)  
 (Requires 50% minimum Sponsor contribution)

**Voluntary**  
 (No minimum participation required)  
 (No minimum Sponsor contribution required)  
 (Rate change due to age will occur on Jan 1)

|                                  |  |   |  |
|----------------------------------|--|---|--|
| <b>Effective Date Requested:</b> | <b>Rating Method:</b><br><input checked="" type="checkbox"/> Monthly | <b>Billing Mode:</b><br><input checked="" type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | <b>Waiting Period:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, indicate time period below)<br>Initial Enrollment:<br>New Participants: _____ |
|----------------------------------|--|---|--|

|  |   |
|--|---|
| <b>Describe Classes Of Eligible Persons to Include:</b><br><input checked="" type="checkbox"/> Employees Class(es)<br><input type="checkbox"/> Owner/Operators<br><input type="checkbox"/> Association Members<br><input type="checkbox"/> Other (please describe) | <b>Total Number of:</b><br>Eligible Persons:<br>Participants: |
|--|---|

**Check One:**

This request is for NEW INSURANCE COVERAGE

This request is for INSURANCE TO REPLACE THE FOLLOWING:

|                 |             |                       |                        |
|-----------------|-------------|-----------------------|------------------------|
| Name of Carrier | Coverage(s) | Plan or Policy No.(s) | Date(s) of Replacement |
|-----------------|-------------|-----------------------|------------------------|

**BENEFIT(S) SELECTED (Indicate the plan(s) to be offered to Eligible Persons)**

Advantage Plan

\$50 Doctor's Office Visits (5 visits per calendar year; 1 visit may be used for wellness care)  
\$50 Diagnostic Testing (3 visits per calendar year; 1 visit may be used for wellness care)  
\$50 Child Wellness Visits (up to 11 visits at scheduled age intervals from birth through age 5)  
\$250 Hospitalization (up to 30 days per confinement)  
\$1,000 / \$400 Surgery (1 visit for inpatient surgery / 1 visit for outpatient surgery per calendar year)  
\$150 Emergency Room (3 visits for injury / 1 visit for sickness per calendar year)  
Best Benefits Discount Card

Advantage Plus Plan

\$75 Doctor's Office Visits (5 visits per calendar year; 1 visit may be used for wellness care)  
\$100 Diagnostic Testing (3 visits per calendar year; 1 visit may be used for wellness care)  
\$75 Child Wellness Visits (up to 11 visits at scheduled age intervals from birth through age 5)  
\$500 Hospitalization (up to 30 days per confinement)  
\$2,000 / \$800 Surgery (1 visit for inpatient surgery / 1 visit for outpatient surgery per calendar year)  
\$300 Emergency Room (3 visits for injury / 1 visit for sickness per calendar year)  
Best Benefits Discount Card

Dental Option (May be selected with either plan or as a stand alone plan)

\$1,500 annual maximum (Silver Plan)  
\$500 periodontics maximum (lifetime)  
\$750 orthodontics maximum

**NOTE:** The Best Benefits Discount Card is a discount program provided through Best Benefits, Inc. It is not an insured product and has no affiliation with Markel Insurance Company.

## Request for Acceptance as Participating Sponsor

- (1) The Sponsor requests coverage for its participants, as indicated, under the policy(ies) of insurance made available. The Sponsor also agrees to be bound by all of the terms, conditions and limitations of the policy (ies). The Sponsor further understands and agrees that:
- a) This request shall not cause insurance coverage to become effective on any person. In order for coverage to take effect on the date specified by Markel Insurance Company: (A) the Sponsor must be accepted; and (B) each person must satisfy the eligibility requirements of the policy(ies).
  - b) In the event that (A) the Sponsor normally remits premium on behalf of its participants, and (B) one or more participants is not actively at work but is eligible for continuation of coverage, the Sponsor must continue to remit the applicable premiums for such participants in order for them to maintain coverage. In such instances, it may be necessary for the Sponsor to collect premiums from these participants.
- (2) Acceptance of this request is subject:
- a) to all of Markel Insurance Company's and Affinity Group Underwriters' requirements; and
  - b) to all of the terms of the group policy(ies) issued.
- (3) Markel Insurance Company will notify the Sponsor of any approval or disapproval of this request. Any notice of approval will specify the Sponsor's plan or plan change effective date. For participants, Markel will issue certificates of insurance summarizing the provisions of the Group Policy(ies) principally affecting the insurance.
- (4) **This plan is not intended to replace comprehensive Major Medical Insurance.**

\_\_\_\_\_  
Signed at

\_\_\_\_\_  
Agent/Broker Signature

\_\_\_\_\_  
Agent/Broker Company

\_\_\_\_\_  
Date mm/dd/yyyy

\_\_\_\_\_  
Signature of Sponsor's Authorized Representative

\_\_\_\_\_  
Title

### AGENT/BROKER INFORMATION

|           |         |                |            |     |
|-----------|---------|----------------|------------|-----|
| NAME      |         | COMPANY NAME   |            |     |
| ADDRESS   | Street  | City           | State      | ZIP |
| PHONE NO. | FAX NO. | LICENSE ID NO. | TAX ID NO. |     |

**All administrative correspondence and inquiries should be directed to:**

**Affinity Group Underwriters, Inc.**  
**4510 Cox Road, Suite 111 Glen Allen, VA 23060**  
**Phone: (877) 673-9797 Fax: (804) 273-9989**

**CUBS HEALTH SOLUTIONS**  
**Monthly Premiums for Employer Groups (Non-PEO Members)**

For contributory coverage, the employer pays at least 50% of the Employee Only rate for all eligible employees. Insured employees pay the balance, including coverage for any dependents, through payroll deduction.

For voluntary coverage, employees pay 100% of the premium through payroll deduction.

**Advantage Plan**

|                     | <u>Employee's<br/>Attained Age</u> | <u>Employee*</u> | <u>Employee &amp;<br/>Spouse</u> | <u>Employee &amp;<br/>Child(ren)</u> | <u>Family</u> |
|---------------------|------------------------------------|------------------|----------------------------------|--------------------------------------|---------------|
| <b>Contributory</b> | Under 30                           | \$43.00          | \$70.00                          | \$107.00                             | \$134.00      |
|                     | 30-34                              | \$52.00          | \$86.00                          | \$115.00                             | \$149.00      |
|                     | 35-39                              | \$57.00          | \$95.00                          | \$120.00                             | \$158.00      |
|                     | 40-44                              | \$63.00          | \$105.00                         | \$126.00                             | \$168.00      |
|                     | 45-49                              | \$69.00          | \$115.00                         | \$132.00                             | \$179.00      |
|                     | 50-54                              | \$76.00          | \$127.00                         | \$139.00                             | \$190.00      |
|                     | 55-59                              | \$87.00          | \$146.00                         | \$150.00                             | \$210.00      |
|                     | 60-64                              | \$110.00         | \$187.00                         | \$174.00                             | \$250.00      |
|                     | 65+                                | \$142.00         | \$244.00                         | \$206.00                             | \$307.00      |

\*Employer pays 50% of the Employee Only rate for all eligible employees.

|                  | <u>Employee's<br/>Attained Age</u> | <u>Employee</u> | <u>Employee &amp;<br/>Spouse</u> | <u>Employee &amp;<br/>Child(ren)</u> | <u>Family</u> |
|------------------|------------------------------------|-----------------|----------------------------------|--------------------------------------|---------------|
| <b>Voluntary</b> | Under 30                           | \$52.00         | \$85.00                          | \$131.00                             | \$165.00      |
|                  | 30-34                              | \$63.00         | \$105.00                         | \$142.00                             | \$184.00      |
|                  | 35-39                              | \$69.00         | \$116.00                         | \$148.00                             | \$196.00      |
|                  | 40-44                              | \$76.00         | \$129.00                         | \$155.00                             | \$208.00      |
|                  | 45-49                              | \$84.00         | \$142.00                         | \$163.00                             | \$221.00      |
|                  | 50-54                              | \$92.00         | \$156.00                         | \$171.00                             | \$235.00      |
|                  | 55-59                              | \$106.00        | \$180.00                         | \$185.00                             | \$260.00      |
|                  | 60-64                              | \$135.00        | \$231.00                         | \$215.00                             | \$311.00      |
|                  | 65+                                | \$175.00        | \$302.00                         | \$254.00                             | \$381.00      |

**CUBS HEALTH SOLUTIONS  
Monthly Premiums for Employer Groups (Non-PEO Members)**

For contributory coverage, the employer pays at least 50% of the Employee Only rate for all eligible employees. Insured employees pay the balance, including coverage for any dependents, through payroll deduction.

For voluntary coverage, employees pay 100% of the premium through payroll deduction.

**Advantage Plus Plan**

|                     | <u>Employee's<br/>Attained Age</u> | <u>Employee*</u> | <u>Employee &amp;<br/>Spouse</u> | <u>Employee &amp;<br/>Child(ren)</u> | <u>Family</u> |
|---------------------|------------------------------------|------------------|----------------------------------|--------------------------------------|---------------|
| <b>Contributory</b> | Under 30                           | \$71.00          | \$121.00                         | \$184.00                             | \$233.00      |
|                     | 30-34                              | \$86.00          | \$148.00                         | \$199.00                             | \$261.00      |
|                     | 35-39                              | \$96.00          | \$165.00                         | \$209.00                             | \$278.00      |
|                     | 40-44                              | \$107.00         | \$184.00                         | \$220.00                             | \$297.00      |
|                     | 45-49                              | \$118.00         | \$203.00                         | \$231.00                             | \$316.00      |
|                     | 50-54                              | \$131.00         | \$225.00                         | \$244.00                             | \$338.00      |
|                     | 55-59                              | \$153.00         | \$263.00                         | \$266.00                             | \$376.00      |
|                     | 60-64                              | \$199.00         | \$344.00                         | \$312.00                             | \$457.00      |
|                     | 65+                                | \$262.00         | \$455.00                         | \$375.00                             | \$568.00      |

\*Employer pays 50% of the Employee Only rate for all eligible employees.

|                  | <u>Employee's<br/>Attained Age</u> | <u>Employee</u> | <u>Employee &amp;<br/>Spouse</u> | <u>Employee &amp;<br/>Child(ren)</u> | <u>Family</u> |
|------------------|------------------------------------|-----------------|----------------------------------|--------------------------------------|---------------|
| <b>Voluntary</b> | Under 30                           | \$86.00         | \$148.00                         | \$227.00                             | \$289.00      |
|                  | 30-34                              | \$105.00        | \$183.00                         | \$247.00                             | \$324.00      |
|                  | 35-39                              | \$117.00        | \$204.00                         | \$259.00                             | \$345.00      |
|                  | 40-44                              | \$131.00        | \$228.00                         | \$272.00                             | \$369.00      |
|                  | 45-49                              | \$145.00        | \$252.00                         | \$286.00                             | \$393.00      |
|                  | 50-54                              | \$161.00        | \$279.00                         | \$302.00                             | \$420.00      |
|                  | 55-59                              | \$189.00        | \$327.00                         | \$330.00                             | \$468.00      |
|                  | 60-64                              | \$246.00        | \$427.00                         | \$388.00                             | \$569.00      |
|                  | 65+                                | \$325.00        | \$567.00                         | \$466.00                             | \$708.00      |

**Dental Option  
Monthly Premiums  
(No employer contribution required)**

|                   |         |                       |         |
|-------------------|---------|-----------------------|---------|
| Employee Only     | \$18.00 | Employee & Child(ren) | \$50.00 |
| Employee & Spouse | \$36.00 | Family                | \$67.00 |