

060640



Gallagher Benefit Services, Inc.

A Subsidiary of Arthur J Gallagher & Co

October 9, 2006

Steve Varvel
City of Gainesville
222 E University Avenue, Room 222
Gainesville, FL 32601

OCT 12 2006

Re: City of Gainesville
Proposed Renewal Date: January 1, 2007
Proposal Valid to: January 1, 2007

Dear Steve,

Below are the renewal terms for Specific Stop Loss coverage

Specific Stop Loss

Current rate at \$150K:	\$15.85
Renewal rate at \$150K:	\$17.28 +9%
Renewal rate at \$160K:	\$15.85 No change
Renewal rate at \$175K:	\$14.37 -9.3%

- The 9% increase is due to medical trend. YTD there has been one Specific claim for reimbursements of \$153,424.

Contingencies

1. A census of final enrollment Rates/factors are subject to revision if final enrollment varies more than 15% from proposal assumptions
2. Paid claim and large claim experience for the month of September '06
3. The Proposal assumes the experience reflects a standard claims processing time of approximately two weeks from date of receipt to date paid by the Third Party Administrator. Terms are subject to change on a retrospective basis if subsequent experience demonstrates a significant, undisclosed backlog of claims
4. The proposal assumes continuation of the schedule of benefits.

This proposal is valid to January 1, 2007

Please notify me which renewal option has been elected via email so I can notify the carrier

Please call if you have any questions.

Sincerely,

Rick Capizzi
Benefit Consultant
Gallagher Benefit Services

One Boca Place
2255 Glades Road Suite 400 E
Boca Raton, FL 33431
561 995 6706
Fax 561 995 6708
www.ajg.com



Gallagher Benefit Services
 Proposal for Stop Loss Insurance
 This is not a binder or contract of insurance.

Excess Loss Carrier:	Symetra Life Insurance Company
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Proposed Coverage for: **City of Gainesville**
Effective From: **1/1/07 to 12/31/07**

		<u>Billed</u>	<u>Contract</u>
Assumed Enrollment	Composite	2,555	2,555

Specific Excess Loss Insurance

Reimbursement Percentage	100%		
Covered Benefits:	Medical Only		
Commissions Payable on Specific Premium:	0%		
Lifetime Maximum (per person)		\$4,850,000	\$4,850,000
Specific Deductible:		<u>\$150,000</u>	<u>\$150,000</u>
Monthly Rates:	Composite	<u>12.10</u>	<u>17.28</u>
Estimated Annual Premium		\$370,876	\$529,823
Claims Basis		PAID	PAID

These terms assume a retrospective arrangement. Loss ratio for retro call purposes will be 65% of net premium.

SYMETRA_{SM}

FINANCIAL

Retrospective Premium Rating Option

Policy # 16-009585-00

City of Gainesville

Effective Date: January 1, 2007

In consideration of the **Policyholder's** acceptance of the Retrospective Premium Option and paying premium at the **billed premium rate** as stated on the Schedule, the **Policyholder** agrees to pay an additional premium (the difference between the **billed premium rate** and the **contract premium rate**) at the end of the **policy period** if **specific reimbursements** exceed 70% of the sum total of the **billed premium rate** multiplied by the number of **covered units** during each month of the **policy period**.

Billed premium rate is the dollar amount per **covered unit** that will be paid by the **Policyholder** on a monthly basis throughout the **policy period**.

Contract premium rate is the dollar amount per **covered unit** that the **policyholder** must pay per month for the entire **policy period** if **specific reimbursements** exceed the percentage stated in this amendment.

Specific reimbursements are the **covered expenses paid** by the **policyholder** on behalf of a **covered unit** that exceed the Specific Deductible and are reimbursed by **Symetra** to the **Policyholder** as specified in this **policy**.

Acceptance

This Amendment is deemed to be accepted unless the **Policyholder** objects in writing to this Amendment within thirty (30) days from receipt. Written notice thereof must be given to **Symetra** at its office in Miami Florida, or any other place specified by **Symetra**.

Upon receiving such written notice, if **Symetra** and the **Policyholder** cannot subsequently agree on revisions to this Amendment, this Amendment is null and void.

City of Gainesville

By _____

Title _____

Date _____