

Critical Illness

Policy Number: G925-46A

**AMERICAN FIDELITY ASSURANCE COMPANY**  
9000 Cameron Parkway, P.O. Box 25523, Oklahoma City, Oklahoma 73125

Application for group insurance is hereby made to American Fidelity Assurance Company based on the following:

1. Full Legal Name of Policyholder: Huerfano County
2. Mailing Address: 401 Main Street Suite 203 Walsenburg, CO 81089
3. Physical Address (if different): \_\_\_\_\_
4. Telephone Number: 719-738-3000 Fax Number: \_\_\_\_\_
5. Administrative Correspondence with the Policyholder should be addressed to:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_
6. Group Type:  Association  Corporation  Sole Proprietorship or Partnership  Education  Other Municipality
7. Nature of Organization: Government
8. The following coverage is applied for:  Group Disability Income  Supplemental/Limited Benefit  Other: Group Critical Illness
9. Designation of Class or Classes Eligible for Coverage (attach an additional page if necessary):  
  
All permanent employees in covered group working 30 hours or more per week.

10. Current employees are eligible:  Immediately  After \_\_\_\_\_ days employment  As determined by each firm
11. New employees are eligible after \* \_\_\_\_\_ days employment. \*As determined by each firm
12. Minimum Standards: Before this Policy or the insurance of additional persons or a change in class takes effect, the following applicable minimum standards must be met. Where the Policyholder is a/an:  Employer  Association, the participation requirements are as follows:  
  
\*\*The greater of 15% participation or 10 lives.

If these standards are not met, It is agreed that the Company may:

- (1) ask for satisfactory evidence of insurability before an eligible person's coverage takes effect; or
- (2) terminate the Policy or Subscribing Unit.

A minimum of **\*\*** lives is required to issue coverage and maintain eligibility.

13. Initial Premium rate is as follows: \_\_\_\_\_  
The premium is due on the 1st of each month. See rate attachment for details.
14. Effective Date: Original Policy Effective Date: January 1, 2018 Policy Amended Effective: September 1, 2023  
If this application is approved by the Company, it is desired that the Policy takes effect at 12:01 AM at the place where the Policy is delivered. It is agreed that the coverage of an eligible person will not take effect until the first premium has been paid for or by such person.
15.  Non-ERISA Group  
 ERISA Acknowledgment: The Employer named below acknowledges that the Employee Retirement Income Security Act of 1974 (ERISA), as amended or other laws, if applicable, may require that the Employer be responsible for certain duties or obligations with respect to the Employer or Employer's Employees and Dependents under any certificate under such Group Policy or Policies.
16.  By checking this box, the Policyholder agrees, until such time as the Policyholder revokes consent, to electronic delivery of Policy documents via secure e-mail by American Fidelity Assurance Company in lieu of regular U.S. Mail delivery satisfying all delivery requirements under the Policy. The Policyholder understands the Policyholder must: use a computer that has Adobe® Reader® 8.0 or newer, available free on www.adobe.com, have an Internet connection, and an e-mail address. The Policyholder may revoke this consent or request paper copies by contacting American Fidelity Assurance Company in writing at 9000 Cameron Parkway, Oklahoma City, OK 73114 or calling 1-800-654-8489, 1-800-662-1113, Risk Management.  
Designated electronic transmittal e-mail address of the Policyholder: \_\_\_\_\_

17. The Policyholder declares that to the best of his knowledge and belief the statements and answers shown on this application are true and complete. The Policyholder understands and agrees that: (a) the application will form a part of any Policy issued; (b) no information given to, or acquired by, any representative of the Company will bind the Company unless it appears in writing on this application; (c) no waiver or modification will bind the Company unless it is in writing and is signed by an Executive Officer of the Company; (d) only those persons eligible under the terms of the Policy or policies issued will be covered; (e) Insurance will become effective on the requested Effective Date, unless written notice is provided of a different Effective Date; and (f) If this application is not approved, no insurance is in effect at any time, and any premium the Company has received will be returned.

18. The Policyholder hereby requests American Fidelity Assurance Company to issue and deliver the Group Certificates of Insurance for the coverage applied. The Policyholder agrees to make payroll deductions for the Employee portion (and any Dependent portion if applicable) of any premium. The Policyholder agrees to provide any necessary documentation requested by the Company which establishes that all eligibility, underwriting, and participation requirements of the plan are met. The Policyholder agrees to report additions, changes, employment terminations, and other information necessary to the administration of the Policy(ies) to the Company within 31 days after the effective date of such additions, changes, and employment terminations.

**FRAUD WARNING:** Any person, who knowingly and with intent to injure or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information may be guilty of insurance fraud. (In CT, KS, insurance fraud is determined by a court of competent jurisdiction; in IN, and OK, insurance fraud is a felony; in NV, insurance fraud is a Category D Felony). In AL, AR, DC, LA, NJ, NM, PA, RI, TN, and VA: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (In DC, ME, TN, VA, and WA, also denial of insurance benefits; in NJ, NM, and PA, civil fines and criminal penalties.) In CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a Policyholder or claimant for the purpose of defrauding or attempting to defraud the Policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. In KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. In MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature (Must be signed by a person authorized to make a legally binding decision for the Policyholder): \_\_\_\_\_

Title: \_\_\_\_\_

Printed Signature: \_\_\_\_\_

Dated at Walsenburg, CO  
(City and State)

on the \_\_\_\_\_ day of \_\_\_\_\_ 2023

Agent: \_\_\_\_\_

Agent  
Number: 01470A

To be attached to and made a part of master application AGM108CO for policy number  
G925-46A Issued by:

**AMERICAN FIDELITY ASSURANCE COMPANY**

covering certain employees of

**HUERFANO COUNTY**

The following monthly premium rates take effect September 1, 2023.

**Critical Illness Plan 018570-BB\*\***

<b>Non-Tobacco</b>			
Issue Ages	\$10,000	\$20,000	\$30,000
Under Age 30	\$3.78	\$6.14	\$8.50
30 to 39	\$5.94	\$10.46	\$14.98
40 to 49	\$10.82	\$20.22	\$29.62
50 to 59	\$17.78	\$34.14	\$50.50
Age 60 & Over	\$29.14	\$56.86	\$84.58

<b>Tobacco</b>			
Issue Ages	\$10,000	\$20,000	\$30,000
Under Age 30	\$5.98	\$10.54	\$15.10
30 to 39	\$9.42	\$17.42	\$25.42
40 to 49	\$17.06	\$32.70	\$48.34
50 to 59	\$28.18	\$54.94	\$81.70
Age 60 & Over	\$46.14	\$90.86	\$135.58

**Spousal Critical Illness Rider 018572-SS\*\***

<b>Non-Tobacco</b>			
Issue Ages	\$5,000	\$10,000	\$15,000
Under Age 30	\$2.28	\$3.14	\$4.00
30 to 39	\$3.56	\$5.70	\$7.84
40 to 49	\$6.50	\$11.58	\$16.66
50 to 59	\$10.74	\$20.06	\$29.38
60 to 74	\$17.58	\$33.74	\$49.90

<b>Tobacco</b>			
Issue Ages	\$5,000	\$10,000	\$15,000
Under Age 30	\$3.96	\$6.50	\$9.04
30 to 39	\$6.24	\$11.06	\$15.88
40 to 49	\$11.36	\$21.30	\$31.24
50 to 59	\$18.74	\$36.06	\$53.38
60 to 74	\$30.70	\$59.98	\$89.26

**Critical Illness Plan 018570-BCO**

<b>Non-Tobacco</b>			
Issue Ages	\$20,000	\$40,000	\$60,000
Under Age 30	\$3.78	\$6.14	\$8.50
30 to 39	\$5.94	\$10.46	\$14.98
40 to 49	\$10.82	\$20.22	\$29.62
50 to 59	\$17.78	\$34.14	\$50.50
Age 60 & Over	\$29.14	\$56.86	\$84.58

<b>Tobacco</b>			
Issue Ages	\$20,000	\$40,000	\$60,000
Under Age 30	\$5.98	\$10.54	\$15.10
30 to 39	\$9.42	\$17.42	\$25.42
40 to 49	\$17.06	\$32.70	\$48.34
50 to 59	\$28.18	\$54.94	\$81.70
Age 60 & Over	\$46.14	\$90.86	\$135.58

**Spousal Critical Illness Rider 018572-SCO**

<b>Non-Tobacco</b>			
Issue Ages	\$10,000	\$20,000	\$30,000
Under Age 30	\$2.28	\$3.14	\$4.00
30 to 39	\$3.56	\$5.70	\$7.84
40 to 49	\$6.50	\$11.58	\$16.66
50 to 59	\$10.74	\$20.06	\$29.38
60 to 74	\$17.58	\$33.74	\$49.90

<b>Tobacco</b>			
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60 to 74	\$30.70	\$59.98	\$89.26

\*\* These plans are no longer available for new sales