

ERRP

Early Retiree Reinsurance Program Application



U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection for this application is estimated to average 35 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form # CMS-10321



Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center
4700 Corridor Place
Suite D
Beltsville, MD 20705



An asterisk (*) identifies a required field.

PART I: Plan Sponsor and Key Personnel Information

1) *Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN): State of Ark., Dept. of Finance and Admin., Employee Benefits Division

2) *Type of Organization (Check the one category that best describes your organization):

- ☒ Government
☐ Union
☐ Religious
☐ Commercial
☐ Non-profit

3) *Organization's Employer Identification Number (EIN): 71 - 397783

4) *Organization's Telephone Number: 501 - 682 - 5500 ext. _____

5) Organization's FAX Number: 501 - 682 - 1168 ext. _____

6) *Organization's Address (must be the address associated with the EIN provided above):

* Street Line 1: P.O. Box 15610

Street Line 2: _____

*City: Little Rock

*State: Arkansas

*Zip Code: 72231

7) Organization's Website Address: www.arkansas.gov/dfa/ebd or www.arbenefits.org

B. Authorized Representative Information

1) *First Name: Jason Middle Initial: _____

*Last Name: Lee

2) *Job Title: Executive Director

3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

5) *Email Address: Jason.Lee@dfa.arkansas.gov

6) *Telephone Number: 501 - 682 - 5500 ext. _____

7) FAX Number: 501 - 682 - 1168 ext. _____

8) *Employer Name: State of Ark., Dept. of Finance and Admin., EBD



9) * Authorized Representative Business Address:

* Street Line 1: P.O. Box 15610

Street Line 2: _____

*City: Little Rock*State: Arkansas*Zip Code: 72231**C. Account Manager Information**1) *First Name: George Middle Initial: _____*Last Name: Platt2) *Job Title: Deputy Executive Director

3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

5) *Email Address: George.Platt@dfa.arkansas.gov6) *Telephone Number: 501 - 682 - 5500 ext. _____7) FAX Number: 501 - 682 - 1168 ext. _____8) *Employer Name: State of Ark., Dept. of Finance and Admin., EBD

9) *Account Manager Business Address:

* Street Line 1: P.O. Box 15610

Street Line 2: _____

*City: Little Rock*State: Arkansas*Zip Code: 72231

PART II: Plan Information**A. Plan Information**1) *Plan Name: ARHealth2) *Plan Year Cycle: Start Month/Day: 1 / 1 End Month/Day: 12 / 31**B. Benefit Option(s) Provided Under This Plan (If the plan has more than one benefit option for which you intend to seek program reimbursement, please include the information below for each benefit option, on a separate copy of the Attachment below.)**1a) *Benefit Option Name: ASE AR Health1b) *Unique Benefit Option Identifier: ASEARH1c) *Benefit Option Type: Self-Funded ☒ Insured ☐ Both ☐1d) *Benefit Administrator Company Name: Employee Benefits Division

C. *Programs and Procedures for Chronic and High-Cost Conditions

A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define "chronic and high cost condition" as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify the chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

Please see Attachment A



Attachment A

Employee Benefits Division has implemented several procedures over the past several years in an effort to increase cost savings, specifically with respect to those members with chronic and high cost conditions. Due to the success of the programs listed below, the Arkansas State and Public School Life and Health Insurance Plan has seen measurable results; most notably a decrease in employee premiums for the 2010 plan year for Public School Employees and no increase in rates for the upcoming 2011 plan year for Arkansas State Employees.

Early Retirees especially benefitted from a new methodology in the rating process for the upcoming 2011 plan year. That group will see the benefit of "blending" their smaller pool of covered lives with the much larger, active pool. This move decreased the volatility of the early retiree group, which in turn led to a lowering of the base premium for that group. This was done on both the Arkansas State Employee and Public School Employee Plans, and created a lower out-of-pocket cost opportunity to the early retiree without raising out-of-pocket rates for the active member.

In an oversight role, Employee Benefits Division has undertaken to impact the health of members and contain costs by implementing the following programs:

Mommy 2 B Program (M2B)

It is a health enhancement program which is education-based focusing on both the health of the mom and the baby. M2B identifies potential high-risk pregnancies and women at higher risk for premature births. Those expectant women at risk are referred to case management.

Weight Management

Weight Management Program was developed in response to the rising rate of obesity in Arkansas and the risk that this added weight brings to bear on the overall health of each obese member. This program is designed in a Two Phase manner. The first phase is offered by the Contract Vendor for Behavior Health. This phase educates members on the role food plays in their lives and describes changes that need to happen in order to change the role to a healthier life plan. This phase is primarily digital with a telephonic coach. It lasts for twelve weeks. Phase Two is offered by Medically managed programs in cities in Arkansas. It is meal replacement with doctor oversight.

Medication Management Program

Specialty medications are often used to treat complex chronic health conditions. They are generally high in cost; require special handling; and careful administration either through injection or IV infusion. The Medication Management Program (MMP) was created for our members on specialty medications to provide disease and medication education; to increase the effectiveness of treatment through compliance with and correct administration of the drugs; to decrease the number of adverse events; to coordinate any durable medical equipment (DME) needs; and to identify complications and advanced needs as early as possible.

Smoking Cessation

A smoking cessation program is provided by our Behavior Health, contract vendor. It is to address the health impact and costs incurred by members who smoke. Smoking is linked to cancer, diabetes, circulatory and breathing disorders to name a few. These comorbidities are linked to high costs and shortened life expectancies.

The analytics team reported that members' costs were in excess of \$15,000 per member for each of the above comorbidities.

The cessation program is custom built, created to fit an individual's life, needs and goals. The member receives instruction on the impact lifestyle, diet, exercise, stress and medication have on the smoking habit and on quitting. The program is digital with telephonic coaching and offers nicotine replacement therapy through patch and prescription medication.

Pharmacy Reward Program

The Arkansas State and Public School Life and Health Insurance Plan began a Pharmacy Reward Program in 2006. The Plan began sharing, on a 50/50 basis, those savings resulting in a per-member per-month (PMPM) which was less than the projected PMPM for that calendar year, with those pharmacies who made successful efforts to generate plan savings.

The criteria for participating in this reward pool are based on each pharmacy's generic dispensing rate and their adjusted annual average member co-payment. Specifically, and based upon Arkansas Pharmacy Association agreement, an Arkansas pharmacy will be able to participate in savings if:

1. The adjusted average co-payment at their pharmacy was less than it was in the previous calendar year or (ie; 2007)
2. The average co-payment at their pharmacy was less than the Plan average in the reward calendar year (ie; 2008).

A pharmacy also will be eligible to participate if:

1. Their generic percentage in the reward calendar year (ie; 2008) was higher than it was in the previous year (ie; 2007) or,
2. If their generic percentage in the reward calendar year (ie; 2008) was higher than the Plan average that year.

The purpose of this program is to partner with the Arkansas pharmacists in an attempt to reduce Plan expenditures without compromising the quality of care the members' receive.

Pharmacy Refill Too Soon

Refills for prescription drugs purchased at a retail pharmacy are payable once 75% of the previous fill has been utilized.

Refills for prescription drugs purchased at a mail order pharmacy are payable once 50% of the previous fill has been utilized.

The percentage is calculated based on the number of days (Day Supply) the previous prescription was dispensed for.

Specialty Drug Contracting

The Arkansas State and Public School Life and Health Insurance Plan contracts with a prescription benefit manager (PBM) to administer their prescription drug benefits. This contract allows coverage of certain specialty prescription medications. The current PBM contract includes services provided by their specialty drug pharmacy.

Specialty medications are generally high in cost and require special handling and/or administration. Obtaining prescriptions from the contracted specialty drug pharmacy allows the Plan to obtain better pricing discounts than it would receive from other pharmacy providers (ie; retail pharmacies). In addition, appropriate use guidelines and criteria are followed which can provide the Plan with additional savings by preventing inappropriate use of these high cost medications that could lead to high cost emergency room visits and/or expensive hospitalizations.

Prior Authorization

The Prior Authorization program helps to ensure the appropriate usage of certain medications by applying FDA approved indications and the manufacturer's guidelines to the utilization of certain medications. The Drug Utilization Evaluation Committee (DUEC), Pharmacy Benefits Manager, and pharmacy benefits consultant, University of Arkansas for Medical Sciences (UAMS) College of Pharmacy, have identified the medications that have a high potential for serious side effects, high costs, or high abuse potential.

A prior authorization review must take place between the prescribing physician and a staff pharmacist from the UAMS College of Pharmacy, Evidence-Based Prescription Drug program, to determine plan coverage for these medications.

Step Therapy

Step therapy is a program designed for people who take prescription drugs used to treat certain ongoing medical conditions. The step therapy program is designed with safety, cost, and most importantly, our members' health in mind. It allows a member and their family to receive the affordable treatment they need and helps the Plan contain the rising cost of prescription drug coverage.

Prescription drugs that are placed under the step therapy program generally require a member to have failed therapy with one drug before coverage for another drug will be given, unless their physician has a compelling reason you should not first try one of the other drugs.

Prescription Drug, Generic Incentive Program

Significant plan savings are available when generic rather than brand drugs are dispensed at a pharmacy. The Arkansas State and Public School Life and Health Insurance Plan allows Arkansas pharmacists to charge an additional dispensing fee for all generic prescriptions they dispense if they have met a certain threshold.

This program is designed to encourage the dispensing of generics when clinically appropriate. The pharmacists' incentive focuses on and rewards an individual pharmacy's productivity.

Qualified OTC Program

This program allows members to purchase certain over the counter drugs at a substantial discount if the drug is in a category with multiple prescription drugs, including generics. The member simply needs a prescription from their doctor for the drug, and would purchase the over the counter medication at the pharmacy. A product example is the Proton Pump Inhibitor category, which includes many prescription equivalents, but allows members to purchase Prevacid or Prilosec OTC products at a discount.

Other examples of aggressive efforts by the plan to achieve affordability and quality care for our members can be found in the following chart, which shows documented savings and recouped costs to the plan due to exceptional plan management.

Impact of Aggressive Plan Management on State & Public School Employees			
ASE & PSE Plan Year 2004 through Plan Year 2008			
Documented Savings & Recouped Costs			
Moving PSE to Self-Insured (PY04 through PY08)	\$	45,750,000.00	
ASE Health Administrative Fee Savings (PY03 through PY07)	\$	307,743.50	
Medical Management Admin Fee Reduction (from 3/1/2007 to date)	\$	2,770,000.00	
Claims Savings from Medical Management (from 3/1/2007 to date)	\$	1,655,911.49	
Pharmacy Plan Management Decisions (from 10/1/2004 to date)	\$	5,236,641.00	
Pharmacy Partnership Program (FY07 & FY08)	\$	5,308,514.60	
ID Cards (only FY07 & FY08)	\$	629,049.27	
Identification of Medicare Issues (based on only 9 members)	\$	92,182.24	
Retiree Drug Subsidy Collected (RDS Years 06 and 07)	\$	7,067,601.84	
Pharmacy Claims Paid Past Term Recoupment (2/06 to date)	\$	95,978.90	
Moving COBRA Management In-house (1/1/2004 to date)	\$	4,119,378.67	
Class action Lawsuits (from 2004 to date)	\$	42,353.58	
Cumulative increase of internal plan costs (one time and recurring)	\$	(6,465,834.00)	
Total Savings/Recoupment	\$	66,609,521.09	
Adjusted Employee Cost for 2009 Plan Year without Savings / Recoupment Above			
ASE	Current Employee Cost	Monthly Increase	Adjusted Employee Cost
Employee Only:	\$105.04	\$38.44	\$143.48
Family:	\$443.70	\$38.44	\$482.14
PSE			
Employee Only:	\$180.36	\$85.37	\$265.73
Family:	\$773.30	\$85.37	\$858.67
General Description of Top 10 Accomplishments			
* Maintained average health care cost trend of 8% over the last 5 years (national trend is 10%)			
* Reduction of ASE Health Admin Fees by 5% when comparing 2003 to 2007			
* Micro-management of the pharmacy program resulting in a less than 5% pharmacy trend			
* Implementation of the \$4 million dollar ARBenefits system which has paid for itself 15 fold			
* Worked with the legislature to obtain additional funding to defray premium cost for public school employees			
* Partnered with the UAMS College of Pharmacy resulting in an evidence-based pharmacy program			
* Integration of pharmacy and health claims into a single repository to allow for better plan management			
* Implementation of Health Enhancement Programs such as the High Risk Obstetrics program			
* Moved the division to a new location allowing for the efficient management of services			
* Created a section to ensure compliance with Federal, State, DFA and Board mandates			

These innovative programs have advanced the Arkansas State and Public School Life and Health Insurance Plan to new levels of cost control and stability. The plan will continue to move forward with creative ideas and programs in an effort to streamline procedures and increase productivity within the plan while maintaining or lowering costs to the member.

D. *Estimated Amount of Early Retiree Reinsurance Program Reimbursements

Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

Please see Attachment B



Attachment B

For the 2010 plan year, the estimated Early Retiree Reinsurance Program Reimbursements for the Arkansas State and Public School Life and Health Insurance Plan are as follows:

- Arkansas State Employee Plan - \$1.8 Million
- Arkansas Public School Employee Plan - \$.8 Million

For the 2011 Plan Year:

- Arkansas State Employee Plan - \$3.0 Million
- Arkansas Public School Employee Plan - \$2.5 Million

E. *Intended Use of Early Retiree Reinsurance Program Reimbursements

- 1) Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program to reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs); or reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or reduce a combination of any of these costs (whether offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

Please see Attachment C, Exhibit 1



Attachment C, Exhibit 1

It is our intent to use any and all reimbursements under the Early Retiree Reinsurance Program as a contribution allocation to the member's portion of the monthly premium. Our plan, due to our self-insured nature, has a long history of using excess reserve funds to offset the member's monthly out of pocket premium cost. Reserve funding is accrued when claims for a particular year are less than projections, generating an excess of reserve's funding held in trust.

For example, during the 2009 plan year, the retired members received the benefit of over \$5 million of reserve allocation to lower the monthly premium for all coverage tiers. Reserve allocations, such as this \$5 million in funding, are the essence of "one-time money" but applied over a three-year period with 50% applied in year one, 30% applied in year two, and 20% applied in year three. This multi-year allocation helps to stabilize premium increases that may be due to the volatility of traditional health care spending. It is therefore our intent to use all reimbursements under this program as an additional monthly premium credit for the membership.

E. *Intended Use of Early Retiree Reinsurance Program Reimbursements (continued)

- 2) If a sponsor decides to apply the reimbursement for its own use, it may only use the reimbursement to offset increases in its health benefit premium costs, if an insured plan, or its health benefit costs, if it is self-funded. If any amount of the reimbursement is used to offset increases in health benefit premium or health benefit costs of your organization (as opposed to offsetting increases to, or reducing, plan participants' costs), please summarize how program funds, as a result of being used by your organization for such purposes, will relieve your organization of using its own funds to subsidize such increases, thereby allowing your organization to instead use its own funds to maintain its level of financial contribution to the employment-based plan. (In other words, please explain how your organization will continue to maintain the level of support for this plan, and if it applies the reimbursement for its own use, will use the program reimbursement to pay for increases in health benefit premium costs or health benefit costs, as applicable). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

Please see Attachment C, Exhibit 2



Attachment C, Exhibit 2

Not applicable as it is our intent to apply any reimbursement directly to the member's monthly out-of-pocket premium using our three-year allocation strategy as described above.

PART III: Banking Information for Electronic Funds Transfer

- 1) *Bank Name: _____
- 2) *Bank Address:
- * Street Line 1: _____
- Street Line 2: _____
- *City: _____
- *State: Arkansas
- *Zip Code: _____
- 3) *Account Number: _____
- 4) *Name of Organization Associated with Account: _____
- 5) *Account type: (Checking or Savings Account) _____
- 6) *Bank Routing Number: _____
- 7) *Bank Contact Name:
- *First Name: _____ Middle Initial: _____
- *Last Name: _____
- 8) *Email address: _____
- 9) *Telephone Number: _____ ext. _____



PART IV. Plan Sponsor Agreement

1.	Compliance: In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health & Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
2.	Reimbursement-Related and Other Representations Made by Designees: Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor certifies that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor's involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor's reimbursement under, the program.
3.	Written Agreement: Plan Sponsor certifies that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer or employment-based plan regarding disclosure of information, data, documents, and records to HHS, and the issuer or plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.
4.	Use of Records: Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health & Human Services' Office of the Inspector General's authority to fulfill the Inspector General's responsibilities in accordance with applicable Federal law.
5.	Obtaining Federal Funds: Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor certifies that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and



	complete, Plan Sponsor agrees to notify the Secretary promptly of this fact.
6.	Data Security: Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor certifies that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.
7.	Depository Information: Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") indicated under the Electronic Funds Transfer (EFT) section of the Plan Sponsor application. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.
8.	Policies and Procedures to Detect Fraud, Waste and Abuse. The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.
9.	Change of Ownership: The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.
	<p>Signature of Plan Sponsor Authorized Representative</p> <p>I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I certify that the information contained in this Plan Sponsor Application and Plan Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program</p>



reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law.

*Signature: _____



Attachment: Additional Benefit Options

(Complete this form for each unique benefit option not already specified above in Part II.B)

1a) *Benefit Option Name: PSE ARHealth

1b) *Unique Benefit Option Identifier: PSEARH

1c) *Benefit Option Type: Self-Funded ☒ Insured ☐ Both ☐

1d) *Benefit Administrator Company Name: Employee Benefits Division

