300 N. Meridian Street, Suite 1710, Indianapolis, IN 46204
www.**valenzhealth.com/stoploss** • Phone: 1.877.88**4.6475** • Email: **cw**inter@**valenzhealth**.com • Fax: **463.203.5151**

APPLICATION FOR REINSTATEMENT

CASE NAME: _____

The sum of $_____ is attached for all outstanding Stop-Loss premiums due, plus interest due from the requested effective date of reinstatement at a rate of 1.5% per month (compounded monthly).

In addition to the application and premium, the Applicant shall provide to Valenz Health the following:

1. A month by month total paid claims report, incurred but not paid claims reports, and enrollment for the two most recent coverage periods up to and including the current month,
2. completed and signed Claim Disclosure Form,
3. all known or potential ongoing medical claims information, and
4. any and all other information that may be requested by Valenz.
5. Any case management report or pre-certification notice for the month of premium due to the present.

It is understood and agreed by the undersigned Applicant that:

Valenz has sole discretion without prejudice of its rights to reinstate stop loss coverage and no stop loss coverage shall be reinstated until Valenz provides written notice of reinstatement to the Applicant or its duly authorized representative.

Receipt by Valenz of the sum stated above or any deposit of any check drawn shall not constitute an acceptance of liability. In the event that Valenz does not approve reinstatement, the deposit will be refunded.

The undersigned Applicant further understands and agrees that:

The Applicant has read and understands the Application for Reinstatement.

The statements made in this Application and accompanying information provided to Valenz Health are true and complete statements, declarations and representations, and form a part of the entire contract of insurance; and

Coverage, if reinstated, shall be issued in reliance upon the truth and accuracy of such statements, declarations and representations.

APPLICANT SIGNATURE AND TITLE: _____

PRINTED NAME AND TITLE: _____

DATE: _____