

Skyward Accident & Health
Effective Date: 10/01/2023
Expiration Date: 09/30/2024
Contract Length: 12

Proposal Number: 149033
Group: Upshur County
Carrier: Great Midwest Insurance Company (GMIC)
Underwriter: Rene' Nordlof

HEALTH BENEFIT PLAN EXCESS LOSS COVERAGE SIGNATURE PAGE

- 1) Name of Applicant: **Upshur County**
- 2) Carrier: **Great Midwest Insurance Company (GMIC)**
- 3) Plan Administrator: **Sage**
- 4) Proposal Effective Date: **10/01/2023 – 09/30/2024**
- 5) Initial the selected proposal option (please initial both the selected Specific and Aggregate option):

Option	Specific	Aggregate
1	\$ 75,000 / 24/12	\$ 75,000 / 24/12

- 6) Deposit Premium based on first month's premium due and payable to: Skyward Underwriters Agency, Inc.
- 7) A completed and signed Disclosure Form must be submitted in order to bind coverage. This item is waived for renewal groups.

Signed by:

UPSHUR CO. TEXAS

Applicant (Correct Legal Name)

Todd Teftelcer

(Officer's Signature and Title)

TODD TEFTELCER
UPSHUR CO. JUDGE

9-15-2024

Date

Rachel Means

Agent of Record or Administrator

Not effective until approved in writing by the Carrier

