



EMPLOYER APPLICATION (True Group Application)

DEPARTMENT OF HUMAN RESOURCES

Group # (BCBSF): 30749 (HMO): 30749J 2005 NOV 28 PM 12:18

I. Applicant Information

A. Name of Group: NASSAU COUNTY BOCC
Nature of Business: Executive offices
Mailing Address: 96161 Nassau Place Yulee, FL 32097

B. Applicant hereby applies for issuance of a Group Policy (herein referred to as Policy) by Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and/or Health Options, Inc. (HOI).

C. Prior Health Carrier: Insurance (HMO)
D. The Policy excludes expenses for any service or supply to diagnose or treat any Condition from or in connection with an Insured's job or employment...

II. Effective Date / Eligibility Information

A. Effective Date of this Policy shall be 01/01/2000. The effective date of this change to the policy shall be 10/01/2005.
B. Only active eligible employees who regularly work a minimum of 20 hours each week and their eligible dependents, shall be eligible for coverage upon the Effective Date of this Policy.

III. Health Plan Summary Information (select the appropriate box(es)):

Table with columns: Included in product, Accept, Decline, Included in product, Accept, Decline. Rows include Mental & Nervous Disorder, Alcohol & Drug Dependency, Mammograms Waiver of Ded. & Coins. Enteral Formulas.

BlueCross and BlueShield of Florida, Inc. Multi-plan BlueOptions Package* Other BCBSF Multi-Plan selections*

Table with columns: Deductible/Calendar Year, Maximum Out of Pocket/Calendar Year, Office Visit Copay, Inpatient Facility Copay, Rx Option, Generic, Rates. Rows include Individual, Family, Hospital Per Admission Deductible, Coinsurance, Participating, Non-Participating.

Health Options Divisions: 002, C02

Table with columns: Health Benefits, Rx Option, Generic, Rates. Rows include BlueCare NFO LG Grp Plan 16 - Std, BlueCare Rx 10/25/40 C - Std.

IV. Rate Information

A. Premiums/Prepayment fee are payable monthly on or before the due date which will be: 1st
B. Regular Billing: Employee applications should be submitted thirty (30) days prior to proposed Effective Date.
C. The Rates established for this Policy will not be changed for the first twelve (12) months following the initial Effective Date of Coverage...

D. Funding Arrangements BCBSF: Discount HMO: Discount
E. Rate Comments

V. Applicant Responsibilities

A. The applicant shall: 1) Notify each enrollee to the benefits selected by the applicant, their Effective Date, and the termination date of coverage...
B. Applicant hereby establishes an Employee Welfare Benefit Plan for the purpose of providing for its employees or their beneficiaries medical, surgical, hospital care...
C. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

VI. Final Premiums, Benefits and Effective Dates are Subject to Approval by BCBSF Corporate Headquarters

Issuance of the Policy by BCBSF/HOI will be deemed acceptance of this application Nassau County Board of County Commissioners

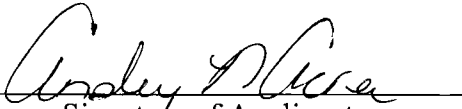
Date Signature of Applicant Anstey N. Acree, Chairman
Date Signature of Agent Wesley M. Uena
Agent License Identification Number

EMPLOYEE CONTRIBUTION: Employees hired on or after October 1, 2005 will be responsible for 100% of the dependents coverage. The county will only pay for 100% of the employees HMO Coverage, employees are responsible to buy-up to the PPO plan. All current employees will be grand fathered into the current 100%/50% for HMO, and will be responsible to buy-up the difference for the PPO. The employee contribution for Union Workers will be specific to their union contract.

LOCATION CODES ARE AS FOLLOWS:

- 00 - BOARD OF COUNTY COMMISSIONERS
- 01 - CLERK OF COURT'S OFFICE
- 02 - PROPERTY APPRAISER 'S OFFICE
- 03 - SUPERVISOR OF ELECTION'S OFFICE
- 04- TAX COLLECTOR'S OFFICE
- 05 - SHERIFF'S OFFICE
- 06 - RETIREES
- 07 - COBRA

Nassau County Board of County Commissioners



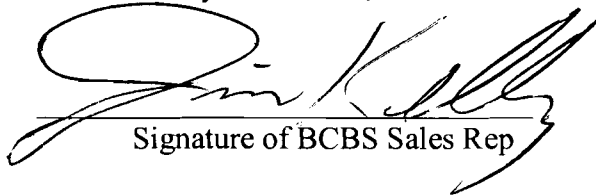
Signature of Applicant

Ansley N. Acree, Chairman

October 12, 2005

date

date




Signature of BCBS Sales Rep

date

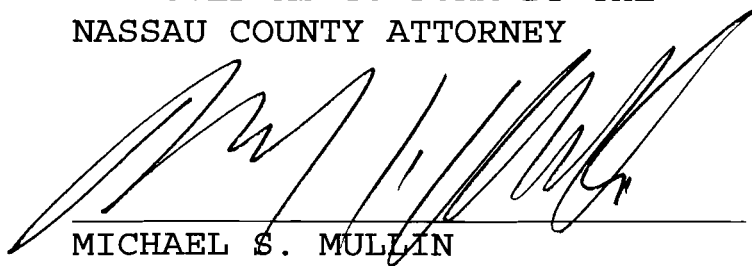
BLUE CROSS/BLUE SHIELD CONTRACT
EMPLOYEE HEALTH INSURANCE

ATTEST:



John A. Crawford
EX-OFFICIO CLERK

APPROVED AS TO FORM BY THE
NASSAU COUNTY ATTORNEY



MICHAEL S. MULLIN