



BCS Insurance Company
 2 Mid America Plaza, Suite 200
 Oakbrook Terrace, Illinois 60181
 800.621.9215
 bcsins.com

APPLICATION FOR STOP LOSS INSURANCE

Applicant Information - Please complete in full			
Full Legal Name of Group (to appear on Policy) Kootenai County		Effective Date January 1, 2026	
Tax ID Number (attach W-9) 82-6000304		Telephone Number 208-446-1642	
Corporate Address 451 Government Way		City Coeur d'Alene	State ID
Mailing Address (if different than above) PO Box 9000		City Coeur d'Alene	State ID
Enrollment 737			
Network(s) Utilized			
Medical: BCBS		Rx: Prime	
Utilization or Case Manager, if any: BCBS			
Business Affiliates (Attach additional sheet if necessary)		<input checked="" type="checkbox"/> Not Applicable, no other Business Affiliates	
#1	Full Legal Name		
Address	City	State	Zip Code
#2	Full Legal Name		
Address	City	State	Zip Code
Producer (Agent/Broker)		<input type="checkbox"/> Not Applicable	
Name Scott Burkhardt/Alliant		State License Number for Applicant's Situs State* 2854069	
Tax ID Number (attach W-9)* 33-0785439	Telephone Number 208-660-5045	Email scott.burkhardt@alliant.com	
Mailing Address 818 W Riverside Suite 800	City Spokane	State WA	Zip Code 99201
Secondary Producer (Agent/Broker)		<input type="checkbox"/> Not Applicable	
Name Shawn Sicilia/Alliant		State License Number for Applicant's Situs State*	
Tax ID Number (attach W-9)* 33-0785439	Telephone Number 509-290-9442	Email shawn.Sicilia@alliant.com	
Mailing Address 818 W Riverside Suite 800	City Spokane	State WA	Zip Code 99201
Administrator (TPA)			
Full Legal Name Regence Blue Shield of Idaho		Tax ID Number (attach W-9)	
Address	City	State	Zip Code
Mailing Address (if different than above) PO BOX 1271 C3I	City Portland	State OR	Zip Code 97207-1271
Key Contact Person	Email	Telephone Number	
Secondary Administrator (TPA)		<input checked="" type="checkbox"/> Not Applicable	
Full Legal Name		Tax ID Number (attach W-9)*	
Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Key Contact Person	Email	Telephone Number	

*If available at time of application and if applicable.

The Undersigned Applicant Hereby Agrees That:

It is understood and agreed that by signing this Application, the applicant employer (the "Applicant") agrees as follows:

1. The Applicant hereby applies to BCS Insurance Company ("Company") for Stop Loss Insurance in connection with self-funded coverage as outlined in the signed Firm Stop Loss Proposal that accompanies this Application (the "Proposal").
2. The Applicant shall furnish to the Company upon request a copy of the Plan Document that describes the benefits that are covered. In the event of a material variance between the Plan Document received and the benefit provisions upon which the terms and rates were provided for stop loss insurance coverage, the Company at its option, may re-rate and/or withdraw coverage.
3. The Policy shall become effective on the first day of the Policy Period specified in the Proposal, unless otherwise agreed to by the Company in writing. The receipt of premium by the Company or its affiliates in connection with the Policy shall not constitute an acceptance of liability. In the event that the Company does not accept the request for stop loss insurance submitted by the Applicant, the Company's sole obligation will be to return any received premium. The Company also has the right to withdraw or cancel any offer of coverage if a signed Application and Schedule are not received within 30 days after issuance by the Company. Once any offer of stop loss coverage is withdrawn or canceled, the Company's sole obligation is to return any received premium.
4. If an Administrator is used by the Applicant to remit premiums or administer claims, both premium remittance and claims administration must adhere to the guidelines as set forth by the Company. The Applicant acknowledges that the Administrator is the Applicant's agent and not the agent of the Company.
5. The Applicant's Complete Claims History (as defined on Page 3 of this Application) and any other information furnished during the stop loss proposal process by or on behalf of the Applicant are the primary data elements on which the Company's Proposal is based. If the Applicant fails to disclose all information that is, or through a diligent review, could have been included in the Complete Claims History, the Company will have the right to revise the premium rates, deductibles, factors and terms and conditions of the Policy in accordance with the Company's underwriting practices in effect at the time the Policy was underwritten, retroactive to the Effective Date.
6. Any coverage resulting from this Application shall be subject to the terms, conditions and provisions of the Policy herein applied for.

By signing below, the Applicant agrees that the coverage requested herein is not in effect until (1) this signed and completed Application and Disclosure Statement are approved by the Company, and (2) the Schedule for Stop Loss Insurance has been issued by the Company and formally accepted by Applicant.

Printed Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Scott Burkhardt

Print Name of Producer

Scott Burkhardt

Signature of Producer

Digitally signed by Scott Burkhardt
DN: cn=Scott Burkhardt, o=Scott Burkhardt, ou=US United States, email=Scott.Burkhardt@alliant.com
Reason: I am the author of this document
Location:
Date: 2020.12.17 12:16:08-05

Date

Title

Print Name of Sub-Producer

Signature of Sub-Producer

COMPLETE CLAIMS HISTORY means all of the following:

- 1) A census of all Covered Persons which, at minimum, includes Persons legally employed by the Applicant or an Affiliate, dates of birth, gender, zip code of residence, type of coverage, and summary information about dependents, participating COBRA beneficiaries and retirees; and
- 2) A member-level specific stop loss summary which includes, at minimum, member name, amount paid and diagnosis for a minimum of thirty-six (36) consecutive months immediately preceding the Application Date; and
- 3) Any injury, illness or disease that resulted in Eligible Expenses Paid or Incurred on behalf of any Covered Person in an amount in excess of 50% of the Specific Deductible or has the potential to exceed 50% of the Specific Deductible, including, at minimum, amount paid, diagnosis, prognosis, dates of service, claimant status, and case management reports for a minimum of twelve (12) consecutive months immediately preceding the Application Date; and
- 4) Any injury, illness or disease that relates to a classification of disease that the Company has designated as a potential Large Claim by virtue of its International Classification of Disease ("ICD") Code; including, at minimum, amount paid, diagnosis, prognosis, dates of service, claimant status, and case management reports for a minimum of twelve (12) consecutive months immediately preceding the Application Date; and
- 5) Monthly paid claims and enrollment for a minimum of thirty-six (36) consecutive months immediately preceding the Application Date (If Aggregate Stop Loss insurance is being applied for); and
- 6) Pre-certifications, utilization reviews, pending and denied claim reports, and claims in audit for a minimum of twelve (12) consecutive months immediately preceding the Application Date.



BCS Insurance Company

Stop Loss Disclosure Instructions for Completion

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Policyholder as a part of “health care operations”. BCS shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

BCS will rely upon the information provided on the attached Disclosure or most recent reports, which will become part of the Application for Stop Loss Insurance. The purpose of this disclosure is to allow BCS to take underwriting action on all known risks. It is the Policyholder’s responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this Disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from Administrators, insurers, utilization management companies, managed care companies, and information from any Agent/Brokers of the Policyholder. In exchange, BCS will accept the liability for any truly unknown risks. The attached Disclosure must be completed and signed by the appropriate parties prior to the expiration date of the stop loss proposal and received by BCS within five (5) days of completion.

List on the Disclosure or provide reports for all covered persons known to:

1. be currently disabled, confined to a medical facility, or have been pre-certified within the last three (3) months;
2. have received medical services during the current plan year the cost of which exceeds fifty percent (50%) of the Specific Stop Loss Deductible applied for;
3. have been identified as a candidate for case management and as having the potential to exceed during the policy period, fifty percent (50%) of the lowest Specific Stop Loss Deductible applied for;
4. have been diagnosed, during the current policy period, with a condition represented by any of the ICD-10 codes contained in the attached list.

Upon receipt of the completed Disclosure and/or reports provided, BCS will assess all data, new and previously reported, and will inform the Policyholder’s representative in writing within five (5) days of any changes to the rates, factors or terms of coverage. BCS reserves the right to rescind the proposal in its entirety based upon a review of all information submitted.

If the Policyholder fails to disclose any known risk, either intentionally or because a thorough review of all records was not conducted, then BCS will have no liability for claims on the risk not disclosed.



ICD10 Trigger List

Infectious & Parasitic Diseases	A40.0 A40.3	A40.8 A41.01	A41.02 A41.1	A41.2 A41.3	A41.4 A41.50	A41.52 A41.53	A41.59 A41.81	B59	
Cancers	C06.89	C71.2	C79.70	C83.16	C84.17	C85.16	C91.21	C94.21	D61.810
	C15.8	C71.3	C79.71	C83.17	C84.18	C85.18	C91.22	C94.22	D61.811
	C16.8	C71.4	C79.72	C83.18	C84.19	C85.19	C92.00	C94.30	D61.818
	C22.2	C71.5	C79.89	C83.19	C84.40	C85.2	C92.01	C94.40	D61.82
	C22.3	C71.6	C79.9	C83.3	C84.41	C85.20	C92.02	C94.6	D61.89
	C24.9	C71.7	C7A.094	C83.30	C84.42	C85.21	C92.12	C94.80	D61.9
	C25.0	C71.8	C7B.04	C83.31	C84.43	C85.22	C92.20	C94.81	D63.0
	C25.3	C71.9	C7B.09	C83.32	C84.44	C85.28	C92.21	C94.82	D64.81
	C25.7	C72.0	C7B.8	C83.33	C84.45	C85.29	C92.22	C95.00	D65
	C25.8	C72.20	C80.0	C83.34	C84.46	C85.82	C92.30	C95.01	D66
	C26.1	C72.9	C81.07	C83.35	C84.48	C85.9	C92.31	C95.02	D67
	C30.1	C74.00	C81.13	C83.36	C84.49	C85.90	C92.32	C95.90	D68.0
	C31.3	C74.01	C81.15	C83.37	C84.60	C85.92	C92.40	C95.91	D68.311
	C34.01	C74.02	C81.16	C83.38	C84.61	C85.97	C92.41	C95.92	D69.51
	C38.0	C74.11	C81.19	C83.39	C84.62	C86.0	C92.42	C96.4	D69.59
	C38.1	C74.12	C81.30	C83.50	C84.63	C86.1	C92.50	C96.2	D70.1
	C38.2	C74.90	C81.33	C83.51	C84.64	C86.2	C92.51	D46.9	D70.2
	C38.3	C74.91	C81.34	C83.52	C84.65	C86.3	C92.52	D56	D70.3
	C38.8	C74.92	C81.37	C83.53	C84.66	C86.4	C92.60	D56.0	D70.4
	C40.00	C75.3	C81.46	C83.54	C84.67	C86.5	C92.61	D56.1	D70.8
	C40.01	C76.1	C81.70	C83.55	C84.68	C88.8	C92.62	D56.2	D70.9
	C40.20	C76.2	C81.72	C83.56	C84.69	C90.00	C92.90	D56.3	D72.0
	C40.22	C76.50	C81.73	C83.58	C84.70	C90.01	C92.91	D56.4	D73.3
	C40.30	C77.1	C81.74	C83.59	C84.71	C90.02	C92.92	D56.5	D73.5
	C40.31	C77.2	C81.76	C83.70	C84.72	C90.10	C92.A0	D56.8	D75.81
	C40.32	C77.8	C81.78	C83.71	C84.73	C90.11	C92.A1	D56.9	D75.82
	C40.81	C78.00	C81.79	C83.72	C84.74	C90.12	C92.A2	D57	D76.1
	C40.82	C78.01	C81.97	C83.73	C84.75	C90.20	C92.20	D57.0	D76.2
	C40.90	C78.02	C81.99	C83.74	C84.76	C90.22	C92.21	D57.00	D81.3
	C40.92	C78.1	C82.02	C83.75	C84.78	C90.30	C92.22	D57.01	D81.5
	C41.2	C78.2	C82.42	C83.76	C84.79	C91.00	C93.00	D57.02	D81.6
	C41.4	C78.39	C82.43	C83.78	C84.90	C91.01	C93.01	D57.03	D81.89
	C43.51	C78.4	C82.48	C83.79	C84.91	C91.02	C93.02	D57.09	D82.0
	C43.8	C78.5	C82.49	C83.80	C84.92	C91.12	C93.10	D57.1	D82.8
	C46.4	C78.6	C82.52	C83.82	C84.98	C91.30	C93.11	D57.2	D84.1
	C46.50	C78.7	C82.54	C83.89	C84.99	C91.32	C93.12	D57.219	D86.87
	C46.7	C78.89	C82.56	C83.90	C84.A1	C91.50	C93.30	D57.40	D89.3
	C47.4	C79.00	C82.59	C83.99	C84.A3	C91.51	C93.31	D57.41	D89.810
	C47.5	C79.02	C82.82	C84.01	C84.A5	C91.52	C93.32	D57.8	D89.811
	C47.8	C79.2	C83.02	C84.03	C84.A7	C91.60	C93.90	D59.3	D89.812
	C48.0	C79.31	C83.03	C84.05	C84.A8	C91.61	C93.91	D59.5	D89.813
	C48.8	C79.32	C83.06	C84.06	C84.20	C91.62	C93.92	D59.6	D89.9
	C49.8	C79.40	C83.10	C84.07	C84.28	C91.90	C93.20	D60.0	
	C50.229	C79.49	C83.11	C84.08	C84.29	C91.91	C93.21	D61.01	
	C70.1	C79.51	C83.12	C84.10	C85.10	C91.92	C94.00	D61.09	
	C70.9	C79.52	C83.13	C84.12	C85.12	C91.A0	C94.01	D61.1	
	C71.0	C79.60	C83.14	C84.13	C85.13	C91.A2	C94.02	D61.2	
	C71.1	C79.62	C83.15	C84.15	C85.14	C91.20	C94.20	D61.3	

ICD10 Trigger List

Endocrine / Nutritional / Metabolic Diseases	E70.338	E71.528	E72.4	E75.22	E76.02	E76.22	E83.39	E84.8	E88.49
	E70.81	E71.529	E74.00	E75.23	E76.03	E76.29	E83.81	E84.9	E85.2
	E71.121	E72.04	E74.02	E75.242	E76.1	E76.3	E84	E85.1	
	E71.52	E72.21	E74.09	E75.249	E76.210	E77.0	E84.0	E85.3	
	E71.520	E72.22	E75.19	E75.25	E76.211	E77.1	E84.11	E87.71	
	E71.521	E72.29	E75.21	E76.01	E76.219	E83.30	E84.19	E88.3	
Diseases of the Nervous System	G00.3	G04.2	G04.90	G06.2	G12.8	G71.01	G82.50	G82.53	G93.6
	G00.8	G04.31	G06.0	G12.0	G12.9	G82.21	G82.51	G91.1	
	G00.9	G04.81	G06.1	G12.1	G12.25	G82.22	G82.52	G93.1	
Diseases of the Eye and Adnexa	H35.50	H35.52	H35.54	H47.22					
Diseases of the Circulatory System	I09.81	I33.9	I60.00	I60.20	I60.51	I61.4	I66.19	I70.269	I70.662
	I12.0	I42.7	I60.01	I60.21	I60.52	I61.5	I67.83	I70.361	I70.769
	I13.2	I46.8	I60.02	I60.22	I60.6	I61.6	I67.848	I70.362	
	I27.9	I50.23	I60.10	I60.30	I60.7	I61.8	I70.261	I70.368	
	I28.8	I50.40	I60.11	I60.31	I60.8	I61.9	I70.262	I70.461	
	I28.9	I50.41	I60.12	I60.32	I61.1	I63.313	I70.263	I70.462	
	I33.0	I50.43	I60.2	I60.4	I61.2	I63.543	I70.268	I70.561	
Diseases of the Respiratory System	J84.116	J84.848	J96.00	J96.22	J96.91	J98.19			
	J84.842	J95.821	J96.10	J96.90	J96.92				
Diseases of the Digestive System	K22.3	K55.30	K65.2	K70.40	K71.51	K72.11	K76.5	K85.82	
	K25.1	K55.32	K65.8	K70.41	K72.00	K72.90	K76.7	K85.91	
	K55.022	K63.1	K65.9	K71.10	K72.01	K72.91	K76.81	K91.82	
	K55.051	K65.0	K70.2	K71.11	K72.10	K76.3	K85.12		
Diseases of Musculoskeletal System / Connective Tissue	M36.2	M51.8							
Diseases of Genitourinary System	N03.7	N17.0	N17.1	N18.6					
Conditions in the Perinatal Period	P07.00	P07.21	P07.32	P14.2	P26.9	P29.0	P36.4	P52.4	P77.9
	P07.01	P07.22	P07.33	P22.0	P27.0	P29.2	P36.5	P52.6	P91.1
	P07.02	P07.23	P10.2	P25.0	P27.1	P29.3	P36.8	P52.8	P91.2
	P07.03	P07.24	P10.3	P25.1	P27.8	P29.81	P52.0	P52.9	P91.5
	P07.10	P07.25	P10.8	P25.3	P27.9	P36	P52.1	P77	P91.6
	P07.14	P07.26	P10.9	P25.8	P28.5	P36.19	P52.21	P77.1	P91.60
	P07.15	P07.30	P11.0	P26.1	P28.81	P36.2	P52.22	P77.2	P91.63
	P07.20	P07.31	P11.2	P26.8	P28.89	P36.39	P52.3	P77.3	P91.8
Congenital Malformations / Deformations / Chromosome Abnormalities	Q00.1	Q20.6	Q22.8	Q25.0	Q26.0	Q33.8	Q41.9	Q79.3	Q93.1
	Q03.8	Q20.8	Q22.9	Q25.2	Q26.8	Q33.9	Q44.2	Q91.0	
	Q03.9	Q20.9	Q23.2	Q25.5	Q32.0	Q39.2	Q44.3	Q91.1	
	Q07.03	Q21.4	Q23.4	Q25.71	Q32.1	Q41.0	Q45.0	Q91.6	
	Q20.1	Q22.0	Q24.3	Q25.79	Q32.2	Q41.1	Q45.1	Q92.1	
	Q20.2	Q22.4	Q24.8	Q25.8	Q33.3	Q41.2	Q77.3	Q92.9	
Q20.4	Q22.6	Q24.9	Q25.9	Q33.6	Q41.8	Q77.6	Q93.0		
Symptoms, Signs, Abnormal Clinical and Laboratory Findings	R40.2314	R40.3	R65.11	R65.20	R65.21				

ICD10 Trigger List

Injury, Poisoning, and Certain Other Consequences of External Causes	S06.0X6A	S06.2X6A	S06.326D	S06.363A	S06.5X8D	S06.896D	S35.321	T31.71	T86.22	
	S06.1X0	S06.2X6D	S06.329A	S06.365D	S06.5X9D	S06.898A	S36.116A	T31.74	T86.23	
	S06.1X0A	S06.2X6S	S06.329D	S06.366A	S06.5X9S	S06.899D	S37.061	T31.76	T86.29	
	S06.1X0D	S06.2X8D	S06.330D	S06.366D	S06.6X0S	S06.899S	S78.019	T31.77	T86.298	
	S06.1X0S	S06.2X9A	S06.334A	S06.368D	S06.6X2D	S06.9X2	T20.30XA	T31.80	T86.3	
	S06.1X3A	S06.2X9D	S06.336A	S06.369A	S06.6X3A	S06.9X2A	T24.399A	T31.81	T86.30	
	S06.1X4A	S06.2X9S	S06.336D	S06.369D	S06.6X3D	S06.9X2D	T31.20	T31.84	T86.31	
	S06.1X5A	S06.300D	S06.339D	S06.369S	S06.6X3S	S06.9X2S	T31.21	T31.87	T86.33	
	S06.1X5D	S06.300S	S06.340A	S06.371D	S06.6X4A	S06.9X3D	T31.22	T31.88	T86.39	
	S06.1X5S	S06.301S	S06.342A	S06.379A	S06.6X4D	S06.9X3S	T31.30	T32.22	T86.4	
	S06.1X6A	S06.303A	S06.342D	S06.379S	S06.6X4S	S06.9X4	T31.31	T81.11XA	T86.40	
	S06.1X6D	S06.303D	S06.343A	S06.389A	S06.6X5A	S06.9X4A	T31.32	T81.12XA	T86.41	
	S06.1X6S	S06.304A	S06.344A	S06.4X1S	S06.6X5D	S06.9X5A	T31.33	T82.03XA	T86.42	
	S06.1X9	S06.305A	S06.344D	S06.4X3A	S06.6X6A	S06.9X5D	T31.40	T82.221A	T86.43	
	S06.1X9A	S06.305S	S06.345D	S06.4X3D	S06.6X6D	S06.9X5S	T31.41	T82.390	T86.49	
	S06.1X9D	S06.306A	S06.346A	S06.4X5S	S06.6X6S	S06.9X6A	T31.43	T82.512A	T86.81	
	S06.1X9S	S06.306D	S06.349A	S06.4X6A	S06.6X8A	S06.9X6D	T31.44	T82.512D	T86.810	
	S06.2X0D	S06.306S	S06.349D	S06.4X9	S06.6X9D	S06.9X6S	T31.50	T82.518A	T86.811	
	S06.2X0S	S06.309A	S06.349S	S06.5X0D	S06.6X9S	S06.9X8S	T31.51	T86.00	T86.818	
	S06.2X2A	S06.309D	S06.353A	S06.5X2	S06.810A	S06.9X9D	T31.52	T86.01	T86.819	
	S06.2X2D	S06.309S	S06.355A	S06.5X3	S06.810D	S06.9X9S	T31.53	T86.02	T86.831	
	S06.2X3A	S06.310D	S06.356A	S06.5X3A	S06.819D	S07.0XXD	T31.54	T86.03	T86.85	
	S06.2X3D	S06.314A	S06.356D	S06.5X4D	S06.823A	S07.9XXD	T31.55	T86.09	T86.850	
	S06.2X4A	S06.315A	S06.357A	S06.5X5A	S06.829A	S22.052B	T31.60	T86.11	T86.852	
	S06.2X4D	S06.315D	S06.359A	S06.5X5D	S06.890A	S22.062B	T31.61	T86.12	T86.858	
	S06.2X4S	S06.316A	S06.359D	S06.5X5S	S06.893A	S22.082B	T31.63	T86.19	T86.859	
	S06.2X5A	S06.320	S06.360D	S06.5X6A	S06.894D	S24.112A	T31.64	T86.2	T86.90	
	S06.2X5D	S06.324A	S06.360S	S06.5X6D	S06.894S	S25.02XA	T31.66	T86.20	T86.91	
	S06.2X5S	S06.325D	S06.362A	S06.5X6S	S06.896A	S25.122A	T31.70	T86.21	T86.99	
	Factors Influencing Health Status / Contact with Health Services	Z51.11	Z92.81	Z94.2	Z94.4	Z94.81	Z94.84	Z95.811	Z98.85	Z99.12
		Z51.12	Z94.1	Z94.3	Z94.6	Z94.82	Z94.9	Z95.812	Z99.11	Z99.2



BCS Insurance Company

Stop Loss Disclosure

Covered Person Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date	Diagnosis	Most Recent Date of Service	Expenses Incurred This Plan Year

The Policyholder or the Policyholder’s representative named below represents that the above list and/or attached report accurately discloses all potentially catastrophic risks in accordance with the attached instructions and that it is the result of a diligent search in accordance with those instructions.

If there are no risks to report which meet the Disclosure criteria, please check this box.

Policyholder

OR Administrator

OR Agent/Broker

Signature

Signature

Signature

**Scott
Burkhardt**

Digitally signed by Scott Burkhardt
DN: cn=Scott Burkhardt, gn=Scott Burkhardt c=US
United States f=US United States o=Alliant
ou=Alliant e=scott.burkhardt@alliant.com
Reason: I am the author of this document
Location:
Date: 2025-12-17 12:15:06:00

Name

Name

Name
Scott Burkhardt

Title

Title

Title
Vice President, Consultant

Date

Date

Date
12/17/2025