



**Employer Stop Loss
Unlimited Policy Year and/or Lifetime Coverage Waiver**

The proposed Stop Loss coverage for which the plan sponsor is applying includes a Policy Year Maximum Specific Benefit and/or a Lifetime Maximum Specific Benefit option that is limited to the amount specified on the benefits and cost page. Highmark Casualty's liability is capped at the amounts specified on the benefits and cost page, and not the amount the first-dollar medical plan provides for plan participants.

By accepting this coverage offer, the plan sponsor:

- Understands there may be a gap in coverage if the maximum reimbursement for plan participants under the first-dollar medical plan is higher than the Policy Year Specific Maximum Benefit and/or the Lifetime Maximum Specific Benefit shown in the stop loss policy issued by Highmark Casualty.
- Acknowledges its responsibility for claims that exceed the coverage limits shown in the stop loss policy issued by Highmark Casualty.

Signed by the Proposed Insured:

Policyholder Name _____

Requested Coverage Begin Date _____ End Date _____

Authorized Signature_____

Title _____ Date_____