

Employer Application for Small Business

To avoid processing delays, please make sure you:

1. Answer all questions completely and accurately.
2. Complete and submit the Product and Benefit Selection Form.
3. Submit the most recent billing statement listing those currently insured/covered and current status.
4. Submit most recent wage and tax information.
5. Include a deposit check for any required premiums.
6. **DO NOT CANCEL YOUR EXISTING COVERAGE UNTIL YOU RECEIVE WRITTEN NOTIFICATION OF APPROVAL.**

Unimerica Life Insurance Company

General Information		Effective Date: <u>7/1/2012</u>	
Group's Legal Name: <u>URSA INFORMATION SYSTEMS, INC.</u>		Tax ID: <u>27-2486987</u>	
DBA, if applicable:		<u>27-2486987</u>	
Group name to appear on ID card (maximum 30 characters and spaces): <u>URSA INFO SYSTEMS, INC</u>			
Address: <u>1881 Commercenter Dr. East, San Bernardino, CA. #138</u>		Start Date of Business: <u>4/28/10</u>	
City: <u>San Bernardino</u>	State: <u>CA</u>	Zip Code: <u>92408</u>	
Billing Contact / Title: <u>Ronda Mader / Sec/Treas</u>	Telephone: <u>855-877-2377</u>	Fax:	E-mail Address: <u>Rmader@ursainfosystems.com</u>
Billing Address (if different): <u>PO Box 2589, Crestline, CA. 92325-2589</u>			
Executive Contact / Title: <u>Ronda Mader / Sec/Treas.</u>	Telephone:	Fax:	E-mail Address:
Administrative / Service Contact / Title: <u>''</u>	Telephone:	Fax:	E-mail Address:
Organization Type: <input type="checkbox"/> Ind. Contractor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> C-Corp <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other		Nature of Business: <u>CONSULTING</u>	Industry (SIC) Code: <u>7372</u>
Multi-Location Group: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	# of Locations: <u>1</u>	Address(es) (Use additional sheet of paper if necessary):	
# of hours per week to be eligible: <u>30</u>	Classes Excluded (if applicable): <input checked="" type="checkbox"/> None <input type="checkbox"/> Union <input type="checkbox"/> Hourly (# of hours: _____) <input type="checkbox"/> Non-Management	Waiting Period for New Hires: <input type="checkbox"/> 1st of the month following Date of Hire <input checked="" type="checkbox"/> 1st of the month following <u>3</u> [months] [days] of employment <input type="checkbox"/> Date of Hire (no waiting period) <input type="checkbox"/> _____ [months] [days] of employment following Date of Hire	Waiting Period for Rehire: <input checked="" type="checkbox"/> 1st month following <u>3</u> months
Have Workers' Comp: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers' Comp Carrier Name: <u>TRANSAMER TRAVELERS</u>	Waiting Period Waived for Initial Enrollees: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to ERISA Regulation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers' Comp - Reason if no coverage: <u>OFFICERS OF CORP.</u>		
Names of Owners/Partners not covered by Workers' Comp:			
Name: <u>Ronda Mader</u>	Title: <u>Sec/Treas.</u>	Telephone: <u>855-877-2377</u>	E-mail Address: <u>Rmader@ursainfosystems.com</u>
Name: <u>Greg Mader</u>	Title: <u>President</u>	Telephone: <u>''</u>	E-mail Address: <u>Gmader@ursainfosystems.com</u>
Names of Persons currently on COBRA/Continuation:			
Name:	<input type="checkbox"/> COBRA <input type="checkbox"/> Cal-COBRA <input type="checkbox"/> COBRA-AB1401 <input type="checkbox"/> Extended/Disabled COBRA	COBRA Qualifying Event:	COBRA Date of Qualifying Event:
Name:	<input type="checkbox"/> COBRA <input type="checkbox"/> Cal-COBRA <input type="checkbox"/> COBRA-AB1401 <input type="checkbox"/> Extended/Disabled COBRA	COBRA Qualifying Event:	COBRA Date of Qualifying Event:
Name:	<input type="checkbox"/> COBRA <input type="checkbox"/> Cal-COBRA <input type="checkbox"/> COBRA-AB1401 <input type="checkbox"/> Extended/Disabled COBRA	COBRA Qualifying Event:	COBRA Date of Qualifying Event:
Name:	<input type="checkbox"/> COBRA <input type="checkbox"/> Cal-COBRA <input type="checkbox"/> COBRA-AB1401 <input type="checkbox"/> Extended/Disabled COBRA	COBRA Qualifying Event:	COBRA Date of Qualifying Event:

CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH CARE SERVICE PLANS AND INSURANCE COMPANIES AS A CONDITION OF OBTAINING COVERAGE.

Coverage provided by UnitedHealthcare and Affiliates: Medical coverage provided by United HealthCare Insurance Company. Dental coverage provided by United HealthCare Insurance Company, Unimerica Life Insurance Company or Dental Benefit Providers of California, Inc. Life Insurance coverage provided by United HealthCare Insurance Company or Unimerica Life Insurance Company. Vision coverage provided by United HealthCare Insurance Company or Unimerica Life Insurance Company. Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthcare of California. Administrative services provided by PacificCare Health Plan Administrators, Inc., Prescription Solutions or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBH-PC) or United Behavioral Health (UBH).

General Information (continued)

Has the Group been insured/covered by UnitedHealthcare in the last 12 months? Yes No If yes, date coverage terminated

Name of Current Medical Carrier	Begin Date	Name of Current Dental Carrier	Begin Date
<input checked="" type="checkbox"/> None	End Date	<input checked="" type="checkbox"/> None	End Date

Leave of Absence:
How long do you continue paying health care premiums for employees on leave of absence? (maximum of six months): 0

Do you currently offer or intend to offer a Health Reimbursement Account (HRA) plan and/or voluntary or involuntary supplemental medical insurance alongside a UnitedHealthcare medical plan? Answers must be accurate whether purchased from UnitedHealthcare or any other insurer/health care service plan or third-party administrator.

1. HRA Yes No If yes, please identify type: DefinitySM Select HRA Other Administrator HRA

If you answered "Yes" for HRA, you must choose from the list of Definity HRA-eligible benefit plans as shown to you by your broker or agent. Other plans are not eligible for pairing with a Health Reimbursement Account (HRA).

2. Supplemental Insurance/Health Plan Coverage Yes No

Supplemental medical insurance is not permitted alongside any UnitedHealthcare plan. If answered "Yes" for Supplemental, coverage will not be approved. If answered "No", and purchased subsequently, coverage is subject to termination.

Participation		# Applying for:	# Waiving for:	Contribution	Employer %	Employee%	Employer % for Dep
# Full-Time (30+ Hours) Eligible Employees Enrolling in CA	3	Medical <input checked="" type="checkbox"/>	Medical <input checked="" type="checkbox"/>	Medical			
# Part-Time (20-29 Hours) Eligible Employees Enrolling in CA	0	Life <input checked="" type="checkbox"/>	Life <input checked="" type="checkbox"/>	Life			
# Full-Time (30+ Hours) Eligible Employees Enrolling Outside of CA	0	Dental <input checked="" type="checkbox"/>	Dental <input checked="" type="checkbox"/>	Dental	50%	50%	50%
# Part-Time (20-29 Hours) Eligible Employees enrolling Outside of CA	0	Vision <input checked="" type="checkbox"/>	Vision <input checked="" type="checkbox"/>	Vision			
# Employees in Waiting Period	0	Other <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>	Other			
Total # Employees Waiving	1						
# Ineligible Employees (other than noted above)	0						
Total # Employees	3						

Greg Mader waiving, but going on 95 Spouse to Ronda Mader.

Questions Regarding Group Size

<input type="checkbox"/> COBRA <input checked="" type="checkbox"/> State Continuation (e.g., Cal-COBRA)	Under federal law, if your group had 20 or more employees on your payroll on at least 50% of the group's working days of the preceding calendar year, you must provide employees with COBRA continuation. If your group had fewer than 20 employees, you must provide State Continuation.
<input checked="" type="checkbox"/> Medicare Primary <input type="checkbox"/> Plan Primary	Under federal law, if your group had 20 or more employees during 20 or more calendar weeks in the preceding calendar year, the Health Plan is primary and Medicare is secondary. This statement does not set forth all rules governing group level Medicare status. The Group should contact their legal and/or tax advisor(s) for information regarding other rules that may impact the Group's Medicare status. Under federal law it is the Group's responsibility to accurately determine its Medicare status.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any other entities associated with this group that are eligible to file a combined tax return under Section 414 of the Internal Revenue Code? If yes, please give the legal names of all other corporations and the number of employees employed by each.

Important Information

I understand that the Evidence of Coverage, Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this application, herein referred to as "Disclosure Materials," will be transmitted electronically to the Group/Company.

I acknowledge and affirmatively agree, on behalf of the Group/Company, to provide the applicable Disclosure Materials provided by UnitedHealthcare and Affiliates that contain information regarding benefits, services, exclusions, limitations and terms of the enrollee's health care coverage in electronic form and/or hard copy to enrolled members in accordance with California and federal laws, so as to afford the enrollee full and fair disclosure.

I represent that, to the best of my knowledge, the information I have provided in this application – including information regarding qualified beneficiaries and dependents who have elected continuation under COBRA or state continuation laws – is accurate and truthful. **I understand that UnitedHealthcare and Affiliates will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any intentional, material misrepresentation or intentional, material omission may result in rescission of the group/company policy/agreement, termination of coverage, or increase in premiums retroactive to the original effective date of the agreement/policy. UnitedHealthcare will issue a written notice explaining the basis for the decision of rescission and your appeal rights.** Group/Company will receive any notices for failure to pay and/or termination in writing. In accordance with the Group Subscriber Agreement/Policy, Group is delegated to provide notice of termination to each subscriber/insured person at the subscriber's/insured person's current address. For nonpayment of premiums, UnitedHealthcare and Affiliates will send a notice of termination with appeal rights directly to the member.

Any person who knowingly and with intent to defraud any insurance company/health care service plan or other person files an application for insurance/health plan coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance or health plan coverage act, which is a crime.

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Important Information (continued)

UnitedHealthcare disclosure regarding producer compensation: We pay brokers and agents (referred to collectively as "producers") compensation for their services in connection with the sale of our insured/health plan coverage products, in compliance with applicable law. We pay "base commissions" based on factors such as product type, amount of premium, group size and number of employees. These commissions are reflected in the premium rate. In addition, we may pay bonuses pursuant to bonus programs established from time to time which are designed to encourage the introduction of new products and provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonuses are not reflected in the premium rate but are paid from our general administrative expenses. It is our policy not to pay commissions to producers with respect to a product for which the customer is also paying the producer a commission or other fee. Please note we also make payments from time to time to producers for services other than those relating to the sale of policies/agreements (for example, compensation for services as a general agent or as a consultant).

Producer compensation is subject to disclosure on Schedule A of the ERISA Form 5500 for customers governed by ERISA. We provide Schedule A reports to our customers pursuant to federal law. We also have taken steps to ensure that producers properly disclose their compensation arrangements to their customers, but we cannot guarantee the producer's compliance. For general information on our producer payment arrangements, including the approximate percentage of total compensation that total bonus payments comprise, please go to www.uhc.com and click on the dropdown box for employers under "View Our Programs - Producer Payment Programs."

For specific information about the compensation payable with respect to your particular policy/agreement, please contact your producer.

BINDING ARBITRATION

I AGREE AND UNDERSTAND THAT ANY AND ALL DISPUTES, INCLUDING CLAIMS RELATING TO THE DELIVERY OF SERVICES UNDER THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE (THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE HEALTH PLAN WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED), EXCEPT FOR CLAIMS SUBJECT TO ERISA, BETWEEN ITSELF, MEMBERS (INCLUDING ANY HEIRS OR ASSIGNS) AND UNITEDHEALTHCARE OF CALIFORNIA, UNITEDHEALTHCARE OR ANY OF ITS PARENTS, SUBSIDIARIES OR AFFILIATES, SHALL BE DETERMINED BY SUBMISSION TO BINDING ARBITRATION. ANY SUCH DISPUTE WILL NOT BE RESOLVED BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS THE FEDERAL ARBITRATION ACT PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THEIR CONSTITUTIONAL RIGHTS TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD ARE ACCEPTING THE USE OF BINDING ARBITRATION IN ACCORDANCE WITH CALIFORNIA ARBITRATION LAW (TITLE 9 OF THE CALIFORNIA CODE OF CIVIL PROCEDURE § 1280 ET SEQ.) EXCEPT WHERE SUCH LAWS MAY BE PREEMPTED BY FEDERAL LAW INCLUDING, BUT NOT LIMITED TO, THE FEDERAL ARBITRATION ACT, 9 U.S.C. SEC. 1, ET SEQ.

Authorized Signer for Group (Name - Required) <i>X Ronda J. Mader</i>	Title (Required) <i>Secretary</i>
Signature (Required) <i>Ronda J. Mader</i>	Date (Required) <i>22 Jun 12</i>

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Commission Information

[Redacted]			
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*If more than one Broker, provide the second Broker's information on an additional sheet of paper.

General Agent Override Information			
General Agent	General Agent Tax ID#	Phone #	Franchise Code
Street Address	City	State	Zip Code
Contact Name	E-mail Address		

Admin Kit	
Send Admin Kit To:	Address

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