

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, Connecticut 06156

INSURED:
Austin Independent School District
1111 West Sixth Street E100
Austin, TX 78703-5338

POLICY NUMBER:
SL-737540

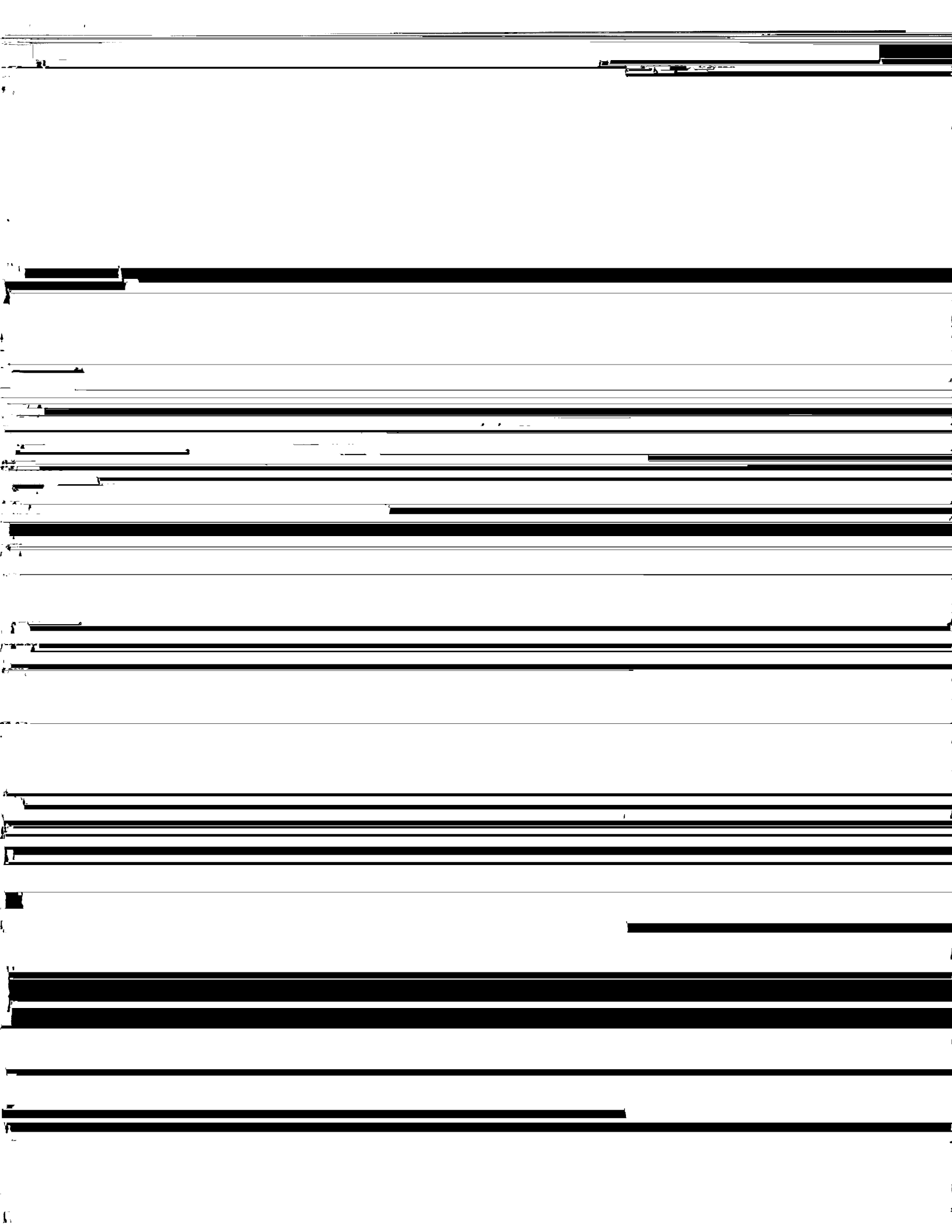
DATE OF ISSUE:

Section 2. Schedule of Insurance

Individual Stop Loss Specifications:

FIRST POLICY YEAR:	January 1, 2016 through December 31, 2016
PREMIUM RATE:	\$7.58 per employee per month
INDIVIDUAL STOP LOSS AMOUNT:	\$600,000
INDIVIDUAL LIFETIME STOP LOSS PAYMENT AMOUNT:	Unlimited
CONTRACT BASIS:	Eligible Claim Expenses include claims paid between January 1, 2016 through December 31, 2016 (regardless of incurred date).
COVERED BENEFITS:	Medical Benefits Prescription Drug Benefits

The information provided in this Schedule of Insurance for each Policy Year after the first shall be indicated in a written notice sent to the Insured and shall be effective on the date stated in such notice.



11. "Participant" means an Employee of the Insured, or a dependent of an Employee, on whose behalf Eligible Claim Expenses

are incurred, and who is entitled to extended benefits under the

in connection with an agreement with an accountable care or similar provider organization.

For purposes of Section 1111(b)(1)(B), the amount of the net payments received will not be subject to the Stop Loss insurance

Optional Policy Renewal

the Policyholder shall accept the Insured's acceptance of the renewal terms, unless it has otherwise

Assignment of interest under this Policy shall not bind Aetna without its written consent

Notice of Actions

The Insured agrees to give Aetna prompt notice of any event or development which might result in an action at law or equity related to this Policy and to forward promptly to Aetna copies of any pleadings and reports of investigation that Aetna requests. A copy of any document filed by or against the Insured in any court in connection with such litigation under the Plan must

Aetna Life Insurance Company

Application for [redacted]

Application is hereby made to Aetna Life Insurance Company, of Hartford, Connecticut (herein called Aetna) for a policy of Stop Loss Insurance, to be issued to the undersigned applicant.

Applicant:
Austin Independent School District

Address:
1111 West Sixth Street E100 Austin, TX 78703-5338

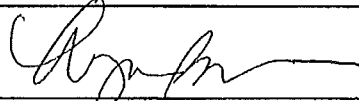
The form of the policy hereby applied for is that which has been prepared and designated by Aetna as Form No. GR-96476.

Said Policy has been approved, and its terms are hereby accepted by the applicant.

Signed at:
Austin, TX

Applicant:
Austin ISD

Date:
4/7/16

By: 

Witness:

Official Title: