

GROUP INSURANCE APPLICATION (CA)

ReliaStar Life Insurance Company

Home Office: Minneapolis, MN

Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Type(s) of Insurance Requested: ☐ Accident ☐ Critical Illness ☒ Hospital Confinement Indemnity

Proposed Effective Date 01/01/2026

GROUP INFORMATION

Group Applicant Legal Name County of Fresno

Group Applicant Address 2420 Mariposa St City Fresno State CA ZIP 93721

Business Name (dba) _____

ACKNOWLEDGMENTS AND SIGNATURE

The Policy provides limited benefits. Review the Policy carefully.

All statements and descriptions in the application are deemed to be representations and not warranties.

For Critical Illness Insurance: No person to be covered is also covered by any Title XIX program, designated as Medicaid or any similar name.

For Critical Illness Insurance and/or Hospital Confinement Indemnity Insurance: I acknowledge that each person to be insured under this/these Policy(ies) is required to be covered under a policy or plan that arranges or provides medical, hospital and surgical coverage, and I understand that any person not so covered is not eligible for insurance under this/these Policy(ies).

Printed / Typed Name of Person Authorized to Contract on Behalf of Group Applicant Ernest Buddy Mendes

Authorized Signature  Date 12/9/25

Title Chairman of the Board of Supervisors of the County of Fresno

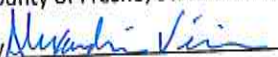
Agent / Producer Names (Please print.) USI

ATTEST:

BERNICE E. SEIDEL

Clerk of the Board of Supervisors

County of Fresno, State of California

By  Deputy