



FINAL RATES  
ACCEPTANCE FORM

The final rates offered to: **RIVER VALLEY SCHOOL DISTRICT**  
by Quartz, effective **09/01/2022** are:

Renewal Offering?	YES	no	no	no
	<u>POS1-1</u>	<u>HMO1-1</u>	<u>HMO1-2</u>	<u>POS1-2</u>
Single	\$725.42	\$646.60	\$602.64	\$676.44
Family	\$1,712.00	\$1,525.98	\$1,422.24	\$1,596.41
Medicare Single	\$580.34	\$646.60	\$602.64	\$676.44
Medicare Family	\$1,160.67	\$1,525.98	\$1,422.24	\$1,596.41
Medicare Split	\$1,305.76	\$1,525.98	\$1,422.24	\$1,596.41

We accept the following plan(s):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBC Tracking IDs:	Q9XRASBC	ITFSHM1SBC	F9Y5G0SBC	MDXPDBT1FRSBC
SOB Tracking IDs:	Q9XRASOB	ITFSHM1SOB	F9Y5G0SOB	MDXPDBT1FRSOB

Please review the above final adjusted rates. If these rates are acceptable to you, please execute the Acceptance Certification provided below. If your group has any changes within 60 days of the effective date that we determine will affect the rates listed above, we reserve the right to adjust the listed rates. Premium rate discrepancies must be reported to Quartz within 60 days of the renewal date.

Please keep a copy of this certification form for your records, and return the signed original to your Sales Representative or Agent.

RIVER VALLEY SCHOOL DISTRICT understands that Quartz, in its sole discretion, may provide summary health information for our use. I request, on behalf of RIVER VALLEY SCHOOL DISTRICT, that RIVER VALLEY SCHOOL DISTRICT receives this summary health information for the purposes of 1) modifying, amending, or terminating the group health plan; or, 2) obtaining premium bids from health plans for providing health insurance coverage under the group health plan. I certify that I am authorized to sign on behalf of RIVER VALLEY SCHOOL DISTRICT.

Acceptance Certification

As an authorized representative of this Employer, I have reviewed the above, and the notice form, and accept the quoted rates on behalf of RIVER VALLEY SCHOOL DISTRICT. I further attest and certify that all the statements included herein are true and correct to the best of my knowledge.

**RIVER VALLEY SCHOOL DISTRICT**

Printed Name of Group Representative

Date

Signature of Group Representative

Position/Title of Group Representative

Please send the completed form to:

Mary Raether  
Quartz  
840 Carolina Street  
Sauk City, WI 53583