

FINAL RATES ACCEPTANCE FORM

The final rates offered to: by Quartz, effective	RIVER VALLEY 09/01/2023	SCHOOL DISTRICT are:	
Renewal Offering?	YES	YES	
	HM01-1	POS1-1	
Single	\$685,39	\$768.95	
Family	\$1,617.53	\$1,814.73	
Medicare Single	\$548.31	\$615.16	
Medicare Family	\$1,096,62	\$1,230.32	
Medicare Split	\$1,233.70	\$1,384.11	
We accept the following plan(s):			
	motonese	CKQ0GZW25BC	
SBC Tracking IDs: SOB Tracking IDs:	121/5031/508	CXQ0GZW2S08	
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changes within 60 days of the discrepancies must be reporte Please keep a copy of this certif	effective date the date to Quartz with fication form for the that Quartz, In Its sole in diffing, amending, or te	at we determine will affect the in 60 days of the renewal date. your records, and return the sign	you, please execute the Acceptance Certification provided below. If your group has any e rates listed above, we reserve the right to adjust the listed rates. Premium rate
to sign on behalf of RIVER VALLEY SCHOOL D	ISTRICT.		ptance Certification
As an authorized representative I further attest and certify that	e of this Employe all the statemen	r, I have reviewed the above, a	nd the notice form, and accept the quoted rates on behalf of RIVER VALLEY SCHOOL DISTRICT. correct to the best of my knowledge.
RIVER VALLEY SCHOOL DISTRIC	CT		
Printed Name of Group Repres	sentative		Date
Signature of Group Represent	ative		Position/Title of Group Representative
		Please 1	send the completed form to:

Quartz