



P.O. Box 27630, Albuquerque, New Mexico 87125-7630

**BENEFIT PROGRAM APPLICATION (“BPA”)
Blue Cross and Blue Shield of New Mexico (herein called BCBSNM)**

NOTE: Your prior coverage should NOT be cancelled until you have been notified that this Benefit Program Application has been accepted. No producer can bind coverage, set an effective date, or waive or alter any provisions of this Benefit Program Application. Insurance is not in effect until the date established by BLUE CROSS AND BLUE SHIELD OF NEW MEXICO.

Legal Name of Employer Group: <u>City of Gallup</u>		
If Renewing or Existing Group, Group/Account Number: <u>/ NM104008</u>		
Requested Contract(s) Policy(ies) Effective Date : <u>10/01/2019</u> Month/Day/Year		
Employer Identification Number (EIN): <u>856000132</u>	Fax Number: <u>+1.505.722.5131</u>	Company Telephone Number: <u>+1.505.863.1255</u>
Physical Address : Number, Street, City, State, Zip: <u>110 WEST AZTEC AVE., GALLUP, NM, 87305</u>		
Mailing Address : Number, Street, City, State, Zip: <u>---</u>		
E-Mail Address of Authorized Company Official: <u>jdeyoung@gallupnm.gov</u>		
Billing Address (if different from mailing): Number, Street, City, State, Zip: <u>110 WEST AZTEC AVE., GALLUP, NM, 87305</u>		
Billing and Correspondence to the attention of: <u>JON DEYOUNG</u>		Standard Industry Code (“SIC”): <u>9111</u>
The Blue Access® for Employers (BAE) contact person is the employee authorized by the Employer to access and maintain its account/employee information via BAE. To access and maintain BAE an email address is required. Name and title of BAE contact person: <u>KLO ABEITA, Human Resources Director</u> Telephone Number of BAE contact person: <u>(505) 863-1218</u> E-Mail address of BAE contact person: <u>kabeita@gallupnm.gov</u>		

- Employer has determined employees must routinely work 40 (minimum of 20) hours per week in order to be eligible for health/dental coverage under this benefit program.
- Select a Waiting Period:
If a person is added to the Policy and it is later determined that the Policyholder reported a coverage date earlier than what would apply, based on the Waiting Period and eligibility conditions the Policyholder provided to the Plan, the Plan reserves the right to retroactively adjust the coverage date for such person.
 - Newly eligible individuals will become effective on:
 - the first day of the contract/participation month following: 0 days 30 days 60 days

Proprietary and Confidential Information of Blue Cross and Blue Shield of New Mexico. Not for use or disclosure outside Blue Cross and Blue Shield of New Mexico, Employer, their respective affiliated companies and third party representatives, except with written permission of Blue Cross and Blue Shield of New Mexico.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Employee and Dependent Health and/or Dental Benefit Plans will become effective on the first day of the contract/participation month following satisfaction of the Waiting Period.

- the day the selected waiting period is satisfied: 0 days 30 days 60 days 90 days

Premiums will be billed for the entire month for Subscribers with effective dates on the 1st through the 15th of the month. Premiums will be billed beginning the next month for Participants with effective dates on the 16th through the end of the month.

- Other:

b) Waive the Waiting Period on initial group enrollment? Yes No

c) Number of employees serving Waiting Period: 0

d) Substantive eligibility criteria.

Provide a representation below regarding the terms of any eligibility conditions (other than any applicable waiting period already reflected above) imposed before an individual is eligible to become covered under the terms of the plan. If any of these eligibility conditions change, you are required to submit a new BPA to reflect that new information.

Check all that apply:

An Orientation Period that:

1. Does not exceed one month (calculated by adding one calendar month and subtracting one calendar day from an employee's start date); and
2. If used in conjunction with a waiting period the waiting period begins on the first day after the orientation period.

A Cumulative hours of service requirement that does not exceed 1200 hours

An hours of service per period (or full-time status) requirement for which a Measurement period is used to determine the status of variable-hour employees, where the measurement period:

1. Starts between the employee's date of hire and the first day of the following month;
2. Does not exceed 12 months; and
3. Taken together with other eligibility conditions does not result in coverage becoming effective later than 13 months from the employee's start date plus the number of days between a start date and the first day of the next calendar month (if start day is not the first day of the month).

Other substantive eligibility criteria not described above; please describe:

3. Domestic Partners covered: Yes No

If yes: A Domestic Partner, as defined in the Plan, shall be considered eligible for coverage. The Employer is responsible for providing notice of possible tax implications to those covered Employees with Domestic Partners.

Continuation coverage for Domestic Partners: If Employer elects coverage for Domestic Partners, Domestic Partners are not eligible for continuation coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), but are eligible for continuation coverage similar to that available to spouses under COBRA continuation.

CURRENT ELIGIBILITY INFORMATION

Total number of Employees / Subscribers:

1. on payroll: 443
2. on COBRA continuation coverage: 0
3. with retiree coverage (if applicable):
4. who work part-time: 78
5. serving the new-hire waiting period: 0
6. declining because of valid waivers, including, but not limited to, other Group or Individual coverage, an Individual or SHOP Exchange policy, Medicare, Medicaid, Indian Health Services (IHS) or Military: 201

CUSTOM BENEFIT PLAN SELECTION(S)

Custom Benefit Plan(s) selected: BlueNet EPO \$500

RATES

Select rate structure: 2-Tier 3-Tier 4-Tier

Product/Coverage	EE	EE/SP	EE/CH	Family
Custom BlueNet EPO \$500	\$703.64	\$1,336.94	\$1,336.94	\$1,612.76
Dental BlueCare Dental PPO	\$25.59	\$80.09	\$80.09	\$80.09
Vision				

CONTRIBUTION AND PARTICIPATION

Health Employer Contribution, the percentage * of health premium to be paid by the Employer is:

Medical -- %	
Employee Only Coverage (Single Coverage)	80%

*The minimum contribution amount which is required from the Employer is 50% of the premium for Employee Only (Single Coverage).

BlueCare Dental Employer Contribution if applicable, the percentage of BlueCare Dental premium to be paid by the Employer is:

Dental -- %	
Employee Only Coverage (Single Coverage)	60%

BCBSNM reserves the right to take any or all of the following actions:

a) initial rates for new groups will be finalized for the effective date of the policy based on the enrolled participation and employer contribution levels; b) after the policy effective date the group will be required to maintain a minimum employer contribution of 50%, and at least a 75% participation of eligible employees (less valid waivers) OR a minimum of 50% of eligible employees (including waivers). In the event the group is unable to maintain the contribution and participation requirements, then the rates will be adjusted accordingly; and/or c) non-renew or discontinue coverage unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) OR a minimum of 50% of eligible employees (including waivers) have enrolled for coverage.

BCBSNM reserves the right to change premium rates when a substantial change occurs in the number or composition of subscribers covered. A substantial change will be deemed to have occurred when the number of Employees/Subscribers covered changes by ten percent (10%) or more over a thirty (30) day period.

Employer will promptly notify BCBSNM of any change in participation and Employer contribution.

4. Other Eligibility Provisions (please explain):

LEGISLATIVE REQUIREMENTS

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and the Consolidated Omnibus Budget Reconciliation Act (COBRA) are federally mandated requirements. Employer penalties for noncompliance may apply. It is your responsibility to annually inform BCBSNM of whether COBRA is applicable to you based upon your full and part-time employee count in the prior calendar year.

Failure to advise BCBSNM of a change of status could subject you to governmental sanctions.

TEFRA is a Medicare secondary payer requirement that mandates employers that employ 20 or more (full-time, part-time, seasonal, or partners) total employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year to offer the same (primary) coverage to their age 65 or over employees and the age 65 or over spouses of employees of any age that they offer to younger employees and spouses.

COBRA

- a. Did your company employ 20 or more full-time and/or part-time employees for at least 50% of the workdays of the preceding calendar year? Yes No
- b. Are you subject to COBRA? Yes No
- c. Do you want HCSC to administer COBRA benefits (only applies to groups subject to COBRA)? Yes No
If yes is selected please complete the HCSC COBRA administration form.

MENTAL HEALTH PARITY AND ADDICTION EQUITY (MHPAE) ACT OF 2008

Under federal law, it is the employer's responsibility to provide its insurer with proper employee counts for the purpose of determining whether the employer meets the federal definition of small employer and, therefore, qualifies for the small employer exemption allowed under this law. The MHPAE Act defines a small employer as an employer who employed an average of at least two but not more than 50 employees on business days during the preceding calendar year.

Financial penalties may be assessed for non-compliance with this law when the employer does not qualify for the small employer exemption.

If you answer "yes" to the following question, you do not qualify for the small employer exemption allowed under the law and benefits for mental health care, serious mental illness, and treatment of chemical dependency will be paid same as any other medical-surgical benefits under the HMO and/or PPO benefit plan selected.

Did you have an average of more than 50 (full-time, part-time, seasonal, or partners) total employees for each working day in the calendar year preceding the effective date of this coverage? Yes No

MEDICARE SECONDARY PAYER RULES

Under the **Medicare Secondary Payer Rules**, it is your responsibility to annually inform BCBSNM of proper employee counts for the purpose of determining payment priority between Medicare and BCBSNM. **To satisfy this responsibility at this time, please complete, sign, date, and return the *Annual Medicare Secondary Payer Employer Acknowledgement Form along with this application.* NOTE: This form is only required if you have less than 150 total employees.**

The **Employee Retirement Income Security Act of 1974 (ERISA)** is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, **all** employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities, public school districts, and "church plans" as defined by the Internal Revenue Code.

ERISA Regulated Group Health Plan*: Yes No – If Yes, specify ERISA Plan Year*:

ERISA Plan Sponsor*: Beginning Date: End Date: (month/day/year)

Please provide your Non-ERISA Plan Month/Year: 10/2019

If you contend that ERISA is not applicable to your account, please give the legal reason for exemption*:

- Federal Governmental plan (e.g., the government of the United States or agency of the United States)
- Non-Federal Governmental plan (e.g., the government of the state, an agency of the state, or the government of a political subdivision, such as a county or agency of the state)

- Church plan (complete and attach a Medical Loss Ratio Assurance Form)
 Other; please specify:

Please provide your ERISA Plan Month/Year:

Month/Year

If Non-ERISA, is your organization a church plan? Yes No – If yes, please complete and attach the Medical Loss Ratio Assurance Form.

For more information regarding ERISA, contact your Legal Advisor.

*All as defined by ERISA and/or other applicable laws/regulations.

PRODUCER OF RECORD INFORMATION

1. Primary Producer or Agency Name (to whom commissions are to be paid) JANICE FRANCES WELCH

Street, City, State, ZIP: 608 McKee , Gallup, NM 87301-0000

Tax ID/SSN: 585785702 Producer #: 03271700 FAX number: (505) 863-6310

Name and phone number of Producer to contact for this case:

Contact's E-mail address (please print clearly): janice@bubanyinsurance.com

Total Commission Rate 100%

2. Producer or Agency Name (if commissions are to be split): PINO & ASSOC

Percentage of Split: 50%

Street, City, State, ZIP: 100 West Hill , Gallup, NM 87301-0000

Tax ID/SSN: 850309867 Producer #: 900000064 FAX number: (505) 863-3040

Contact's E-mail address (please print clearly): elizabeth.coleman505@gmail.com

If commission split, designate percentage for each Producer/Agency list above.

1. 50% Producer/Agency
2. 50% Producer/Agency

3. Multiple Location Agency(ies): If servicing agency is not listed above as Item 1 or 2, specify location below:

* The producer or agency name(s) above to whom commissions are to be paid must exactly match the name(s) on the appointment application(s).

** If commissions are split, please provide the information requested above on both producers/agencies. BOTH must be appointed to do business with BCBSNM.

Sales Representative

Producer's Signature

APPLICANT STATEMENTS

1. Applicant represents and agrees that no person who is not an eligible member under this provision will be listed, named or otherwise represented by it in any way to be an eligible member, and that the applicant will not remit membership premiums for any such person or participant or assist in obtaining or maintaining coverage for such ineligible person. The applicant agrees to maintain complete records and to furnish to the Plan, upon request, such information as may be requested by the Plan for our underwriting review. The applicant further agrees to permit a payroll audit by the Plan or by a representative appointed by the Plan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

2. Applicant represents and agrees the information and all attestations contained in this Benefit Program Application are true and correct and form an essential basis for our issuance of the Contract. Even though this Benefit Program Application is submitted with the proposed premiums or other funds, there will be no coverage until this Benefit Program Application is approved by BCBSNM. Applicant agrees and understands that the amount tendered with this Benefit Program Application is based upon a proposal rate, which is subject to change. If BCBSNM approves this Benefit Program Application, BCBSNM will notify applicant and specify the effective date of group coverage. If BCBSNM does not approve this Benefit Program Application, the submitted funds will be returned to the applicant.
3. Applicant agrees to notify the Plan of ineligible persons immediately following their change in status from eligible to ineligible.
4. Applicant agrees to review all enrollment information for completeness prior to submission to the Plan. Applicant applies for the coverages selected in this Benefit Program Application and provided in the Group Contract and agrees that the obligation of the Plan shall only include the Benefits described in the Group Contract or as amended by any Amendments or Endorsements thereto.
5. Applicant agrees to pay the required premium and to be bound by the terms and conditions of the contract. It is understood that the benefits and rates quoted may change based on the actual enrollment of the group. Applicant agrees that an employer participation level may be required according to BCBSNM underwriting regulations and policies.
6. Applicant agrees that, in the making of this Application, it is acting for and in behalf of itself and as the agent and representative of its Eligible Persons, and it is agreed and understood that the Applicant is not the agent or representative of the Plan for any purpose of this Application or any Group Contract issued pursuant to this Application.
7. Applicant agrees to receive on behalf of its covered Eligible Persons all notices (except for discontinuation notices, or other notices required by law to be delivered directly by the Plan) delivered by the Plan to Applicant and to forward such notices to the person involved at their last known address.
8. Applicant acknowledges that if BCBSNM accepts this Benefit Program Application and issues a Group Policy, BCBSNM may pay the broker/producer a commission and/or other compensation in connection with the issuance of such Group Policy. Applicant further acknowledges that if additional information is needed regarding any commissions or other compensation paid the broker/producer by BCBSNM in connection with the issuance of the Group Policy, they should contact the broker/producer.
9. Limiting Age for covered children:
Dependent children under age 26 or other age permitted by law are eligible for coverage until their 26th birthday or other age permitted by law. Dependent child, used hereafter, means a natural child, a stepchild, an eligible foster child, an adopted child or child placed for adoption (including a child for whom the Subscriber or his/her spouse, or Domestic Partner, if Domestic Partner coverage is elected, is a party in a legal action in which the adoption of the child is sought), under twenty-six (26) years of age, or other age permitted, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, eligibility for other coverage, or any combination of those factors. A child not listed above who is legally and financially dependent upon the Subscriber or spouse (or Domestic Partner, if Domestic Partner coverage is elected) is also considered a Dependent child under the Group Health Plan, provided proof of dependency is provided with the child's application.

A Dependent child who is medically certified as disabled and dependent upon the Subscriber or his/her spouse (or Domestic Partner, if Domestic Partner coverage is elected) is eligible to continue coverage beyond the limiting age, provided the disability began before the child attained the age of 26 or other age permitted by law.

Termination of coverage upon reaching the Limiting Age:

Coverage is terminated at the end of the coverage period (billing date) during which the Dependent ceases to be eligible, subject to any applicable federal or state law.

10. BCBSNM may require a minimum contribution amount from the employer of 50% of the premium for employee only (can be based on the lowest cost medical plan if multiple plans are offered).

OTHER PROVISIONS:

1. This BPA is incorporated into and made a part of the Group Contract.
2. Employer authorizes its designated broker/producer electronic access to Employer's account through the web portal identified as Blue Access for Employers (BAE) to view and perform maintenance relative to the Employer's employee benefit program on behalf of Employer, including membership eligibility, and not limited to addition and termination of members from the Employer's employee benefit program. Employer acknowledges that the accuracy of such information entered through BAE is the responsibility of the Employer.
3. Massachusetts Health Care Reform Act: Notwithstanding anything to the contrary in this BPA, with respect to the Employer's Employees who live in Massachusetts (if any) the Employer represents that it offers the health insurance benefits provided for herein to all full-time Employees, and the Employer will not make a smaller premium contribution percentage to a full-time Employee living in Massachusetts than to any other full-time Employee living in Massachusetts who receives an equal or greater total hourly or annual salary. For purposes of this representation, a "full-time Employee" is defined by Massachusetts law, generally an Employee who is scheduled or expected to work at least the equivalent of an average of thirty-five (35) hours per week.
4. Summary of Benefits and Coverage: BCBSNM will create SBC (only for benefits BCBSNM insures under the Contract) and provide SBC to the Employer. If the Employer approves of the content, then Employer will then distribute SBC to participants and beneficiaries (or hire a third party to distribute) as required by law. If the Employer would like changes to the SBC, it will promptly notify BCBSNM.

ADDITIONAL PROVISIONS:

- A. Grandfathered Health Plans:** Employer shall provide BCBSNM with written notice prior to renewal (and during the plan year, at least 60 days advance written notice) of any changes in its Contribution Rate Based on Cost of Coverage or Contribution Rate Based on a Formula toward the cost of any tier of coverage for any class of Similarly Situated Individuals as such terms are described in applicable regulations. Any such changes (or failure to provide timely notice thereof) can result in retroactive and/or prospective changes by BCBSNM to the terms and conditions of coverage. In no event shall BCBSNM be responsible for any legal, tax or other ramifications related to any benefit package of any group health insurance coverage (each hereafter a "plan") qualifying as a "grandfathered health plan" under the Affordable Care Act and applicable regulations or any representation regarding any plan's past, present and future grandfathered status. The grandfathered health plan form ("Form"), if any, shall be incorporated by reference and part of the BPA and Group Policy, and Employer represents and warrants that such Form is true, complete and accurate. If Employer fails to timely provide BCBSNM with any requested grandfathered health plan information, BCBSNM may make retroactive and/or prospective changes to the terms and conditions of coverage, including changes for compliance with state or federal laws or regulations or interpretations thereof.
- B. Retiree Only Plans and/or Excepted Benefits:** If the BPA includes any retiree only plans and/or excepted benefits, then Employer represents that one or more such plans is not subject to some or all of the provisions of Part A (Individual and Group Market Reforms) of Title XXVII of the Public Health Service Act (and/or related provisions in the Internal Revenue Code and Employee Retirement Income Security Act) (an "exempt plan status"). Any determination that a plan does not have exempt plan status can result in retroactive and/or prospective changes by BCBSNM to the terms and conditions of coverage. In no event shall BCBSNM be responsible for any legal, tax or other ramifications related to any plan's exempt plan status or any representation regarding any plan's past, present and future exempt plan status.
- C. Religious Employer Exemption, or Eligible Organization Accommodation:** Federal regulations currently exempt health insurance coverage from the Affordable Care Act requirement to cover contraceptive services under guidelines supported by the Health Resources and Services Administration (HRSA) ("contraceptive coverage requirement") if the coverage is provided in connection with a group health plan established or maintained by a "religious employer" as defined in 45 C.F.R. 147.131(a) ("religious employer exemption"). In addition, health insurance coverage provided in

connection with a group health plan established or maintained by an “eligible organization” as defined in 45 C.F.R. 147.131(b) is also exempt from the contraceptive coverage requirement (“eligible organization accommodation”).

No: If No, Employer does not elect to utilize the religious employer exemption, or eligible organization accommodation. In the absence of an affirmative election from Employer of “No” or “Yes” in this Section, the Employer is deemed to have elected this “No” box (and no exemption or accommodation will be applied).

Yes: If Yes, please choose from the following:

Eligible Organization Accommodation. Employer's Self-Certification(s) or alternate notice permitted by applicable law, for its election (and for the election of every other related organization) to utilize the eligible organization accommodation is attached and incorporated by reference. Employer acknowledges and agrees that BCBSNM will rely on such Self-Certification(s) or alternate notice.

Religious Employer Exemption. Employer represents that the following entities are religious employers and qualify for the religious employer exemption:

Employer, and not BCBSNM, is responsible for providing any notices to enrollees in connection with the Employer's election(s), unless BCBSNM is specifically required by applicable law to provide such notices.

BCBSNM reserves the right to terminate acceptance of the eligible organization accommodation Self-Certification with advance written notice to the Employer.

In no event will BCBSNM be responsible for any legal, tax, or other ramifications related to the Employer's elections.

The above election will be effective as of the first date of Employer's Next Plan Year (“Effective Date”): 10/01/2019

D. Employer shall provide BCBSNM with immediate written notice in the event Employer and/or any of the entities listed above no longer qualify for the religious employer exemption, and/or eligible organization accommodation (as they may be amended, replaced or superseded from time to time). Employer shall indemnify and hold harmless BCBSNM and its directors, officers and employees against any and all loss, liability, damages, fines, penalties, taxes, expenses (including attorneys' fees and costs) or other costs or obligations resulting from or arising out of any claims, lawsuits, demands, governmental inquiries or actions, settlements or judgments brought or asserted against BCBSNM in connection with (a) any plan's exempt plan status, (b) religious employer exemption, and/or eligible organization accommodation (c) any plan's design (including but not limited to any directions, actions and interpretations of the Employer, and/or (d) any provision of inaccurate information. Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

E. ACA FEE NOTICE: ACA established a number of taxes and fees that will affect our customers and their benefit plans. One of those fees is: the Annual Fee on Health Insurers or “Health Insurer Fee.”

Section 9010(a) of ACA requires that “covered entities” providing health insurance (“health insurers”) pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year will be determined by the federal government and currently involves a formula based in part on a health insurer's net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee will go to help fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 and/or other applicable laws may provide for the establishment of a temporary reinsurance program(s) that may be funded by reinsurance contributions or other amounts (collectively, the “Reinsurance Fees or Amounts”) collected from health insurance issuers and/or self-funded group health plans. Federal and/or state governments may provide information as to how these Reinsurance Fees or Amounts are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs funded by these Reinsurance Fees or Amounts may be designed to help stabilize premiums in the individual or other markets.

Your premium, which already accounts for current applicable federal and state taxes, includes the effects of the Health Insurer Fees and Reinsurance Fees or Amounts, if any. These rates may be adjusted on an annual basis for any incremental changes in Health Insurer Fees and Reinsurance Fees or Amounts, if any.

Notwithstanding anything in the Group Contract or Renewal(s) to the contrary, BCBSNM reserves the right to revise our charge for the cost of coverage (premium or other amounts) at any time if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented,

which would require BCBSNM to pay, submit or forward, on its own behalf or on BCBSNM's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

The provisions of paragraphs A-E (directly above) shall be in addition to (and do not take the place of) the other terms and conditions of coverage and/or administrative services between the parties.

Additional Provisions and/or Comments: Per RFP No. 2018/2019/06/P - DENTAL, BCBSNM agrees to the Terms and Conditions as specified within the RFP response. 1% commissions for medical and 4.2% commissions for dental split between Bubany Insurance 2.1% and Thomas Pino & Asso. 2.1%.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For Employer:

Name of Authorized Company Official (please print)

Title of Authorized Company Official

Signature of Authorized Company Official

City and State of Signing Official

Date

