



November 21, 2014

City of Ann Arbor
301 East Huron
Ann Arbor, Michigan 48107

Dear City of Ann Arbor:

This letter is written to confirm prior communications between City of Ann Arbor and Blue Cross Blue Shield of Michigan ("BCBSM") regarding the Stop-Loss Policy issued by BCBSM to Group ("Policy"). Specifically, with respect to the "Term and Termination" provision in Section V of the Policy that provides that either party may terminate the Policy at the end of any Policy Period following ninety (90) days prior written notice to the other, BCBSM agrees with Group that in lieu of that language, either party may terminate the Policy at any time following thirty (30) days prior written notice to the other.

If this is acceptable to you, please sign and return a copy of this letter to us.

Very truly yours,

A handwritten signature in cursive script that reads "Tracy Samples".

Tracy Samples
Account Manager
Blue Cross Blue Shield of Michigan

AGREED TO:

City of Ann Arbor

By: _____

Its: _____