

GRADUATE MEDICAL EDUCATION APPOINTMENT AGREEMENT
«Program» Residency Program

I, «First_Name» «Middle_Name» «Last_Name», «Degree», accept the offer of a graduate medical education appointment as a Resident Physician in the «Program» Residency Program of Central Iowa Health System d/b/a «Hospital» beginning June 15, 2026. I understand that the first 12 days of this agreement includes new resident orientation and the first day of my appointment as a Resident Physician is July 1, 2026. *ACGME Institutional Requirement § IV.C.1*

1. **EDUCATIONAL EXPERIENCE AND TERM OF APPOINTMENT.** *ACGME Institutional Requirement § IV.C.2.b*

I understand that «Hospital» will maintain a high-quality residency program in accordance with the standards established by the Accreditation Council for Graduate Medical Education. I understand that I am being provided the opportunity to fulfill the requirement of a categorical residency in «Program», which is expected to be a 3-year program. I agree that the term of my appointment is for one (1) year, and that my appointment will automatically renew on the anniversary of the first day of my appointment as a resident physician up to two times for a total of three years ("Initial Residency Terms"). In the event the parties desire to extend the agreement beyond the Initial Residency Terms, the parties may do so upon written agreement. Notwithstanding the above, I understand that «Hospital» may terminate my appointment in accordance with section 10 if I am unable to fulfill my responsibilities as outlined below. «Hospital» agrees to maintain a record of my performance and upon satisfactory completion of the appointment will award me an official certificate verifying that the requirements of the residency program have been successfully fulfilled.

2. **RESPONSIBILITIES OF APPOINTEE.** *ACGME Institutional Requirement § IV.C.2.a*
I agree to:

- a. Meet the responsibilities inherent in the appointed position to the best of my ability for the duration of my appointment.
- b. Abide by the hospital's Policies and Procedures, Graduate Medical Education (GME) Committee resident policies, and follow the applicable medical staff bylaws, rules, and regulations.
- c. Conduct myself in a manner becoming my professional status and agree to engage in no activities that will detract from the respect due a physician. Outside work and leisure activity will not detract from my performance as a resident physician.
- d. Maintain a professional appearance and high standards of personal hygiene.
- e. Choose my own housing such that I am easily available to the hospital.
- f. Comply with the on-call schedule established by the Program Director.
- g. Complete in a timely manner and in compliance with medical staff and hospital policies, all medical records for which I have the responsibility. I understand that the hospital reserves the right to withhold my compensation, within the restraints of applicable state and federal laws, if all appropriate medical records are not completed in a timely manner.
- h. Comply with the Health Insurance Portability and Accountability Act (HIPAA) and complete the hospital's HIPAA Training 101, a computer-based learning course which provides an introduction to privacy and security requirements under HIPAA. Respect and maintain the confidentiality of patient information and agree to refrain from rumor or gossip concerning residents, physicians, employees, or patients. Furthermore, I agree to cease using EMR equipment after completion of the training.

- i. Comply with currently approved risk management and malpractice prevention practices.
- j. Use my best efforts to achieve and maintain positive relations with patients, family members, patient representatives, medical center employees, members of the medical staff, referring physicians, and other residents.
- k. Provide medical services to members of the public on the basis of need and without regard to ability to pay or demonstrate financial responsibility and without regard to race, creed, color, sex, religion, national origin, gender identity, sexual orientation, or handicapping condition.
- l. Subject to short-term illness or disability, be physically, mentally and emotionally fit to discharge the responsibilities under this contract and appear for duty appropriately rested and fit to provide the services required by patients.
- m. Be eligible to participate in and provide services to Medicare and Medicaid beneficiaries.
- n. Promptly notify the Program Director and the UnityPoint Health Law Department of any action or threatened action against me alleging professional negligence or malpractice, whether arising out of actions under this contract or otherwise, and provide full details thereof.
- o. Promptly notify the Program Director of any contact with any governmental representative investigating or inquiring about possible violation of any governmental healthcare program, law or regulation.
- p. Promptly notify the Program Director or the UnityPoint Health Compliance Officer, General Counsel or Compliance Helpline of any circumstances reasonably believed to constitute a violation of law.

3. **LICENSURE.**

I agree to satisfy the state of Iowa licensure requirements for the practice of medicine and to maintain a resident physician license or regular license at all times during my residency. I understand that as a resident physician my authorization to practice medicine requires me to be supervised by a licensed practitioner of medicine and surgery or osteopathic medicine and surgery at an institution approved for this purpose by the Iowa Board of Medicine. See Iowa Code § 148.5 (2020); Iowa Admin. Code r. 653-10.3. I agree to notify the Program Director and the UnityPoint Health Law Department of any adverse action pending or threatened against my license.

4. **SUPERVISION.**

I understand that I serve as a resident physician only, under the supervision of the Program Director and teaching faculty, who are licensed practitioners of the State of Iowa.

5. **STIPEND AND BENEFITS.** *ACGME Institutional Requirement § IV.C.2.c and § IV.C.2.f - i*

I acknowledge receipt of the most recent Resident Statement of Stipend and Benefits which is attached to this contract as Addendum A and describes the stipend and benefits available to me including descriptions of the current year stipend, on-call housing, meals, professional liability insurance, health insurance, short-term and long-term disability insurance, lab coat, counseling and psychological support services, and other benefits. I further acknowledge receipt of Addendum C which includes a summary of pertinent information regarding professional liability coverage. I understand that employee benefits, including medical and disability insurance, begin on July 1 and that I may obtain or purchase interim coverage to cover the time gap until I am covered by the health and disability insurance provided by UnityPoint Health-Des Moines. Options for interim coverage include Consolidated Omnibus Budget Reconciliation Act (COBRA) with my prior employer or through the health insurance marketplace. I understand that the stipend and benefits may be changed annually, and that upon any change, I will be provided a revised "Resident Statement of Stipend and Benefits" which will become effective on the date specified.

6. **RESIDENT POLICIES.** *ACGME Institutional Requirement § IV.C.2.i*

I understand that the hospital has established policies through the GME Committee, residency programs, human resources department, and administration which affect residents. These policies concern supervision, patient handoffs, clinical environment and work hours, sexual and other harassment, moonlighting, vacation, leave of absence, recruitment and appointment, evaluation and promotion, substance abuse, impairment, residency closure/reduction, accommodations for disabilities (ADA Policy) and others. I understand that GME Committee policies and residency program specific policies can be found on the UnityPoint Health website at <https://www.unitypoint.org/join-our-team/medical-education-and-career-growth/family-medicine-residency-iowa-lutheran-hospital/des-moines-gme-policieses>. I understand that all human resources and administration policies are found on the Hub and are available for my review. I understand that all policies may be changed at any time, and I agree to be bound by these changed policies.

7. **DUE PROCESS.** *ACGME Institutional Requirement § IV.C.2.e*

I acknowledge receipt of the most recent "Appeals Procedure for the Resident" which is attached to this contract as Addendum B and describes the procedures that will be followed regarding the adjudication of resident complaints and grievances related to discipline, suspension, discharge, or other concerns. I understand that the "Appeals Procedure for the Resident" may be changed at any time, and that upon any change I will be provided a revised "Appeals Procedure for the Resident," which will become effective on the date specified.

8. **RECORD CHECK.**

I understand that «Hospital» will verify the statements contained on my residency application and will investigate my background which includes information relevant to my character, qualifications, and any record of criminal convictions and/or incidents of child/dependent adult abuse. I acknowledge that if any statement is determined not true or if unacceptable criminal/abuse/compliance background information is obtained, this contract may be terminated at any time or not renewed at the anniversary date. I release «Hospital», its agents and employees from all liability for acts performed in good faith and without malice in connection with evaluation of my residency application.

9. **HEALTH SCREENING.**

I understand that the offer of appointment as a resident physician is conditioned upon successfully passing the health evaluation which includes a physical examination and a drug test (urinalysis). This health evaluation will be provided by the hospital to incoming residents prior to the start of the academic year. I understand that subsequent routine health screenings will be performed on a regular basis throughout the appointment period. Any abnormalities found will be reported to me with recommendation for future treatment.

10. **TERMINATION.**

Notwithstanding the stated term and renewals thereof, this Agreement may be terminated as follows:

Without Cause. Without cause and without penalty, by either party upon giving the other party not less than ninety (90) days' prior notice of termination in writing, specifying the effective date of termination.

For Cause. For cause immediately upon written notice to Resident in the event of failure to meet the qualifications set forth in Section 2 of this agreement.

Effect of Termination. Upon termination of this agreement, Resident shall vacate any space and cease using any equipment, personnel, services or supplies furnished to residents under this agreement; shall return all program materials.

11. **REAPPOINTMENT.** *ACGME Institutional Requirement § IV.C.2.d*

I understand that appointment and advancement are conditioned upon my satisfactory performance in meeting the requirements of the residency program, including adherence to institutional and departmental rules and regulations, and to this agreement. I understand that unsatisfactory performance could result in termination at any time during the term of this contract. See the GME Committee Policy on Evaluation and Promotion of Residents, in the online Resident Handbook.

12. **BOARD ELIGIBILITY** *ACGME Institutional Requirement § IV.C.2.k*

The Residency Program will make every effort to ensure that it provides the components that will facilitate board eligibility for its residents. The program will also provide information to residents about eligibility for specialty board examinations. Resident/Fellow shall be responsible to familiarize themselves with the eligibility requirements related to specialty/subspecialty board examinations. Resident/Fellow should discuss with the Program Director and/or contact the certifying board of his/her specialty/subspecialty if they have any questions or need clarification regarding board examination.

_____	_____
«First_Name» «Middle_Name» «Last_Name», «Degree»	Date
Resident Physician Appointee	

_____	_____
«Program_Director»	Date
Program Director, «Program» Residency	

_____	_____
«DIO»	Date
Chief Academic Officer and DIO	

_____	_____
«CEO»	Date
Market President, UnityPoint Health – Des Moines	

ADDENDUM A
Effective: July 1, 2026

FINANCIAL SUPPORT *ACGME Institutional Requirement § IV.C.2.c*

Resident PGY-1 Salary \$70,367

Transition Allowance (new residents only) \$750

Educational Book Funds \$800 per training year

Cafeteria Food Supplement See Program Coordinator

Additional compensation is provided for completion of required new resident orientation June 15 through June 30, 2026. Appropriate federal and state withholdings may be deducted from stipend payments as required by law.

BENEFITS

1. Licensure

The hospital shall pay for all licensure needed for the performance of residency duties for the length of time the resident is in the residency program. This includes the Iowa Resident Physician's License.

2. Insurance

a. Liability Insurance. *ACGME Institutional Requirement § IV.C.2.f*

General and professional liability coverage is provided for residents enrolled in the residency program through a self-insurance plan that currently consists of commercial excess insurance and a self-insured retention. Coverage begins July 1. Coverage is subject to the following limitations:

- i. Coverage generally applies only to negligent acts and omissions (e.g., with some exceptions, coverage generally excludes intentional acts or contractually assumed liability).
- ii. Coverage applies only to negligent acts and omissions occurring while the resident is enrolled in the residency program. Upon graduation from the residency program, the hospital provides ongoing claims made coverage for occurrences taking place during the term of the resident physician's appointment in the residency program.
- iii. Coverage applies only while the resident is engaged in approved clinical practice as part of the residency program and under the supervision of the program director or approved faculty member.
- iv. The resident is obligated, as a condition of coverage, to assist and cooperate in the defense of claims asserted against the resident. This obligation continues following graduation of the resident from the residency program. The hospital has a self-insured retention limit of \$4 million with a further aggregate retention of \$5 million. Upon termination of employment, residents are provided continued coverage under the plan for services provided during residency.

- b. Health, Dental and Vision Insurance. *ACGME Institutional Requirement § IV.C.2.g*
Residents and their eligible dependents are eligible for health, dental and vision insurance coverage, which is effective on July 1 of the current year, if the resident signs-up for coverage within the time frame established by the human resources department. For further information regarding health insurance coverage, the resident should contact the AskHR Benefits Coordinator.
- c. Health Insurance Bonus.
An annual health insurance bonus that partially funds the cost of a single-coverage health and dental insurance premium is given to each resident.
- d. Continuation of Group Health Coverage for Qualified Persons (C.O.B.R.A.).
Federal law requires the hospital to allow qualified persons to continue group health coverage after it would otherwise end. Refer to the HR Policy and Procedure Manual by searching the Hub for *COBRA – UPHDM HR P&P*.
- e. Life Insurance.
A group life insurance policy equal to the resident's annual base earnings, rounded up to the nearest \$1,000, is provided. Residents are also given the option to purchase additional life insurance for self, spouse, and dependent children.
- f. Disability Insurance. *ACGME Institutional Requirement § IV.C.2.h*
 - i. Short-term disability insurance coverage is provided to residents at no cost. This ensures that residents will receive 60% of normal salary up to \$2,500 per week if unable to work due to a non-work-related injury or illness. Benefits begin to pay after 7 days of disability. For more information contact AskHR. Eligibility begins July 1 of the current year.
 - ii. Long-term disability insurance coverage is provided to residents at no cost. This ensures that residents will receive 60% of normal salary up to \$15,000 per month if unable to work due to a non-work-related injury or illness. Benefits begin to pay after 180 days of disability. For more information contact AskHR. Eligibility begins July 1 of the current year.
- g. Personal Time Off *ACGME Institutional Requirement § IV.C.2.i*
 - i. Vacation - Residents are eligible for 160 hours of paid PTO per academic year. All leave requests must be scheduled with and approved by the program director. PTO is taken in 8-hour increments only. PTO balances are not paid out nor are they carried over from academic year to academic year. Balances will reload 160 hours at the start of each academic year (July 1).
 - ii. Leave of Absence - Residents may apply for a leave of absence for medical reasons, personal (including parental) reasons, military service and jury duty. See the Graduate Medical Education Committee Policy on Resident Leave of Absence: *Family Medical Leave Act – UPHDM HR P&P*, *Jury Duty – UPHDM HR P&P*, *Military Leave – UPHDM HR P&P*. Residents should note that the leave of absence may impact resident eligibility to sit for specialty board certification examinations. Residents should review current board requirements. *ACGME Institutional Requirement § IV.C.2.j*

h. Workers' Compensation.

Residents are protected by workers' compensation laws when an injury, occupational disease, or hearing loss arises out of and in the course of residency training. Residents must immediately report any such injury, disease, or hearing loss to the program director and the hospital's Workers' Compensation office. For complete details about workers' compensation, refer to the Hub for *Return to Work Policy – UPHDM HR P&P*.

3. Counseling Services

The personal life and problems of residents are private affairs. However, in the best interests of patient care, it is felt that when a resident's personal problems are affecting his/her training and performance the problem should be resolved. The Employee Assistance Program is a confidential service the residency uses to assist residents and members of their immediate families in resolving problems. For more information refer to the Hub for *Employee Assistance Program – IHDM HR P&P*.

4. Educational Allowance

Residents are allocated \$800 per year to attend medical meetings, purchase books, or purchase educational material/equipment. The program director must approve all uses of this allowance in advance. For more information, refer to the Educational Stipend policy found in the Resident Handbook.

5. Library Services

Library services are provided free to residents and they are welcome to use libraries located on the IMMC/BCH campus. Databases for end-user searching are available on the library's web page.

6. Meals

A monthly stipend will be provided to supplement the cost of meals in the hospital cafeteria while on extended duty according to Institutional policy. Funds will be loaded in July and January of each academic year. It is the resident's responsibility to manage funds during the six-month intervals. Cafeteria funds are intended as a financial supplement to assist with meals while on extended duty. However, if funds are exhausted before scheduled reloads, residents are expected to pay for meals out of personal funds for the remainder of the six-month interval. All meals must be charged in the cafeteria using the identification badge. Meals are limited to residents only and are not provided to anyone else. Resident meal charges are reported to the residency program each month.

7. On-call Housing

Residents will be provided with reasonable housing within the hospital while on call.

8. Specialty Society Membership

The residency will cover the cost of residents' membership in a specialty society as selected by the program director.

9. Lab Coats

The residency will purchase lab coats or fleece jackets for the first-year resident. Additional lab coats will be furnished to the resident at the discretion of the program director. The laundering of lab coats is the responsibility of the resident.

10. **Enhanced Adoption Assistance**

Resident physicians adopting a child are eligible benefits from UnityPoint Health. For more information, refer to the Hub for *Adoption Assistance Plan*.

11. **401K Retirement Plan**

Resident physicians are eligible to participate in the 401K Retirement benefits. Plans vest after three years with UPHDM, allowing residents to carry matched savings.

SAMPLE

ADDENDUM B

APPEALS PROCEDURE FOR THE RESIDENT *ACGME Institutional Requirement § IV.C.2.e*

This policy defines the proper procedure for handling any questions or concerns that may arise during the training period.

I. Adjudication of Resident Complaints and Grievances.

- A. **Program Director.** All questions, concerns, or problems related to the work environment or issues related to the program and faculty should first be directed to the program director or designee. The program director will be able to address most questions, concerns, problems or issues.
- B. **Administrative Review.** Matters, which cannot be satisfactorily answered by the program director or designee, should be directed to the Director of Medical Education / Designated Institutional Official (DME/DIO) for an administrative interpretation.
- C. **Written Request for Review.** If the resident is dissatisfied with the initial response, a written request may be made to the DME/DIO requesting further review. The DME/DIO or designee will then investigate the matter and/or convene an Ad Hoc Subcommittee of the GMEC to review and make a recommendation regarding the matter. Upon completion of the review, the DME/DIO or designee will provide a written response to the resident.

II. Appeal of Decisions Concerning Suspension, Discharge and Other Adverse Actions Concerning Resident's Participation in the Residency Program.

- A. **Due Process and Grievance Procedure.** Any resident shall have the right of appeal of any adverse decision of the residency program director concerning suspension, discharge, non-renewal of appointment contract or any other adverse decision concerning a resident's participation in the residency program or that could significantly threaten a resident's intended career development.
- B. **Procedure for Appeal.**
 - 1. The residency program director will give the resident written notice of the adverse decision and the reasons for such decision.
 - 2. Any resident aggrieved by an adverse decision may, within ten (10) business days of receipt of written notification of the decision, file a written request with the DME/DIO (or designee) for a hearing before the Appeals Board. Notification of the DME/DIO (or designee) by the resident should be made by certified mail, return receipt requested. (Failure to request a hearing shall constitute a waiver of the right to a hearing.)
 - 3. Upon receipt of the request to appeal, the DME/DIO (or designee) shall designate a time for a hearing of the Appeals Board for purposes of investigation of the appeal.
 - 4. Any hearing requested shall be held within twenty (20) business days after receipt of the request.
 - 5. The DME/DIO (or designee) shall notify the resident by certified mail, return receipt requested, of the time and place of the hearing at least seven (7) business days in advance. At the same time a statement of particulars shall be provided to the resident giving the reason for the program director's action.

6. The hearing shall follow the format described below:
 - a. The program director shall present information including documents and witnesses in support of the adverse action.
 - b. The resident shall be entitled to present information including documents and witnesses in response to the statement of particulars and information presented by the program director and in support of their position.
 - c. The resident may choose a resident or faculty member from his/her program, to serve as an advocate during the appeals hearing so long as written notification is given to the Director of Medical Education Administration (or designee) at least three (3) business days prior to the hearing. Representation by an attorney is not permitted.
 - d. After the introduction of all information, the Appeals Board shall deliberate and make a decision affirming, modifying or rejecting the original decision. The Appeals Board's decision is final and will be prepared into a written report. Copies of its decision shall be provided to the resident by certified mail, return receipt requested, the program director and the Director of Medical Education within seven (7) business days of the end of the hearing.
 - e. Sample hearing protocol:
 1. Presentation by Program Director
 - Explanation of Decision & Rationale including supporting documents and witnesses.
 - Opportunity for Questions by Resident & Advocate
 - Opportunity for Questions by Appeals Board Members
 2. Presentation by Resident
 - Explanation of Position & Rationale including supporting documents and witnesses.
 - Opportunity for Questions by Program Director
 - Opportunity for Questions by Appeals Board Members
 3. Summative Comments by Program Director
 4. Summative Comments by Resident
 5. Appeals Board Adjourns to Private Deliberations
- C. **Appeals Board.** The Appeals Board shall consist of the following:
- ☐ Chairperson of Graduate Medical Education Committee or designee, if the chairperson is the director of the program under appeal, shall serve as Chair of the Appeals Board.
 - ☐ Two residency program directors appointed by the Chair of the Appeals Board. The director of the program under appeal shall not serve on the Appeals Board.
 - ☐ A resident peer appointed by the Chair of the Appeals Board.
 - ☐ A faculty member appointed by the Chair of the Appeals Board.
 - ☐ Director of Medical Education Administration, ex officio without vote.
- D. **Release.** All residents agree to release Iowa Lutheran Hospital, Iowa Methodist Medical Center and Blank Children's Hospital, its employees and any member of the board of directors or medical staff from any liability for any statements made, or information supplied in good faith and without malice to the program director or Appeals Board, or for disciplinary action taken pursuant to this appeals procedure.



ADDENDUM C CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TrueNorth Companies, L.C. 500 1st St SE Cedar Rapids IA 52401	CONTACT NAME: RM Home Office PHONE (A/C, No, Ext): 319-366-2723 FAX (A/C, No): 877-810-6374 E-MAIL ADDRESS: certs@truenorthcompanies.com
INSURED Iowa Health System, dba UnityPoint Health 1776 West Lakes Parkway, Suite 400 West Des Moines, IA 50266-8239	INSURER(S) AFFORDING COVERAGE INSURER A: UnityPoint Health Self-Insured Program INSURER B: Underwriters at Lloyd's, London (Illinois) INSURER C: INSURER D: INSURER E: INSURER F:
IOWAHEA-01	NAIC # 15792

COVERAGES**CERTIFICATE NUMBER:** 241406412**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			SELF INSURED	6/1/2024	6/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000,000			B0146HCUSA2300367	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PER STATUTE ☐ OTH-ER ☐
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hospital Professional Liability			SELF INSURED	6/1/2024	6/1/2026	Per Claim Aggregate Limit 1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Insured includes residents employed by Central Iowa Health System who are covered under the UnityPoint Health Self-Insured Plan for all activities they perform for Central Iowa Hospital Corporation in their capacity as residents.

CERTIFICATE HOLDER**CANCELLATION**

Central Iowa Health System
1200 Pleasant St.
Des Moines IA 50309

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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