

**Standard Stop Loss Disclosure Form
Instructions for Completion**

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as a part of “health care operations”. The Company/MGU shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

The attached disclosure form must be completed and signed by the appropriate parties prior to the proposed Effective Date of stop loss coverage and received by the Company /MGU within five (5) days of completion.

The Company/MGU will rely upon the information provided on the attached disclosure form, which will become part of the Application for stop loss coverage. It is the Plan Sponsor’s responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, the Company will accept the liability for any truly unknown risks. If the Plan Sponsor fails to disclose any risk known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the risk not disclosed.

Any existing policy should not be canceled prior to the Company/MGU assessment of this form and all data, new and previously reported. The Company/MGU reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal or disclosure process.

List on the Disclosure Form all risks known on:

1. Any participant (employee or dependent) who are or are expected to be absent from work due to work related or non work related disability or medical leave of absence on the effective date or within the last three months.
2. Any COBRA or Retiree participants covered under the plan (attach information if needed).
3. Any participant (employee or dependent) who has been pre-certified or confined to a hospital or medical facility prior to the date of completion of this Form.
4. Any participant (employee or dependent) who has received **medical or prescription services** during the current plan year the cost of which exceeds the lesser of, 50% of the lowest Specific Retention Amount applied for or \$50,000, and for which bills have been received by the Claims Administrator and entered into their claims system, including pending, paid or denied claims, pre-certified, or pre-authorized.
5. Any participant (employee or dependent) who has been identified as a candidate for Case Management and as having the potential to exceed during the policy period, the lesser of, 50% of the lowest Specific Retention Amount applied for, or \$50,000.
6. Any participant (employee or dependent) who have been diagnosed, during the current plan year, with a condition represented by any of the ICD-10 codes contained in the attached list.
7. Any participant (employee or dependent) who has received any prescription drug (including specialty or infusions) exceeding \$5,000.
8. Anyone eligible for coverage and currently on Manufacturers Assistance for Specialty RX not included in reporting must be disclosed
9. Anyone eligible for coverage and currently on Samaritan Fund or other charitable carve-out must be disclosed.

I have read the above and understand the disclosure process:

Plan Sponsor Initials

Agent/Broker Initials



| Name / Identifier | EE/DEP | DOB | Current Status of Eligibility (ACTIVE, COBRA or ELIGIBLE, RETIRED ON PLAN, OFF PLAN) | Date of Injury/Disability or Onset of Condition | Diagnosis or Nature and Ongoing Treatment of Injury / Disability / Condition (provide details on additional sheet if necessary regarding ongoing treatment) | Current Status of Injury / Disability / Condition (RESOLVED / ONGOING / UNKNOWN) |
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The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic risks in accordance with the instructions attached to this form and that it is the result of a diligent search in accordance with those instructions. ***Please note: Claims Administrator signature only required if incumbent.**

If there are no risks to report which meet the disclosure criteria above, please check this box.

Plan Sponsor: _____ Claims Administrator* _____ Agent/Broker _____

Signature: _____ Signature: _____ Signature: _____

Name: _____ Name: _____ Name: _____

Title: _____ Title: _____ Title: _____

Date: _____ Date: _____ Date: _____



Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

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|-----------------------|---|-----------------------|--|-----------------------|---|-----------------------|--|
| <u>A00-B99</u> | <u>Certain infectious and parasitic disease</u> | <u>F01-F99</u> | <u>Mental, Behavioral and Neurodevelopmental disorders</u> | <u>I00-I99</u> | <u>Diseases of Circulatory System</u> | <u>K00-K95</u> | <u>Diseases of Digestive System</u> |
| A40 | Streptococcal sepsis | F10.1 | Alcohol Abuse | I20 | Angina Pectoris | K22 | Esophageal obstruction |
| A41 | Other Sepsis | F11.1 | Opioid Abuse | I21.09-I22 | Acute myocardial | K25-K28 | Ulcers |
| B15-B19 | Viral hepatitis | F20 | Schizophrenia | infarction | | K31 | Other diseases of stomach & duodenum |
| B20 | [HIV] disease | F31 | Bipolar Disorder | I24 | Acute and Subacute Ischemic Heart Disease | K50 | Crohn's disease |
| <u>C00-D49</u> | <u>Neoplasms</u> | F32.3 | Major depressive disorder, single episode, severe with psychotic feature | I25 | Chronic ischemic heart disease | K51 | Ulcerative colitis |
| C00-C96 | Malignant neoplasms | F33.1-F33.3 | Major Depressive Disorder, recurrent | I26 | Pulmonary embolism | K55-K64 | Diseases of intestine |
| D46 | Myelodysplastic syndromes | F84.0 | Autistic Disorder | I27 | Other pulmonary heart disease | K65-K68 | Diseases of peritoneum & retroperitoneum |
| <u>D50-D89</u> | <u>Diseases of the blood and blood-forming organs & disorders involving the immune mechanism</u> | F84.2 | Rett's Syndrome | I28 | Other diseases of pulmonary vessels | K70-K77 | Diseases of liver |
| D57 | Sickle-cell disorders | F84.5 | Asperger's syndrome | I33 | Acute & Subacute Endocarditis | K83 | Diseases of biliary tract |
| D59 | Acquired hemolytic anemia | <u>G00-99</u> | <u>Diseases of the nervous system</u> | I34-I38 | Heart Valve Disorders | K85-K86 | Diseases of pancreatitis |
| D60-D64 | Aplastic and other anemias | G00 | Bacterial Meningitis | I42-I43 | Cardiomyopathy | K90-K95 | Other diseases of digestive system/Complications of bariatric procedures |
| D65-D69 | Coagulation defects, purpura and other hemorrhagic conditions | G04 | Encephalitis Myelitis and Encephalomyelitis | I44-I45 | Conduction Disorders | | |
| D70-D77 | Other diseases of blood and blood-forming organs | G06-G07 | Intracranial and intraspinal abscess and granuloma | I46 | Cardiac Arrest | <u>M00-M99</u> | <u>Diseases of Musculoskeletal System & Connective Tissue</u> |
| D80-D89 | Certain disorders involving the immune mechanism | G12.21 | Amyotrophic Lateral Sclerosis | I47-I49 | Cardiac Dysrhythmias | M15-M19 | Osteoarthritis |
| <u>E00-E89</u> | <u>Endocrine, nutritional and metabolic diseases</u> | G15 | Multiple Sclerosis | I50 | Heart Failure | M32 | Systemic lupus erythematosus |
| E10-E13 | Diabetes mellitus | G36 | Other Acute Disseminated Demyelination | I60-161 | Subarachnoid Hemorrhage / Intercerebral Hemorrhage | M34 | Systemic sclerosis |
| E15-E16 | Other disorders of glucose regulation and pancreatic internal secretion | G37 | Other Demyelinating disease of central nervous system | I63 | Cerebral infarction | M41 | Scoliosis |
| E65-E68 | Obesity and other hyper alimentation | G82.5 | Quadraplegia | I65.8-I66 | Cerebral infarction Occlusion of Precerebral /Cerebral Arteries | M43 | Spondylolysis |
| E70-E89 | Metabolic disorders | G83.4 | Cauda Equina Syndrome | I67 | Other cerebrovascular disease | M50 | Cervical disc disorders |
| | | G92 | Toxic Encephalopathy | I70 | Atherosclerosis / Aortic Aneurysm | M51 | Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders |
| | | G93.1 | Anoxic Brain Injury | <u>J00-J99</u> | <u>Diseases of Respiratory System</u> | M72.6 | Necrotizing Fasciitis |
| | | | | J40-J44 | Chronic Obstructive Pulmonary Disease (COPD) | M86 | Osteomyelitis |
| | | | | J84.10-J84.89 | Postinflammatory Pulmonary Fibrosis | | |
| | | | | J98.11-J98.4 | Pulmonary Collapse / Respiratory Failure | | |

