



## Instructions for Completing the Attached Disclosure Form

HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of Health Care Operations. The Company shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected to any other person or for any other purpose.

The Company will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss coverage. The purpose of the form is to allow the Company to take underwriting action on all known individuals in the categories listed below. It is the Plan Sponsor's responsibility, either directly or through its 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 claim reports, disability records, payroll 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 claimants. The attached disclosure form must be completed and signed by the appropriate parties no earlier than **30** days prior and no later than the proposed Effective Date of stop loss coverage.

Upon receipt of the completed disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing of any changes to the rates, factors or terms of coverage proposed. The Company reserves the right to alter the terms of or to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan Participants may include those on short or long-term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and for whom coverage is requested in the quote. List on the disclosure form all Plan Participants who are known to meet any of the following criteria:

1. currently (a) confined to a Medical Facility, (b) are disabled, or (c) who have been precertified for the same within the last 90 days; or
2. received medical services during the past twelve months, the cost of which exceeds the lesser of **50%** of the lowest Specific Deductible/Retention applied for and **\$75,000.00**, and for which the bills have been received by the Claims Administrator and entered into their claims system, or
3. been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of **50%** of the lowest Specific deductible/Retention applied for and **\$0.00** during the policy period; or
4. have been diagnosed within the past 12 months with a condition represented by any of the ICD-9 codes contained in the attached list and have also received services costing the lesser of **\$75,000.00** and **50%** of the lowest Specific Deductible/Retention applied for, during the same period.



**Standard Stop Loss Disclosure Form**

Claimant	DOB	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date / COBRA Date	Diagnosis	Prognosis	Most Recent Date of Service	Expenses Incurred During Last 12 months (Paid, Pending and Pre-authorized)
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

If the Plan Sponsor fails to disclose any Plan Participant known to fall into one of the four categories on the preceding page, either intentionally or because a thorough review of all records was not conducted, the Company will have no liability for reimbursement of expenses incurred for that Plan Participant.

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 check this box if there are no claimants who meet the disclosure criteria above to report.

Plan Sponsor: \_\_\_\_\_ Claims Administrator: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

# ICD-9 Codes for 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:

## 001-139 Infectious and Parasitic Diseases

038-038.9 Septicemia  
042 AIDS / HIV  
070-070.9 Viral Hepatitis

480-486 Pneumonia  
490-496 Chronic Obstructive Pulmonary Disease (COPD), etc.  
515 Postinflammatory Pulmonary Fibrosis  
518-518.89 Pulmonary Collapse and/or Respiratory Failure

## 140-239 Neoplasms

140-149.9 Malignant Neoplasm of Lip, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx  
150-150.9 Malignant Neoplasm of Esophagus  
151-151.9 Malignant Neoplasm of Stomach  
153-153.9 Malignant Neoplasm of Colon  
154-154.8 Malignant Neoplasm of Rectum  
155-155.2 Malignant Neoplasm of Liver  
157-157.9 Malignant Neoplasm of Pancreas  
161-161.9 Malignant Neoplasm of Larynx  
162-162.9 Malignant Neoplasm of Lung  
170-170.9 Malignant Neoplasm of Bone  
174-174.9 Malignant Neoplasm of Female Breast  
179-182.8 Malignant Neoplasm of Uterus or Cervix  
183-183.9 Malignant Neoplasm of Ovary  
185 Malignant Neoplasm of Prostate  
186-186.9 Malignant Neoplasm of Testis  
188-189.9 Malignant Neoplasm of Bladder, Kidney, Urinary  
191-191.9 Malignant Neoplasm of Brain  
192-192.9 Malignant Neoplasm of Nervous System  
194-194.9 Malignant Neoplasm of Endocrine Glands  
195-195.8 Malignant Neoplasm of Other Ill-Defined Sites  
196-196.9 Secondary Malignant Neo. Lymph Nodes  
197-197.8 Secondary Malignant Neo. Respty and Digestive Systems  
198-198.89 Secondary Malignant Neo. Other Specified Sites  
200-208.9 Lymphoma and/or Leukemia  
235 Neoplasm Uncertain Behavior  
239.2 Neoplasm Unspecified Nature – Bone, Skin

## 520-579 Diseases of the Digestive System

555-555.9 Regional Enteritis (Crohn's Disease)  
560.0-560.9 Intestinal Obstruction  
562.1 Diverticulitis of Colon  
567-567.9 Peritonitis  
569.0-569.9 Other Disorders of Intestine  
570-571.9 Liver Diseases and Cirrhosis  
572.8 Other Sequela of Chronic Liver Disease  
573-573.9 Other Liver Disorders  
577-577.9 Pancreas Diseases  
578-578.9 Gastrointestinal Hemorrhage

## 580-629 Diseases of the Genitourinary System

584-584.9 Acute Renal Failure  
585 Chronic Renal Failure  
586 Renal Failure, Unspecified  
588 Disorders resulting from impaired renal function  
592 Calculus of Kidney & Ureter

## 630-677 Complications of Pregnancy, Childbirth

641.1 Placenta Previa  
642.5-642.7 Eclampsia, pre-eclampsia  
644.0-644.2 Premature Labor  
648.0 Gestational Diabetes  
651 Multiple Gestation  
654.5 Cervical Incompetence

## 240-279 Endocrine, Nutritional, Metabolic, Immunity

250-250.9 Diabetes  
277.0 Cystic Fibrosis  
278.0 Obesity/Hyperalimint

## 710-739 Diseases of the Musculoskeletal System and Connective Tissue

715.0-715.9 Osteoarthritis  
721.3 Lumbosacrel Spondylosis  
722.0-722.9 Intervertebral Disc Disorders  
730-730.9 Osteomyelitis and/or Periostitis  
737.3 Kyphoscoliosis and scoliosis

## 280-289 Diseases of the Blood and Blood-Forming Organs

282.6 Sickle-Cell Anemia  
284.9 Aplastic Anemia NOS  
286-286.9 Coagulation Defects and/or Hemophilia

## 740-759 Congenital Anomalies

747.2 Aortic Atresia / Stenosis  
751.6 Biliary Atresia  
759-759.9 Other and Unspecified Congenital Anomalies

## 320-389 Diseases of the Nervous System and Sense Organs

330 Cerebral degenerations  
344.0-344.09 Quadriplegia and Quadripareisis  
331.0-331.9 Reye's Syndrome  
344.1 Paraplegia  
348.0-348.9 Encephalopathy  
357, 358 Neuropathy / Myasthenia Gravis

## 760-779 Conditions Originating in the Perinatal Period

765-765.1 Prematurity  
769 Respiratory Distress Syndrome  
770.0-770.9 Other Respiratory Conditions of Newborn

## 390-459 Diseases of the Circulatory System

410-410.9 Acute Myocardial Infarction  
411-411.89 Acute and Subacute Ischemic Heart Disease  
414-414.05 Coronary Atherosclerosis (ASHD)  
415-415.19 Acute Pulmonary Heart Disease  
416-416.9 Chronic Pulmonary Heart Disease  
417.1 Aneurysm of Pulmonary Artery  
421-421.9 Acute and Subacute Endocarditis  
424-424.9 Valve Disorders  
425-425.9 Cardiomyopathy  
426-426.9 Conduction Disorders  
427-427.9 Cardiac Dysrhythmias  
428-428.9 Heart Failure  
430, 431 Subarachnoid / Intracerebral Hemorrhage  
434.9 Occlusion of Cerebral Arteries  
436 Acute Cerebrovascular Accident (CVA)  
440-441.9 Atherosclerosis / Aortic Aneurysm

## 780-799 Symptoms, Signs, and Ill-Defined Conditions

785-785.9 Symptoms Involving Cardiovascular System  
786.5-786.59 Chest Pain

## 800-999 Injury and Poisoning

800-804.9 Fracture of Skull  
805-805.9 Fracture of Vertebral Column  
806-806.9 Fracture of Vertebral Column with Spinal Cord Injury  
828-828.1 Multiple Fractures  
853-854.1 Intracranial Injury  
869-869.1 Internal Injury  
887-887.7 Traumatic Amputation of Arm and Hand  
897-897.7 Traumatic Amputation of Leg  
949-949.5 Burns  
952-952.9 Spinal Cord Injury  
996-997.0 Complications peculiar to certain specified conditions  
V23 Supervision of High Risk Pregnancy  
V42 – V58.9 Transplants, etc

## 460-519 Diseases of the Respiratory System