



**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.

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)

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:

<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	G35	Other Acute Disseminated Demyelination	I60-161	Subarachnoid Hemorrhage / Intercerebral Hemorrhage	M34	Systemic sclerosis
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion	G36	Other Demyelinating disease of central nervous system	I63	Cerebral infarction	M41	Scoliosis
E65-E68	Obesity and other hyper alimentation	G37	Quadruplegia	I65.8-I66	Cerebral infarction Occlusion of Precerebral /Cerebral Arteries	M43	Spondylolysis
E70-E89	Metabolic disorders	G82.5	Cauda Equina Syndrome	I67	Other cerebrovascular disease	M44	Spondylolysis
		G83.4	Toxic Encephalopathy	I70	Atherosclerosis / Aortic Aneurysm	M50	Cervical disc disorders
		G92	Anoxic Brain Injury	<u>J00-J99</u>	<u>Diseases of Respiratory System</u>	M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
		G93.1		J40-J44	Chronic Obstructive Pulmonary Disease (COPD)	M72.6	Necrotizing Fasciitis
				J84.10-J84.89	Postinflammatory Pulmonary Fibrosis	M86	Osteomyelitis
				J98.11-J98.4	Pulmonary Collapse / Respiratory Failure		



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:

<p><u>N00-N99 Diseases of the Genitourinary System</u></p> <p>N00-N01 Acute and Rapidly Progressive Nephritic Syndrome</p> <p>N03 Chronic Nephritic Syndrome</p> <p>N04 Nephrotic Syndrome</p> <p>N05-N07 Nephritis and Nephropathy</p> <p>N08 Glomerular Disorders classified elsewhere</p> <p>N17 Acute Kidney Failure</p> <p>N18 Chronic Kidney Disease (CKD)</p> <p>N19 Renal Failure, Unspecified</p>	<p><u>P00-P96 Certain conditions originating in the perinatal period</u></p> <p>P07 Disorders of newborn related to short gestation and low birth weight</p> <p>P10- P15 Birth Trauma</p> <p>P19 Fetal distress</p> <p>P23-P28 Other respiratory conditions of newborn</p> <p>P29 Cardiovascular disorders originating in the perinatal period</p> <p>P36 Bacterial sepsis of newborn</p> <p>P52-P53 Intracranial hemorrhage of newborn</p> <p>P77 Necrotizing enterocolitis of newborn</p> <p>P91 Other disturbances of cerebral status newborn disorders</p>	<p><u>S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes</u></p> <p>S02 Fracture of skull and facial bones</p> <p>S06 Intracranial injury</p> <p>S08 Crush injury to head</p> <p>S08 Avulsion and traumatic amputation of part of head</p> <p>S12-S13 Fracture and injuries of cervical vertebra and other parts of neck</p> <p>S14.0-S14.15 Injury of nerves and spinal cord at neck level</p> <p>S22.0 Fracture of thoracic vertebra</p> <p>S24 Injury of nerves and spinal cord at thorax level</p> <p>S25 Injury of blood vessels of thorax</p> <p>S26 Injury of heart</p> <p>S32.0-S32.2 Fracture of lumbar vertebra</p> <p>S34 Injury of lumbar and sacral spinal cord and nerves</p> <p>S35 Injury of blood vessels at abdomen, lower back and pelvis</p> <p>S36-S37 Injury of intra-abdominal organs</p> <p>S48 Traumatic amputation of shoulder and upper arm</p> <p>S58 Traumatic amputation of elbow and forearm</p> <p>S68.4-S68.7 Traumatic amputation of hand at wrist level</p> <p>S78 Traumatic amputation of hip and thigh</p> <p>S88 Traumatic amputation of lower leg</p> <p>S98 Traumatic amputation of ankle and foot</p>	<p>T30-T32 Burns and corrosions of multiple body regions</p> <p>T81.11-T81.12 Postprocedural cardiogenic and septic shock</p> <p>T82 Complications of cardiac and vascular prosthetic devices, implants and grafts</p> <p>T83-T85 Complications of prosthetic devices, implants and grafts</p> <p>T86 Complications of transplanted organs and tissue</p> <p>T87 Complications to reattachment and amputation</p>
<p><u>O00-O9A Pregnancy, childbirth and the puerperium</u></p> <p>O09 High Risk Pregnancy</p> <p>O11 Pre-Existing Hypertension with Pre-Eclampsia</p> <p>O14-O15 Pre-Eclampsia and Eclampsia</p> <p>O30 Multiple Gestation</p> <p>O31 Other complications specific to Multiple Gestations</p>	<p><u>Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities</u></p> <p>Q00-Q07 Congenital malformations of the nervous system</p> <p>Q20- Q26 Congenital Cardiac malformations</p> <p>Q41-Q45 Congenital Anomalies of Digestive system</p> <p>Q85 Phakomatoses, not classified elsewhere</p> <p>Q87 Congenital malformation syndromes affecting multiple systems</p> <p>Q89 Other Congenital malformations</p>		<p><u>Z00-Z99 Factors Influencing Health Status and Contact with Health Services</u></p> <p>Z37.5-Z37.6 Multiple births</p> <p>Z38.3-Z38.8 Multiple births</p> <p>Z48-Z48.298 Encounter for aftercare following organ transplant</p> <p>Z49 Encounter for care involving renal dialysis</p> <p>Z94 Transplanted organ and tissue status</p> <p>Z95 Presence of cardiac and vascular implants and grafts</p> <p>Z98.85 Transplanted organ removal status</p> <p>Z99.1 Dependence on respirator</p> <p>Z99.2 Dependence on dialysis</p>
	<p><u>R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</u></p> <p>R07.1-R07.9 Chest Pain</p> <p>R40-R40.236 Coma</p> <p>R57-R58 Shock, Hemorrhage</p> <p>R65.2-R65.21 Severe sepsis</p>		