

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:

- 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.
- 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)

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. \Box

Plan Sponsor:	Claims Administrator*	Agent/Broker
·		
Signature:	Signature:	Signature:
Name:	Name:	Name:
Title:	Title:	Title:
Date:	Date:	Date:
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:

A00-B99	Certain infectious and	F01-F99	Mental, Behavioral and	100-199	Diseases of Circulatory	K00-K95 Dise	ases of Digestive System
	parasitic disease		Neurodevelopmental disorders		<u>System</u>	K22	Esophageal obstruction
A40	Streptococcal sepsis	F10.1	Alcohol Abuse	120 121.09-122	Angina Pectoris Acute myocardial	K25-K28	Ulcers
A41	Other Sepsis	F11.1	Opioid Abuse	infarction	•	K31	Other diseases of stomach
B15-B19	Viral hepatitis	F20	Schizophrenia	124	Acute and Subacute Ischemic Heart Disease		& duodenum
320	[HIV] disease	F31	·	125	Chronic ischemic heart	K50	Crohn's disease
C00-D49	Neoplasms		Bipolar Disorder	loo.	disease	K51	Ulcerative colitis
C00-C96	Malignant neoplasms	F32.3	Major depressive disorder, single episode, severe	126 127	Pulmonary embolism Other pulmonary heart	K55-K64	Diseases of intestine
D46	Myelodysplastic syndromes		with psychotic feature		disease	K65-K68	Diseases of peritoneum &
D50-D89	Diseases of the blood and	F33.1-F33.3	Major Depressive	128	Other diseases of pulmonary vessels		retroperitoneum
	blood-forming organs & disorders involving the		Disorder, recurrent	133	Acute & Subacute	K70-K77	Diseases of liver
	immune mechanism	F84.0	Autistic Disorder	10.4.100	Endocarditis	K83	Diseases of biliary tract
057	Sickle-cell disorders	F84.2	Rett's Syndrome	134-138 142-143	Heart Valve Disorders Cardiomyopathy	K85-K86	Diseases of pancreatitis
059	Acquired hemolytic anemia	F84.5	Asperger's syndrome	144-145	Conduction Disorders	K90-K95	Other diseases of digestive
D60-D64	Aplastic and other anemias	G00-99	Diseases of the nervous	146 147-149	Cardiac Arrest Cardiac Dysrhythmias		system/Complications of bariatric procedures
D65-D69	Coagulation defects,		<u>system</u>	150	Heart Failure	Mnn-Maa Disa	ases of Musculoskeletal System
D00 D00	purpura and other	G00	Bacterial Meningitis	160-161	Subarachnoid Hemorrhage /	& Connective T	
	hemorrhagic conditions	G04	Encephalitis Myelitis and Encephalomyelitis		Intercerebral	M15-M19	Osteoarthritis
D70-D77	Other diseases of blood and	000 007	, ,	100	Hemorrhage	M32	Systemic lupus
200 D00	blood-forming organs	G06-G07	Intracranial and intraspinal abscess and granuloma	163 165.8-166	Cerebral infarction Occlusion of Precerebral		erythematosus
D80-D89	Certain disorders involving the immune mechanism	G12.21	Amyotrophic Lateral		/Cerebral Arteries	M34	Systemic sclerosis
		Sclerosis	,	167	Other cerebrovascular disease	M41	Scoliosis
E00-E89	Endocrine, nutritional and	G35	Multiple Sclerosis	170	Atherosclerosis / Aortic	M43	Spondylolysis
	metabolic diseases	G36	Other Acute Disseminated		Aneurysm	M50	Cervical disc disorders
E10-E13	Diabetes mellitus		Demyelination	J00-J99 Diseas	ses of Respiratory System	M51	Thoracic, thoracolumbar &
E15-E16	Other disorders of glucose	G37	Other Demyelinating disease of central nervous				lumbosacral intervertebral disc disorders
	regulation and pancreatic		system	J40-J44	Chronic Obstructive Pulmonary Disease	1470.0	
	internal secretion	G82.5	Quadraplegia		(COPD)	M72.6	Necrotizing Fasciitis
E65-E68	Obesity and other hyper alimentation	G83.4	Cauda Equina Syndrome	J84.10-J84.89	Postinflammatory	M86	Osteomyelitis
70-E89	Metabolic disorders	G92	Toxic Encephalopathy		Pulmonary Fibrosis		
0 200	stabbilo dicordoro	G93.1	Anoxic Brain Injury	J98.11-J98.4	Pulmonary Collapse / Respiratory Failure		
		330.1	, alono Dialit Injury		1103pilatory Fallure		



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:

100 1104	A	perinatal period	1	Consequences of	of External Causes		corrosions of
N00-N01	Acute and Rapidly	P07	Disorders of newborn related	S02	Fracture of skull and facial		multiple body
	Progressive Nephritic		to short gestation and low		bones		regions
	Syndrome		birth weight	S06	Intracranial injury	T81.11-T81.12	Postprocedural
V03	Chronic Nephritic Syndrome	P10- P15	Birth Trauma		Crush injury to head		cardiogenic and
N04	Nephrotic Syndrome	P19	Fetal distress	S08	Avulsion and traumatic		septic shock
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	P23-P28	Other respiratory conditions		amputation of part of head	T82	Complications of
N05-N07	Nephritis and Nephropathy		of newborn	S12-S13	Fracture and injuries of		cardiac and
N08	Glomerular Disorders	P29	Cardiovascular disorders		cervical vertebra and other		vascular prosthetic
	classified elsewhere		originating in the perinatal	0440 04445	parts of neck		devices, implants
N17	Acute Kidney Failure	P36	period	S14.0-S14.15	Injury of nerves and spinal	T00 T0=	and grafts
N17	Acute Kidney Failure	P52-P53	Bacterial sepsis of newborn	000.0	cord at neck level Fracture of thoracic vertebra	T83-T85	Complications of
N18	Chronic Kidney Disease	P52-P53	Intracranial hemorrhage of newborn	S22.0 S24	Injury of nerves and spinal		prosthetic devices,
	(CKD)	P77	Necrotizing enterocolitis of	324	cord at thorax level	Toc	implants and grafts
N19	Renal Failure, Unspecified	newborn	Necrotizing enterocolitis of	S25	Injury of blood vessels of	T86	Complications of transplanted organs
	· · ·	P91	Other disturbances of	020	thorax		and tissue
	nancy, childbirth and the	1 31	cerebral status newborn	S26	Injury of heart	T87	Complications to
<u>ouerperium</u>			disorders	S32.0-S32.2	Fracture of lumbar vertebra	101	reattachment and
009	High Risk Pregnancy	Q00-Q99 Cond	genital malformations,	S34	Injury of lumbar and sacral		amputation
244	0 0 ,		nd chromosomal abnormalities		spinal cord and nerves	Z00-Z99 Factors Influencing Hea	
D11	Pre-Existing Hypertension with Pre-Eclampsia	Q00-Q07	Congenital malformations of	S35	Injury of blood vessels at		ct with Health Service
	with Pre-Edampsia		the nervous system		abdomen, lower back and		
014-015	Pre-Eclampsia and Eclampsia	Q20- Q26	Congenital Cardiac		pelvis	Z37.5-Z37.6	Multiple births
D30	Multiple Gestation		malformations	S36-S37	Injury of intra-abdominal	Z38.3-Z38.8 Z48-Z48.298	Multiple births Encounter for
	'	Q41-Q45	Congenital Anomalies of		organs	240-240.290	aftercare following
D31	Other complications specific		Digestive system	S48	Traumatic amputation of		organ transplant
	to Multiple Gestations	Q85	Phakomatoses, not classified		shoulder and upper arm	Z49	Encounter for care
			elsewhere	S58	Traumatic amputation of	240	involving renal
		Q87	Congenital malformation	000 4 000 =	elbow and forearm		dialysis
			syndromes affecting multiple	S68.4-S68.7	Traumatic amputation of	Z94	Transplanted orga
		000	systems	070	hand at wrist level		and tissue status
		Q89	Other Congenital malformations	S78	Traumatic amputation of hip and thigh	Z95	Presence of cardia
		P00-P00 Sum	ptoms, signs and abnormal	S88	Traumatic amputation of		and vascular
			proms, signs and abnormal practices or a second control of the process of the pro	300	lower lea		implants and grafts
		classified	oratory findings, not eisewhere	S98	Traumatic amputation of	Z98.85	Transplanted orga
		R07.1-R07.9	Chest Pain	330	ankle and foot		removal status
		R40-R40.236	Coma		and and root	Z99.1	Dependence on
		R57-R58	Shock, Hemorrhage				respirator
		R65.2-R65.21	Severe sepsis			Z99.2	Dependence on
							dialysis