

GERBER LIFE INSURANCE COMPANY STOP LOSS MEDICAL DISCLOSURE STATEMENT



Effective Date: _____ Current Deductible: _____ Proposed Deductible: _____

TPA Administrator Name: _____ TPA Address: _____

Contact Name: _____ Phone # _____

Name of Claim Contact at the TPA: _____ Phone # _____

Legal Name of Employer Group: _____

SECTION I: DISCLOSURE REQUIREMENT

The Policyholder is required to contact their claims administrator and utilization review firm(s) in order to review pre-certification, case management, and claim files and is required to disclose the following information for the twelve month period prior to the completion of this Disclosure Statement. **Any potentially catastrophic losses must be disclosed. All information disclosed will be treated as confidential by Gerber Life Insurance Company.**

List any employees, dependents or COBRA beneficiaries who have incurred medical expenses which exceed the lesser of 50% of the Specific Deductible or \$30,000

AND List any employees who are not actively at work due to disability on the date this statement is signed, or any employees, dependents, or COBRA beneficiaries who are confined to a hospital, skilled nursing facility, rehabilitation facility, or other medical facility, or who are receiving skilled home nursing care greater than 4 hours per day.

AND List any eligible plan participants who, in the current plan year, have either been diagnosed with or treated for one of the following:

| <u>ICD-9 Code</u> | <u>Diagnosis</u> | <u>ICD-9 Code</u> | <u>Diagnosis</u> |
|-------------------|--------------------------------|-------------------|---------------------------------|
| 042-044 | AIDS | 425 | Cardiomyopathy |
| 141-199 | Malignant Neoplasm/Carcinoma | 430-436 | Cerebrovascular Disease/Stroke* |
| 200-208 | Lymphoma/Leukemia | 570-573 | Chronic Liver Disease |
| 235-239 | Neoplasm of uncertain behavior | 584-587 | Acute/Chronic Renal |
| 250 | Diabetes Mellitus | 760-779 | Pre Birth/Newborn Complications |
| 277 | Cystic Fibrosis | 800-804,850.4-854 | Intracranial Injury |
| 286 | Hemophilia | 805-806,952-953 | Spinal Cord Injury |
| 335.2 | ALS | 860-869, 874-875 | Trauma-Major |
| 340 | Multiple Sclerosis | 879, 900-909 | Trauma-Major |
| 393-429, 518 | Heart Disease/Lung Disease | 887,897 | Major Amputation |
| | | 941-949 | Severe Burns |

AND List any eligible plan participants who have had an **ORGAN TRANSPLANT** or **BONE MARROW TRANSPLANT** or who have been **evaluated, considered or listed** for an organ transplant or bone marrow transplant. Provide organ/transplant type and diagnosis or date of transplant, if applicable.

Provide all of the data listed on the attached form for each individual disclosed OR attach, number, and initial each sheet with the required date.

The Disclosure Statement may be completed, **in conjunction with receipt of a binder check and application**, no earlier than 30 days prior to the Effective Date of the Policy and no later than 15 days after the Effective Date of the Policy.

SECTION II: DISCLOSURE CERTIFICATION

The Prospective Policyholder hereby represents that the information contained in this Disclosure Statement and on the attached page(s) is true, complete and accurate per the specifications on the previous page, and that nothing has been knowingly or intentionally omitted.

The Prospective Policyholder acknowledges, understands and agrees that this information will be relied upon by Gerber Life Insurance Company in evaluating and determining new rates, factors, and terms for Individual and/or Aggregate Stop Loss coverage for the policy period for which coverage is applied for. Gerber Life Insurance Company reserves the right to alter or amend any rates, factors, or terms 1) upon Gerber Life Insurance Company's receipt and review of this Disclosure Statement, or 2) if the Prospective Policyholder fails to disclose any individual(s) or information required to be disclosed. Additionally, if Gerber Life Insurance Company determines that an individual(s) required to be disclosed is an unacceptable risk, the claims of such individual(s) will not be covered under any Individual or Aggregate Stop Loss policy. Any attempt to knowingly provide inaccurate information may result in immediate or retroactive termination of the Stop Loss Agreement(s) and may also result in prosecution under state and federal fraud laws. Acceptance of this Disclosure Statement does not constitute acceptance of risk; no coverage shall be provided except as agreed to in writing by Gerber Life Insurance Company in response to a written application.

The Prospective Policyholder and Third Party Administrator certifies that the following types of review were performed in acquiring the information needed to properly complete this Disclosure Statement (Check all that apply):

Pre Certification Case Management Utilization Review Claim Files Dollar Trigger

Prospective Policyholder Signature: _____ Title _____ Date _____

Authorized TPA Representative Signature: _____ Title _____ Date _____

Accepted for Gerber Life Insurance Company by:

Signature _____ Title _____ Date _____

