# **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 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 risks in the categories listed below. 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. The attached disclosure form must be completed and signed by the appropriate parties no more than [thirty (30)] days prior to the proposed Effective Date of stop loss coverage and received by the Company within [five (5)] days of completion.

Upon receipt of the completed disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing within [five (5)] days of any changes to the rates, factors or terms of coverage. The Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

List on the Disclosure Form all risks known to:

1. Be currently disabled, confined to a Medical Facility, or have been precertified within the last three months.
2. Have received medical 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.
3. Have 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.
4. Have been diagnosed, during the current plan year, with a condition represented by any of the ICD-10 codes contained in the attached list [and have also received medical services costing $5,000 during the same period].

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.

Important Disclaimer Note: This standard disclosure form is endorsed by Self-Insurance Institute of America, Inc. (October 2015). In endorsing this standard disclosure form, SIIA does not provide any opinion as to the validity/legality of collecting such data by insurers or others. This endorsement is solely related to the need for a standard format in which disclosure, if enforced by the industry, will enable employers/plan sponsors the opportunity to use a single form as an industry standard. SIIA assumes no liability, implied or otherwise, with regard to the use of this form. In this regard, parties utilizing this form are encouraged to seek their own legal counsel. SIIA does not provide legal counsel. www.siia.org

*Self-Insurance Institute of America, Inc. (SIIA) Endorsed – October 2015*

**Standard Stop Loss Disclosure Form**

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| **Risk Identifier** | **DOB** | **Sex** | **EE, Sp or Ch** | **(A)ctive,****(C)OBRA,****(R)etiree, or****(T)ermed** | **Term Date** | **Diagnosis** | **Most Recent Date of Service** | **Expenses****Incurred This Plan Year** |
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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**. 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: 

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**ICD-10-CM Diagnosis 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:

***A00-B99 Certain infectious and parasitic disease***

A40 Streptococcal sepsis

A41 Other Sepsis

B15-B19 Viral hepatitis

B20 Human immunodeficiency virus [HIV] disease

***C00-D49 Neoplasms***

C00-C96 Malignant neoplasms

D46 Myelodysplastic syndromes

***D50-D89*** ***Diseases of the blood and blood-forming organs & disorders involving the immune mechanism***

D57 Sickle-cell disorders

D59 Acquired hemolytic anemia

D60-D64 Aplastic and other anemias

D65-D69 Coagulation defects, purpura and other hemorrhagic conditions

D70-D77 Other diseases of blood and blood-forming organs

D80-D89 Certain disorders involving the immune mechanism

***E00-E89 Endocrine, nutritional and metabolic diseases***

E10-E13 Diabetes mellitus

E15-E16 Other disorders of glucose regulation and pancreatic internal secretion

E65-E68 Obesity and other hyper alimentation

E70-E89 Metabolic disorders

***F01-F99 Mental, Behavioral and Neurodevelopmental disorders***

F10.1 Alcohol Abuse

F11.1 Opioid Abuse

F20 Schizophrenia

F31 Bipolar Disorder

F32.3 Major depressive disorder, single episode, severe with psychotic feature

F33.1-F33.3 Major Depressive Disorder, recurrent

F84.0 Autistic Disorder

F84.2 Rett's Syndrome

F84.5 Asperger's syndrome

***G00-99 Diseases of the nervous system***

G00 Bacterial Meningitis

G04 Encephalitis Myelitis and Encephalomyelitis.

G06-G07 Intracranial and intraspinalabscess and granuloma

G12.21 Amyotrophic Lateral Sclerosis

G35 Multiple Sclerosis

G36 Other Acute Disseminated Demyelination

G37 Other Demyelinating disease of central nervous system

G82.5 Quadraplegia

G83.4 Cauda Equina Syndrome

G92 Toxic Encephalopathy

G93.1 Anoxic Brain Injury

***I00-I99 Diseases of Circulatory System***

I20 Angina Pectoris

I21.09-I22 Acute myocardial infarction

I24 Acute and Subacute Ischemic Heart Disease

I25 Chronic ischemic heart disease

I26 Pulmonary embolism

I27 Other pulmonary heart disease

I28 Other diseases of pulmonary vessels

I33 Acute & Subacute Endocarditis

I34-I38 Heart Valve Disorders

I42-I43 Cardiomyopathy

I44-I45 Conduction Disorders

I46 Cardiac Arrest

I47-I49 Cardiac Dysrhythmias

I50 Heart Failure

I60-161 Subarachnoid Hemorrhage / Intercerebral Hemorrhage

I63 Cerebral infarction

I65.8-I66 Occlusion of Precerebral /Cerebral Arteries

I67 Other cerebrovascular disease

I70 Atherosclerosis / Aortic Aneurysm

***J00-J99 Diseases of Respiratory System***

J40-J44 Chronic Obstructive Pulmonary Disease (COPD)

J84.10-J84.89 Postinflammatory Pulmonary Fibrosis

J98.11-J98.4 Pulmonary Collapse / Respiratory Failure

***K00-K95 Diseases of Digestive System***

K22 Esophageal obstruction

K25-K28 Ulcers

K31 Other diseases of stomach & duodenum

K50 Crohn’s disease

K51 Ulcerative colitis

K55-K64 Diseases of intestine

K65-K68 Diseases of peritoneum & retroperitoneum

K70-K77 Diseases of liver

K83 Diseases of biliary tract

K85-K86 Diseases of pancreatitis

K90-K95 Other diseases of digestive system/Complications of bariatric procedures

***M00-M99 Diseases of Musculoskeletal System & Connective Tissue***

M15-M19 Osteoarthritis

M32 Systemic lupus erythematosus

M34 Systemic sclerosis

M41 Scoliosis

M43 Spondylolysis

M50 Cervical disc disorders

M51 Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders

M72.6 Necrotizing Fasciitis

M86 Osteomyelitis

***N00-N99 Diseases of the Genitourinary System***

N00-N01 Acute and Rapidly Progressive Nephritic Syndrome

N03 Chronic Nephritic Syndrome

N04 Nephrotic Syndrome

N05-N07 Nephritis and Nephropathy

N08 Glomerular Disorders classified elsewhere

N17 Acute Kidney Failure

N18 Chronic Kidney Disease (CKD)

N19 Renal Failure, Unspecified

***O00-O9A   Pregnancy, childbirth and the puerperium***

O09 High Risk Pregnancy

O11 Pre-Existing Hypertension with Pre-Eclampsia

O14-O15 Pre-Eclampsia and Eclampsia

O30 Multiple Gestation

O31 Other complications specific to Multiple Gestations

***P00-P96 Certain conditions originating in the perinatal period***

P07 Disorders of newborn related to short gestation and low birth weight

P10- P15 Birth Trauma

P19 Fetal distress

P23-P28 Other respiratory conditions of newborn

P29 Cardiovascular disorders originating in the perinatal period

P36 Bacterial sepsis of newborn

P52-P53 Intracranial hemorrhage of newborn

P77 Necrotizing enterocolitis of newborn

P91 Other disturbances of cerebral status newborn

***Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities***

Q00-Q07 Congenital malformations of the nervous system

Q20- Q26 Congenital Cardiac malformations

Q41-Q45 Congenital Anomalies of Digestive system

Q85 Phakomatoses, not classified elsewhere

Q87 Congenital malformation syndromes affecting multiple systems

Q89 Other Congenital malformations

***R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified***

R07.1-R07.9 Chest Pain

R40-R40.236 Coma

R57-R58 Shock, Hemorrhage

R65.2-R65.21 Severe sepsis

***S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes***

S02 Fracture of skull and facial bones

S06 Intracranial injury

S07 Crush injury to head

S08 Avulsion and traumatic amputation of part of head

S12-S13 Fracture and injuries of cervical vertebra and other parts of neck

S14.0-S14.15 Injury of nerves and spinal cord at neck level

S22.0 Fracture of thoracic vertebra

S24 Injury of nerves and spinal cord at thorax level

S25 Injury of blood vessels of thorax

S26 Injury of heart

S32.0-S32.2 Fracture of lumbar vertebra

S34 Injury of lumbar and sacral spinal cord and nerves

S35 Injury of blood vessels at abdomen, lower back and pelvis

S36-S37 Injury of intra-abdominal organs

S48 Traumatic amputation of shoulder and upper arm

S58 Traumatic amputation of elbow and forearm

S68.4-S68.7 Traumatic amputation of hand at wrist level

S78 Traumatic amputation of hip and thigh

S88 Traumatic amputation of lower leg

S98 Traumatic amputation of ankle and foot

T30-T32 Burns and corrosions of multiple body regions

T81.11-T81.12 Postprocedural cardiogenic and septic shock

T82 Complications of cardiac and vascular prosthetic devices, implants and grafts

T83-T85 Complications of prosthetic devices, implants and grafts

T86 Complications of transplanted organs and tissue

T87 Complications to reattachment and amputation

***Z00-Z99 Factors Influencing Health Status and Contact with Health Services***

Z37.5-Z37.6 Multiple births

Z38.3-Z38.8 Multiple births

Z48-Z48.298 Encounter for aftercare following organ transplant

Z49 Encounter for care involving renal dialysis

Z94 Transplanted organ and tissue status

Z95 Presence of cardiac and vascular implants and grafts

Z98.85 Transplanted organ removal status

Z99.1 Dependence on respirator

Z99.2 Dependence on dialysis