

Disclosure Statement

Please read carefully

General: The information presented in this attached statement form (herein referred to as the disclosure, disclosure form, disclosure statement, or form) will be relied upon by Kismet Risk Management Associates (KRMA) a duly appointed underwriter for the issuing carrier (herein referred to as we our or us), as part of the underwriting process for the group. The disclosure will become part of the application for stop loss coverage and as such will ultimately become part of the policy. We reserve the right to require/pursue additional information (medical or otherwise) based on the information provided. Coverage would then become contingent upon the receipt, review and approval of that information by us. In addition, we reserve the right to change premium rates/factors, modify the terms of coverage, or withdraw the proposal in its entirety based upon a review of the information submitted during the disclosure process or acquired as a result thereof.

Failure to disclose a known individual/situation or severity thereof and/or failure to disclose an individual/situation or severity that should have reasonably been known, may lead to the rescission of coverage or modification of the terms of coverage and/or premium. In that event, the action taken will be solely at our discretion. If after submission of this disclosure statement information regarding an individual/situation or severity is discovered which, per the terms of this document should have been included in this disclosure statement, you must amend this statement with, and/or notify KRMA of, the newly discovered information without delay.

Individuals to be disclosed:

1. Plan participants (defined as anyone that has or may incur claims under the scope of the plan document) that are inpatient in a hospital or other medical facility as of the date on which the disclosure is signed.
2. Plan participants that have been pre-certified for an inpatient stay within the three months prior to the signature date.
3. Plan participants that have incurred claims during the current plan year that exceed the lesser of 50% of the specific deductible applied for or \$50,000; including claims for or payments relating to prescription drugs and/or medical supplies.
4. Plan participants that have been diagnosed with or received treatment, including payments for or payments relating to prescription drugs and/or medical supplies, for a condition on the attached diagnosis list (including denied, suspended and pended claims), have otherwise been indentified as a candidate for Case Management or have had claims denied that exceed the lesser of 50% of the Specific Deductible applied for or \$50,000.
5. Plan participants that as of the date the disclosure is signed are:
 - a. Not actively at work
 - b. On COBRA or are eligible for COBRA
 - c. Covered under a disabled or handicapped child extension provision
 - d. Known to be disabled or otherwise unable to engage in those activities for which an individual of the same age would ordinarily be expected to do.

Sources of Information: A diligent and thorough review should be made by the plan sponsor or their duly appointed representative of all applicable records including but not limited to:

- current and past claim reports (including pended, suspended, and denied claims)
- information from the current administrator or insurer
- information known to a managed care company (utilization management firm, large case management firm and/or provider network)
- employment records, disability records
- information known by the broker/agent

Information Required: The name of the individual, the reason for the disclosure, scheduled or anticipated procedures medical/surgical treatments, scheduled or anticipated leaves of absence and other information as required and as applicable on the attached disclosure statement are the standards which will constitute full and fair disclosure. The plan sponsor/administrator may include their own reporting format in as much as the data supplied meets or exceeds these standards. Reference to an individual by name or claimant identifier only does not constitute disclosure.

Timing Issues: The information in the disclosure form must be accurate as of the date that the form is signed. The form may be signed no more than 60 days in advance of the proposed effective date and must be received by KRMA no more than 5 days from the date signed. If the disclosure is signed greater than 30 days before the effective date, the first month's premium and a signed application must be received within 5 days of the date that KRMA provides written acceptance of disclosure. If the disclosure is signed within 30 days of the effective date, a signed application must be submitted within 5 days of the date that KRMA provides written acceptance of disclosure. Should these conditions not be met, the disclosure is invalid.

Questions regarding disclosure: Should there be any question as to whether an individual should be disclosed or a question as to the information required for disclosure, **do not hesitate to contact us.**

Value of Disclosure: In exchange for this disclosure, KRMA on behalf of the issuing carrier will accept liability for claimants that are unknown in fact and will waive any at work or actively at life provision for individuals disclosed as such.

Other Provision: Neither KRMA nor the issuing carrier are offering group health insurance or a fully insured health insurance product. Rather, the group is purchasing Excess Loss coverage for the group's self-funded health plan.

The group is at all times responsible for funding its health plan(s) as well as making all health plan claims processing and other administration determinations.

The issuing carrier reserves the right to deny any claims by such entities that stem from a condition or fact that should have been disclosed herein.

All terms and conditions of this Disclosure Statement shall survive the execution of any other contract, unless explicitly agreed upon by all parties in writing.

NO COVERAGE IS BOUND UNTIL THE ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED AND APPROVED BY KRMA UNDERWRITING ON BEHALF OF THE ISSUING CARRIER. PLEASE REFER TO KRMA'S SOLD CASE DOCUMENTATION GUIDELINES FOR MORE INFORMATION.

ICD-10 Trigger Diagnosis List for Disclosure Statement

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 hyperalimentation
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 intraspinal abscess 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 / Intracerebral 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	Post inflammatory 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

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

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

DISCLOSURE STATEMENT

Group Name: _____

Name or Claimant Identifier	Date of Birth	Not Actively at work?	Disabled?	COBRA/COBRA Eligible?	FMLA or Other Leave of Absence?	Date of Disability/COBRA RA	Diagnoses/Nature of Disability	Current Year Pending and Paid Claims	Other pertinent details (for example severity of condition, scheduled or anticipated medical/surgical treatments or leaves of absence)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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- Check if there are additional pages attached. If so, the number of additional pages is: _____
- Check if the above information is being supplied electronically. The file name's are: _____

The plan sponsor by their herein below appearing signature represents the above and/or any attached information to be the product of a prudent review as described in the previous pages and as such represents the above and/or attached information to be a complete and truthful disclosure of all individuals in accordance with the attached instructions as of the date signed. In exchange for this disclosure, Kismet Risk Management Associates on behalf of the issuing carrier will accept liability for claimants that are unknown in fact and will waive any actively at work provisions for individuals disclosed as such.

Plan Sponsor

Signature: _____

Date: _____

Name (print): _____

Claims Administrator

Signature: _____

Date: _____

Name (print): _____

Written Acceptance: _____

Title: _____

Disclosure Addendum/Reaffirmation Group Name:

The following is an addendum to the disclosure signed on ____/____/____.

Name or Claimant Identifier	Date of Birth	Not Actively at work?	Disabled?	COBRA/COBRA Eligible?	FMLA or Other Leave of Absence?	Date of Disability/COBRA RA	Diagnoses/Nature of Disability	Current Year Pending and Paid Claims	Other pertinent details (for example severity of condition, scheduled or anticipated medical/surgical treatments or leaves of absence)
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OR

The disclosure as signed on ____/____/____ remains complete with no changes.

The plan sponsor by their herein below appearing signature represents the above and/or any attached information to be the product of a prudent review as described in the previous pages and as such represents the above and/or attached information to be a complete and truthful discloser of all individuals in accordance with the attached instructions as of the date signed. In exchange for this disclosure, Kismet Risk Management Associates on behalf of the issuing carrier will accept liability for claimants that are unknown in fact and will waive any actively at work or actively at life provisions for individuals disclosed as such.

Plan Sponsor

Claims Administrator

Signature: _____

Signature: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

Title: _____

Title: _____