Geisinger
Indemnity
Insurance Company

**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 ("Applicant") as a part of "health care operations". Geisinger Indemnity Insurance Company ("Company") 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.

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 Company to take underwriting action on all known risks in the five categories listed below. It is the Applicant'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 Applicant. In exchange, 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 sixty 60 days prior to the proposed Effective Date of stop loss coverage and received by Company within five (5) business days of completion.

Upon receipt of the completed Disclosure Form, Company will assess all data, new and previously reported, and will inform the producer in writing within seven (7) business days of any changes to the rates, factors or terms of coverage. Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

A claim will not be considered eligible under the Stop Loss Policy if it is determined that an individual to whom the charges apply and who has met any of the criteria added on the Disclosure Form was not disclosed on the Disclosure Form. If Company chooses to allow coverage for a non-disclosed individual, it will be necessary to re-underwrite the policy terms. In re-underwriting the Stop Loss Policy, if issued, Company has the right to take the following actions:

- Revise the Specific and/or Aggregate Stop Loss Rates
- Apply a higher Specific Stop Loss Deductible to the non-disclosed individual
- Exclude the non-disclosed individual

List on the Disclosure Form all risks known to:

1. Be currently disabled or expected to be absent from work due to disability, confined to a medical facility, or have been precertified within the last three months.
2. Have received medical services during the past twelve (12) months the cost of which exceeds the lesser of, 50% of the lowest Specific Deductible 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 Deductible Amount applied for, or $50,000.
4. Have been diagnosed, during the past twelve (12) months, with a condition represented by any of the ICD-9 codes contained in the attached list and have also received medical services costing $5,000 or more during the same period.
5. Have been absent from work or unable to perform the normal functions of a person of like age and gender due to disability during the past 30 days, this includes employee sick time, Family Medical Leave or scheduled leave of absence.

If the Applicant 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 Company will have no liability for claims on the risk not disclosed. If Company suffers a liability, loss or expense due to such misstatement or failure to disclosed, the Applicant agrees to refund claims paid to Company.

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Stop Loss Disclosure Form

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

The Applicant 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.** ☐

Applicant: ————————————   Claims Administrator: ————————————   Agent/Broker ————————————

Signature: ————————————   Signature: ————————————   Signature: ————————————

Name: ————————————   Name: ————————————   Name: ————————————

Title: ————————————   Title: ————————————   Title: ————————————

Date: ————————————   Date: ————————————   Date: ————————————

Large Group Disclosure Notification with ICD-9 and 10 Codes

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 plan benefit period:

Diagnosis/General Description	ICD-9	ICD-10	Diagnosis/General Description	ICD-9	ICD-10
Infectious and Parasitic Diseases			*Diseases of the Cardiovascular System*		
Septicemia	038	A40-A419	Primary Pulmonary Hypertension	416	I270
HIV with major related conditions	042	B20	Cardiac Major-Cardiomyopathy	425.0-425.9	I421-I43
Hepatitis C	070.71	B1921	Cardiac Major Heart Failure	428.0-428.9	I501-I509
			Aortic Aneurysm and dissection	441	I7100-I790
Organ and Tissue Transplants			Acute & Subacute Endocarditis	421-421.9	I330-I339, I39
Transplants, Implants, etc.	V42.0-V59	Z94-Z969			
Complications of organ transplant	996.80-996.89	T8600-T8699	*Diseases of the Respiratory System*		
			Emphysema	492.0-492.9	J439, A221,A3701
Neoplasms					A3711,A3781,A3791
Malignancies	140.0-198.9	C000-C7989, D030-D0399			A481, B250,B440
Hematopoietic Cancers	200.0-208.92	C81-C96	Pneumonia	480-486	B7781, J120-J189
Neuroendocrine tumors – malignant	209.0-209.3	C7A00-C7A098			
Cancer with prolonged hospital stay	230.0-239-9	D00-D499,C9440-	*Congenital Anomalies*		
		C9442, Q8500-Q8509	Spina Bifida	741	Q050-Q058
					Q0701-Q0703
Endocrine and Metabolic Diseases			Congenital anomaly of Nervous system	742	Q02-Q048,
Gaucher's Disease, Fabry's Disease, etc.	272.7	E7521, E7522	Congenital anomaly of ear, face, neck	744	Q169-Q189
Cystic Fibrosis	277.0-277.60	E7601-E859, D841	Congenital Cardiac and valve Disorders	745-747.9	Q200-Q289
Immune Deficiency	279.0-279.9	D801-D899	Respiratory System anomaly	748	Q300-Q349
Diabetes	250-250.9	E10-E139	Congenital anomaly of Digestive System	750.3-751.9	Q381-Q459
			Chromosomal anomaly	758	Q909-Q999
Diseases of the Blood and Blood-forming Organs			Other unspecified congenital anomaly	759.9	Q899
Aplastic Anemia	284.0-284.9	D600-D619			
Hemophilia, congenital factor disorders	286.0-286.9	D66-D689	*Severe Trauma*		
			Brain Injuries-Intracranial hemorrhage	800-800.9	S020XXA-S069X9A
Diseases of the Nervous System			Open/closed Skull Fractures (skull/face)	803-803.9	S0291XA-S069X9A
Encephalopathy	348.3	G9340-G9349	Brain Injuries – closed head	806-806.9	S12000A-S24152A
Neurologic Disorder – ALS	335.2	G1221	Brain Injuries – open head	873	S0100XA
Neurologic Disorder – Guillain-Barre	357	G61	Excessive burn with skin graft	948-948.9	T310-T3299
Cerebral Degenerations	330	E75-E7519	Severe Spinal Cord Injury	929	S7720XA
Quadriplegia and Quadriparesis	344-344.09	G8250-G8254,A5215	Spinal Cord Injury	952-952.9	S14101A-S14158A
		E0840-E0842, E0940-			S24101A-S24154A
		E0942,E1040-E1042-			S341094A-S343XXA
		E1140-E1142, E1340-	Severe Sepsis	995.9	R6520
		E1342, G610-G6189	Multiple Fractures	828-828.1	T07
		G130-G131, G620-			
		G629, G63, G64,	*High Risk Maternity and Neonates*		
		G650-G652, G7000-	Supervision of high risk pregnancy	V23-V23.9	O0900-O0993
		G709, M0550,	Multiple Gestation	651.0-651.9	O30111-O318X90
Neuropathy / Myasthenia Gravis	357, 358	M0559,M3483	Problems of Amniotic Cavity & membranes	658	O4100X0-O4193X0
		E7500-E7519, E7523	Infant immaturity	765.0-765.29	P0700-P0739
		E7525-E7529, E754,	Intra-uterine Hypoxia	768-768.9	P190-P9163
		F842,G312,	Respiratory Distress Syndrome	769	P220
		G3181-G319	Other Respiratory conditions	770.0-777.9	P221-P940
Reye's Syndrome	331.0-331.9	G910-G919, G937,G94	Other infection/bacteremia of newborn	771.8	P392
Paraplegia	344.1	G8250-G8254	Intra-uterine Hypoxia / Intraventricular Hemorrhage	772.1	P520-P5222
Diseases of the Genitourinary System			*Diseases of the Musculoskeletal System and Connective Tissue*		
Renal Dialysis	V45.1	Z992, Z9115	Osteoarthrosis	715.0-715.9	M150-M1993
Acute Renal Failure	584	N170-N179			M4726-M4728
Chronic Renal Failure	585	N181-N189			M47816-M47818
Renal Failure Unspecified	586	N19	Lumbosacral Spondylosis	721.3	M47896-M47898
					M4640-M4649,M5020-
Diseases of the Digestive System					M5106, M5124-M519
Cirrhosis of the Liver	570-571.9	K700-K7469	Intervertebral Disc Disorders	722.0-722.9	M961, A1801, A1803
Intestinal mal-absorption	579	K900-K909			M4620-M4628,M4630-
Regional Enteritis (Crohn's Disease)	555-555.9	K5000-K50919			M4639, M8600-M869
Diverticulitis of the Colon	562.1	K5720-K5793			M8960-M8969
Pancreatic Diseases	577-577.9	B252, K850-K87	Osteomyelitis, Periostitis	730-730.9	M9080-M9089,M965
		K51012,K51212			M4100-M4135
		K51312,K51412	Kyphoscoliosis, Scoliosis	737.3	M4180-M419
		K51512,K51812			

Diagnosis/General Description	ICD-9	ICD-10	Diagnosis/General Description	ICD-9	ICD-10
Ill-defined Conditions					
Bacteremia	790.7	R7881			
Hypoxia, Asphyxia	799.02,799.01	R0901-R0902, R000-			
		R012, E0852, E0952,			
		E1052, E1152, E1352			
		I70361-I70369,I70461-			
		I70469, I70561-I70569			
		I70761-I70769, I7301			
		I96, R570-R579			
		R590-R599			
Other diseases and disorders					
Scleroderma	7781	M349, P830			
Lupus	7100	M32-M329			
Raynaud's Syndrome	4430	I7300-I7301			
Infertility	609.9, 7101	N4601-N469			
	7010	L900, L940-L941			
		L943, M340-M349			
Spinal Muscular Atrophy		G12.0, G12.1, G12.9			
In addition for consideration					
Extended inpatient stays greater than 30 days					
Costly services, medications & biologics					
IVIG Therapy					
Extracorporeal Membrane Oxygenation-ECMO					
Implantable Heart Assist					
Extended inpatient stays greater than 30 days					