

## INSTRUCTIONS FOR COMPLETING DISCLOSURE FORM

### Determine who needs to be identified as a risk.

You must identify anyone in the following categories:

- Any covered member with claims that have been paid in the last 12 months which are more than 50% of the lowest proposed specific deductible requested for quote or more than \$100,000 (whichever is less);
- Any covered member that is not actively at work due to disability (or other), has been absent from work for 10 consecutive days in the last 12 months, or is working reduced hours due to illness or injury;
- Any covered member who is currently, or has been in the past 30 days, confined to a hospital or other medical facility on multiple occasions or for three or more consecutive days;
- Any covered member who is currently, or is scheduled to be, absent from work due to Family Medical Leave and Leave of Absence;
- Any dependent children over the normal termination age covered by the plan under a disabled or handicapped child provision;
- Any current member currently in case management; and/or
- Any claims currently in subrogation.

A potential high dollar claimant may also be someone who:

- Is currently receiving total parenteral nutrition (intravenous feeding);
- Is confined to a medical (acute, skilled or rehabilitation) facility or receiving home nursing care for four or more hours per day;
- Is being, or has been evaluated, considered or listed for an organ, tissue, stem cell or bone marrow transplant or has received such a transplant;
- Is using a left ventricular heart device, ventricular assist device or internal defibrillator;
- Is considered a high-risk pregnancy as determined by precertification;
- Is ventilator dependent;
- Is being or has been evaluated or considered for immunotherapy, gene therapy or CAR T therapy; or
- Is currently or expected to receive any drug and/or drug combination for an individual which monthly costs will exceed \$10,000.

**In addition, a member should be disclosed, if they have not already been identified to Evolution Risk Partners, LLC, and they are known to have been treated for any of the trigger diagnosis codes listed on pages 3-4 within the last 12 months. This includes all person(s) eligible for benefits under your employee benefit plan, including employees, dependents, retirees and those receiving coverage under COBRA.**

**List any of the individuals falling into the above categories on the disclosure form. You should do this to the best of your knowledge after reviewing:**

- Any large claims, pended claims, denied claims, claims on appeal or pre-certed claims documentation from the administrator of your health plan; and
- Employee attendance records, sick leave and/or disability reports.

**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 \_\_\_\_\_ days prior to the proposed Effective Date of stop loss coverage and received by the Company within five (5) days of completion.**



## STOP LOSS COVERAGE DISCLOSURE FORM

Policyholder Name	Effective Date (MM/DD/YY)
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**The terms of specific stop loss coverage for the above policyholder is not finalized until Evolution Risk Partners, LLC receives, reviews and approves the information provided below.**

**List below any member or dependent who, to the best of your knowledge and based on the criteria on page one of this form, should be identified as a potential large risk. Additional space on following page, if necessary.**

None known

Name or ID Number of Individual	Category (E=Employee, C=COBRA D=Dependent R=Retiree)	Date of Birth	Sex (M/F)	Diagnosis/Medical Condition

*All information disclosed on this statement will be treated as confidential by Evolution Risk Partners, LLC. The Policyholder named below, through its authorized officer, hereby attests that information attached is true, complete and accurate. The Policyholder further acknowledges, understands and agrees that this information may be used by Evolution Risk Partners, LLC in evaluating and determining the acceptability of the risk. The Prospective Policyholder understands and agrees that if any individual is not appropriately disclosed to and approved by Evolution Risk Partners, LLC, the proposed terms of coverage may be changed or claims relating to that individual may be excluded from Stop Loss coverage. The Prospective Policyholder further acknowledges that if any inaccurate or incomplete information has been willingly provided, the proposal for coverage may be withdrawn or coverage may be terminated retroactive to the Effective Date.*

**If attaching reports to this form, list report, the date of the report and the number of pages.**

Name of Report	Date of Report	# of Pages (if applicable)

Signature of Authorized Representative of Plan Sponsor	Print Name
Title	Date



**STOP LOSS COVERAGE DISCLOSURE FORM (Additional Reports)**

<b>Policyholder Name</b>	<b>Effective Date (MM/DD/YY)</b>
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<b>Name or ID Number of Individual</b>	<b>Category</b> (E=Employee, C=COBRA D=Dependent R=Retiree)	<b>Date of Birth</b>	<b>Sex</b> (M/F)	<b>Diagnosis/Medical Condition</b>

<b>Name of Report</b>	<b>Date of Report</b>	<b># of Pages (if applicable)</b>

<b>Signature of Authorized Representative of Plan Sponsor</b>	<b>Print Name</b>
<b>Title</b>	<b>Date</b>

## TRIGGER DIAGNOSIS LIST

**A00-B9 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 and 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  
 D81.0 Severe combined immune deficiency (SCID)  
 D82.1 DiGeorge syndrome  
 D83.1 Immune deficiency T cells (AIDS)  
 D84.1 Hereditary angioedema (HAE)  
 D84-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 Quadriplegia  
 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 and 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-I61 Subarachnoid hemorrhage / intracerebral hemorrhage  
 I63 Cerebral infarction  
 I65.8-I66 Occlusion of pre-cerebral / 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 and duodenum  
 K50 Crohn's disease  
 K51 Ulcerative colitis  
 K55-K64 Diseases of intestine  
 K65-K68 Diseases of peritoneum and 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

## TRIGGER DIAGNOSIS LIST

**M00-M99 Diseases of musculoskeletal system and connective tissue**

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar and 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**

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