



Chubb Group of Insurance Companies  
15 Mountain View Road  
Warren, New Jersey 07059

## EMPLOYER STOP LOSS SUPPLEMENTAL APPLICATION

**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Applicant as a part of "health care operations".** The 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.

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 **Applicant's** responsibility, either directly or through its 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 utilized by the **Applicant**. 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 pre-certified 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 Third Party Administrator (TPA) 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-9 codes contained in the attached list and have also received medical services costing \$5,000. during the same period.

It is the responsibility of the **Applicant** to provide accurate responses to 1 - 4 above. The policy excludes coverage for certain catastrophic diagnoses which the **Applicant** fails to disclose. 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 the Company may not have liability for claims on the risk not disclosed.



**Notice to Florida and Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to New York and Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (in New York) or criminal and civil penalties (in Pennsylvania).

The **Applicant's** submission of this Supplemental Application does not obligate the Company to issue, or the **Applicant** to purchase, the Policy. The Company will advise the **Applicant** if the Supplemental Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Supplemental Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after thorough review, the statements made in this Supplemental Application and in any attachments or other documents submitted with this Supplemental Application are true and complete. The undersigned agree that this Supplemental Application and such attachments and other documents shall be the basis of the contract should a Policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such Policy; and that the Company will have relied on all such materials in issuing any such Policy. The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to the Company under any insurance of a Claim or potential Claim.

**Applicant:** \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The TPA represents that he/she is not aware of any other risk, other than those listed in this Supplemental Application.

TPA: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The Agent/Broker represents that he/she is not aware of any other risk, other than those listed in this Supplemental Application.

Agent/Broker: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## ICD-9 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:

### 001-139 Infectious and Parasitic Diseases

038-038.9 Septicemia  
042 AIDS / HIV  
070-070.9 Viral Hepatitis

### 140-239 Neoplasms

140-149.9 Malignant Neoplasm of Lip, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx  
150-150.9 Malignant Neoplasm of Esophagus  
151-151.9 Malignant Neoplasm of Stomach  
153-153.9 Malignant Neoplasm of Colon  
154-154.8 Malignant Neoplasm of Rectum  
155-155.2 Malignant Neoplasm of Liver  
157-157.9 Malignant Neoplasm of Pancreas  
161-161.9 Malignant Neoplasm of Larynx  
162-162.9 Malignant Neoplasm of Lung  
170-170.9 Malignant Neoplasm of Bone  
174-174.9 Malignant Neoplasm of Female Breast  
179-182.8 Malignant Neoplasm of Uterus or Cervix  
183-183.9 Malignant Neoplasm of Ovary  
185 Malignant Neoplasm of Prostate  
186-186.9 Malignant Neoplasm of Testis  
188-189.9 Malignant Neoplasm of Bladder, Kidney, Urinary  
191-191.9 Malignant Neoplasm of Brain  
192-192.9 Malignant Neoplasm of Nervous System  
194-194.9 Malignant Neoplasm of Endocrine Glands  
195-195.8 Malignant Neoplasm of Other Ill-Defined Sites  
196-196.9 Secondary Malignant Neo. Lymph Nodes  
197-197.8 Secondary Malignant Neo. Respiratory and Digestive Systems  
198-198.89 Secondary Malignant Neo. Other Specified Sites  
200-208.9 Lymphoma and/or Leukemia  
235 Neoplasm Uncertain Behavior  
239.2 Neoplasm Unspecified Nature – Bone, Skin

### 240-279 Endocrine, Nutritional, Metabolic, Immunity

250-250.9 Diabetes  
277.0 Cystic Fibrosis  
278.0 Obesity/Hyperalimant

### 280-289 Diseases of the Blood and Blood-Forming Organs

282.6 Sickle-Cell Anemia  
284.9 Aplastic Anemia NOS  
286-286.9 Coagulation Defects and/or Hemophilia

### 320-389 Diseases of the Nervous System and Sense Organs

330 Cerebral degenerations  
344.0-344.09 Quadriplegia and Quadripareisis  
331.0-331.9 Reye's Syndrome  
344.1 Paraplegia  
348.0-348.9 Encephalopathy  
357, 358 Neuropathy / Myasthenia Gravis

### 390-459 Diseases of the Circulatory System

410-410.9 Acute Myocardial Infarction  
411-411.89 Acute and Subacute Ischemic Heart Disease  
414-414.05 Coronary Atherosclerosis (ASHD)  
415-415.19 Acute Pulmonary Heart Disease  
416-416.9 Chronic Pulmonary Heart Disease  
417.1 Aneurysm of Pulmonary Artery  
421-421.9 Acute and Subacute Endocarditis  
424-424.9 Valve Disorders  
425-425.9 Cardiomyopathy  
426-426.9 Conduction Disorders  
427-427.9 Cardiac Dysrhythmias  
428-428.9 Heart Failure  
430, 431 Subarachnoid / Intracerebral Hemorrhage  
434.9 Occlusion of Cerebral Arteries  
436 Acute Cerebrovascular Accident (CVA)  
440-441.9 Atherosclerosis / Aortic Aneurysm

### 460-519 Diseases of the Respiratory System

480-486 Pneumonia  
490-496 Chronic Obstructive Pulmonary Disease (COPD), etc.  
515 Postinflammatory Pulmonary Fibrosis  
518-518.89 Pulmonary Collapse and/or Respiratory Failure

### 520-579 Diseases of the Digestive System

555-555.9 Regional Enteritis (Crohn's Disease)  
560.0-560.9 Intestinal Obstruction  
562.1 Diverticulitis of Colon  
567-567.9 Peritonitis  
569.0-569.9 Other Disorders of Intestine  
570-571.9 Liver Diseases and Cirrhosis  
572.8 Other Sequela of Chronic Liver Disease  
573-573.9 Other Liver Disorders  
577-577.9 Pancreas Diseases  
578-578.9 Gastrointestinal Hemorrhage

### 580-629 Diseases of the Genitourinary System

584-584.9 Acute Renal Failure  
585 Chronic Renal Failure  
586 Renal Failure, Unspecified  
588 Disorders resulting from impaired renal function  
592 Calculus of Kidney & Ureter

### 630-677 Complications of Pregnancy, Childbirth

641.1 Placenta Previa  
642.5-642.7 Eclampsia, pre-eclampsia  
644.0-644.2 Premature Labor  
648.0 Gestational Diabetes  
651 Multiple Gestation  
654.5 Cervical Incompetence

### 710-739 Diseases of the Musculoskeletal System and Connective Tissue

715.0-715.9 Osteoarthritis  
721.3 Lumbosacral Spondylosis  
722.0-722.9 Intervertebral Disc Disorders  
730-730.9 Osteomyelitis and/or Periostitis  
737.3 Kyphoscoliosis and scoliosis

### 740-759 Congenital Anomalies

747.2 Aortic Atresia / Stenosis  
751.6 Biliary Atresia  
759-759.9 Other and Unspecified Congenital Anomalies

### 760-779 Conditions Originating in the Perinatal Period

765-765.1 Prematurity  
769 Respiratory Distress Syndrome  
770.0-770.9 Other Respiratory Conditions of Newborn

### 780-799 Symptoms, Signs, and Ill-Defined Conditions

785-785.9 Symptoms Involving Cardiovascular System  
786.5-786.59 Chest Pain

### 800-999 Injury and Poisoning

800-804.9 Fracture of Skull  
805-805.9 Fracture of Vertebral Column  
806-806.9 Fracture of Vertebral Column with Spinal Cord Injury  
828-828.1 Multiple Fractures  
853-854.1 Intracranial Injury  
869-869.1 Internal Injury  
887-887.7 Traumatic Amputation of Arm and Hand  
897-897.7 Traumatic Amputation of Leg  
949-949.5 Burns  
952-952.9 Spinal Cord Injury  
996-997.0 Complications peculiar to certain specified conditions  
V23 Supervision of High-Risk Pregnancy  
V42 – V58.9 Transplants, etc.