



Send/fax claims to:  
East Coast Underwriters, LLC  
P. O. Box 2468  
Spartanburg, SC 29304  
Phone: 864-542-1565 fax: 864-542-1598

**SPECIFIC STOP LOSS 50%NOTIFICATION FORM**

\_\_\_\_\_ Initial Notification \_\_\_\_\_ Subsequent Notification \_\_\_\_\_ 50% or Potential Large Claim

Group Name \_\_\_\_\_ Current Policy Period \_\_\_\_\_

EE Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

EE Date of Hire \_\_\_\_\_ EE Effective Date \_\_\_\_\_

Other Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ COBRA? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Claimant Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Last Day Worked \_\_\_\_\_ EE Current Status \_\_\_\_\_

Diagnosis/ICD 9 \_\_\_\_\_ Prognosis \_\_\_\_\_

Clinical Information \_\_\_\_\_

Initial date of Accident/Illness \_\_\_\_\_ Large Case MGMT \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

PPO Facility \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Hospital Name \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ Through \_\_\_\_\_

Is claimant currently hospitalized or at home? \_\_\_\_\_

If currently hospitalized, anticipated Discharge Date \_\_\_\_\_

Total Eligible Benefits Paid \$ \_\_\_\_\_

Amount of any Pended Claims \$ \_\_\_\_\_

Estimated Future Liability \$ \_\_\_\_\_



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**We certify that the above information is correct.**

TPA \_\_\_\_\_

TPA Address \_\_\_\_\_

TPA Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Claim Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Large Case Managemnt Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_