



SPECIFIC STOP LOSS 50% NOTIFICATION FORM

_____ 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 \$ _____

WE CERTIFY THAT THE ABOVE INFORMATION ON PAGE 1 IS CORRECT.

TPA _____

TPA Address _____

TPA Phone # _____ Ext. _____ Fax # _____

Email address _____

Claim Contact Name _____ Phone _____

Large Case Management Contact Name _____ Phone # _____

Authorized Signature _____

Title _____

Date _____

Please send or fax claims to:
East Coast Underwriters, LLC
P.O. Box 2468
Spartanburg, SC 29304

Phone: 864-542-1565
Fax: 864-542-1598