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hmig.com

HM Stop Loss Disclosure Statement

Instructions - The Proposed Insured must conduct a Diligent Review of its health plan before completing the Disclosure Statement. The Disclosure Statement must be completed 30 days prior to the Stop Loss Policy effective date and returned to HM Life Insurance Company within five days of completion by the Proposed Insured.

Note - Coverage will be automatically rescinded if the signed Disclosure Statement is not completed and returned to HM Life Insurance Company within the above referenced time frame, unless other arrangements have been made prior to the execution of the application for insurance. All information will be treated as confidential.

To conduct a Diligent Review, the Proposed Insured should contact its producer, claims administrator, utilization review firms, and disability and workers' compensation carriers and any other party who has information regarding its employees to obtain the information requested. As agents for the Proposed Insured, any information these firms possess is deemed to be the Proposed Insured's information as well.

By signing the Disclosure Statement, the Proposed Insured is attesting that all "Known" potential large claimants have been disclosed. A claimant is "Known" if, at the time of the completion of the Disclosure Statement, the Proposed Insured had actual information about the claim or would have had such information if it had conducted a Diligent Review.

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 addressed on the Disclosure Statement was not disclosed on the Disclosure Statement. If HM Life Insurance 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, HM Life Insurance 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

By completing the Disclosure Statement, the undersigned Proposed Insured warrants that it is unaware of any Shock Loss Claims, Disabled Persons, Special Enrollees or COBRA Participants, other than those listed and/or attached to the Disclosure Statement. In addition, if HM Life Insurance Company requires additional medical information on any individual disclosed, the Proposed Insured agrees to provide access to this information so that HM Life Insurance Company may evaluate the risk and provide final terms. In the event the information the Proposed Insured provides in the Disclosure Statement is untrue or incorrect, or the Proposed Insured fails to disclose information of which it has knowledge at the time it completes the Disclosure Statement, HM Life Insurance Company reserves the right to immediately terminate or limit the terms of coverage, change or modify the premium rates or Deductible Amount(s) or adjust the terms for the Aggregate and/or Specific Stop Loss coverage. If HM Life Insurance Company suffers a liability, loss or expense due to such misstatement or failure to disclose, the Proposed Insured agrees to fully indemnify HM Life Insurance Company.

As used above the term:

"Diligent Review" means a complete review by the Proposed Insured of the underlying health plan for known potential large claimants. A claimant is Known if prior to, or at the time Disclosure is requested, the Proposed Insured had actual information about the claim, or could have reasonably been assumed to have had such information, had it conducted a Diligent Review.

"Known" means information that affects the administration or underwriting of the Stop Loss Policy applied for, which can be reasonably assumed that the Proposed Insured had knowledge of prior to, or at the time of, Disclosure.

"Shock Loss Claims" means any loss that due to the nature of the injury, illness or diagnosis, the Proposed Insured reasonably assumes will result in a significant medical expense in the next 24 months.

"Disabled Person" means an employee who is unable to perform the substantial and material duties of his or her regular occupation for the Proposed Insured, or a dependent who is: (1) confined in a hospital or other treatment facility; (2) unable to perform the activities of daily living; or (3) cognitively impaired.

pecial Enrollee" means a Participant whose past claims have exceeded the plan's lifetime limits.				
As ofaccurate and complete.	_ (date), the Proposed Insured verifies, to the best of its knowledge, the	nat the information herein is		
Verified by the Proposed Insured:				
Authorized Signature	Title	Date		

THIS I PAGE	egal Name of Applicant/Named FORM MUST BE COMPLETED I . THESE INSTRUCTIONS CLEA FE INSURANCE COMPANY.	N ACCORDAN				
Each o	question below must be complete er sheet. "Participant" refers to ar	ed. If the answe	er is "yes" to any part, pl ing eligible persons: em	ease provide details in t ployee, COBRA particip	the space provided or, if r pant, retiree or dependent	necessary, attach
1.	Have claims on any participant during the last 12 months been incurred and/or paid in excess of 50% of the Specific deductible or \$50,000 (whichever is less)?					
2.	Are any participants currently, or have they been in the past 30 days, confined to a hospital or other medical facility on multiple occasions or for three (3) or more consecutive days? Yes No					multiple occasions or
3.	Are there currently any dependent children over the normal termination age covered by the plan under a disabled or handicapped child extension provision? Yes No				ındicapped child	
4.	Other than the individuals already listed, are there other Known potential Shock Loss Claims? Shock losses are defined on the Potentially Catastrophic Diagnosis and High-Cost Drug listing page. (Potential catastrophic claims are any claims filed by claimants who are expected to incur claims that may reasonably be assumed will exceed 50% of Specific deductible in the next plan year. The diagnosis and high-cost drug lists are intended to help the Proposed Insured identify potential catastrophic claims.)					
5.	Are there any participants who ☐ Yes ☐ No	are expected to	o be absent from work d	lue to disability on the e	ffective date of the Stop L	oss Policy coverage?
6.	6. Have any participants 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?					
	ull Name .ast, First, MI)	Date of Birth	Diagnosis/ Prognosis/ High-Cost Drug	Beginning Date of Treatment	Amount of Paid Claims (last 12 month	Amount of s) Pended Claims
7.	Are any participants covered ur Please provide the following inf an election). Please include tho	ormation for <u>all</u> se participants	eligible COBRA partici listed above if applicab	pants (this includes part le.	icipants that are eligible b	out have not yet made
C	OBRA Participant	Rela	tionship to Insured	Qualifying Event	Beginning Date	Ending Date
8.	If this policy is currently fully instand/or dependents? Yes	ured, are exter	nded benefits available	from the prior insurer for	r presently disabled emplo	oyees
9.	Are any participants covered as Please provide the following infobut have not yet made an election	ormation for <u>all</u>	Special Enrollees and	all eligible Special Enrol	lees (this includes particip	· ·
S	pecial Enrollee	Date	e of Birth	Re-enrolled (Yes/No)	If "Yes," Date Re-enrolled	If "No," Date Eligible

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EXAMPLES OF POTENTIALLY CATASTROPHIC DIAGNOSES AND HIGH-COST DRUGS

The following diagnosis and high-cost drug lists provide examples of some diagnoses and high-cost drugs that could potentially result in a Shock Claim. Please refer to the instructions on the Disclosure Statement to determine if claimants with the following conditions/high-cost drugs are required to be disclosed to HM Life Insurance Company. Shock loses are injuries, illnesses, diseases, diagnoses or high-cost drugs that are reasonably likely to result in a significant medical expense claim or disability.

ICD-10 Diagnosis List

<u> </u>			
A00-B99	Infectious Disease	O00-O9A	Pregnancy, Childbirth & Puerperium
B17.1-B17.11	Hepatitis C	O30.10-O30.109	Triplet Pregnancy
	•	O30.20-O30.209	Quadruplet Pregnancy
C00-D49	Neoplasms	O60.00-O60.14	Preterm Labor
C00-C14	Malignancies of oral cavity and pharynx		
C15-C26	Malignant neoplasm of digestive organs	P00-P96	Perinatal Conditions
C30-C39	Malignant neoplasm of respiratory organs	P07.00-P07.36	Preterm Infant
C43-C44	Melanoma	P22.0	Respiratory Distress Syndrome of Newborn
C50-C50	Breast Malignancies		
C51-C68	Genitourinary Malignancies	Q00-Q99	Congenital Malformations
C69-C72	Malignancies of the Nervous System	Q20-Q28	Congenital Heart Diseases
C81-C96	Leukemias, Lymphomas and Myelomas	Q39.0-Q39.4	Tracheoesophageal Fistula
		Q89.7	Multiple Anomalies
D50-D89	Hematologic Disorders		
D57.1	Sickle Cell Anemia	S00-T88	Injury, Poisoning and Trauma
D61.01	Aplastic Anemia	S06.0-S06.9	Brain Injuries
D66	Hemophilia/Hereditary Factor VIII Deficiency	S12-S14	Spinal Cord Injuries
D81.0	Severe Combined Immune Deficiency (SCID)	S88	Amputations
D82.1	DiGeorge Syndrome	T07	Multiple Trauma Injuries
D83.1	Immune Deficiency T Cells (AIDS)	T20-T32	Burns
D84.1	Alpha 1-Antitrypsin	T79	Early Complications of Trauma
		T86.00-T86.02	Graft vs. Host Disease
E70-E88	Metabolic Disorders	T86.00-T86.09	Graft vs. Host Disease
E75.22	Gaucher's Disease	T86.90-T86.92	Complications of Transplants
E84.0	Cystic Fibrosis	T86.90-T86.99	Complications of Transplants
000 000	D'access of the Name of Contain		
G00-G99	Diseases of the Nervous System	111 1 0 1 1	
G12.21	Lou Gehrig's disease (ALS)	High-Cost Drug	S
G61.0	Guillain-Barre Syndrome	A high-cost drug	is defined as a drug for which monthly costs
G91.1	Obstructive Hydrocephalus	overood \$10,000	

exceed \$10,000.

Examples:

Avastin	Iclusig	Taltz
Berinert	Kalbitor	Technivie
Cinryze	Kalydeco	Tyvaso
Daklinza	Keytruda	Uptravi
Epclusa	Kynamro	Ventavis
Firazyr	Lumizyme	Viekira
Gleevec (imatinib)	Opdivo	Xyrem
H.P. Acthar	Orkambi	Yervoy
Harvoni	Soliris	Zaltrap
Humira	Sovaldi	Zepatier
Ibrance	Stelara	

Conditions leading to use of high-cost drugs may include: enzyme deficiencies (genetic mutations, Hereditary Angio-Edema, Hunter's Syndrome and other), various cancers, Cystic Fybrosis, Multiple Sclerosis, Nephrotic Syndrome, Psoriasis and other inflammatory conditions, Hepatitis C, Hemophilia A, B & C, Hemolytic Uremia Syndrome, MDS, Narcolepsy and Pulmonary Arterial Hypertension.

N00-N99 Disease of the Genitourinary System

Liver Failure

Respiratory Failure

Chronic Liver Disease

Cardiomyopathy Cardiac Arrest

Diseases of the Circulatory System

Disease of the Respiratory System

Diseases of the Digestive System

Primary Pulmonary Hypertension

Subarachnoid Hemorrhage

Chronic Renal Failure N18.1-N18.9

100-199

127.0 142.0-142.9

146.9 160.9

J00-J99

K00-K95

J96.00-J96.92

K70.0-K74.69 K72.00-K72.91

ICD-9 Diagnosis List

585

600-699

644.2

651.1

651.2

Chronic Renal Failure

Conditions of Pregnancy

Early Onset of Delivery **Triplet Gestation**

Quadruplet Gestation

001–199	Infectious Diseases & Neoplasms		Perinatal Conditions			
070	Hepatitis C		Congenital Heart Disease			
141–148	Malignancies of the Oral Cavity and Pharynx		Tracheoesophageal Fistu			
150-172	Gastrointestinal and Respiratory Cancers,		Multiple Anomalies			
	Melanoma		Preterm Infants			
174–189	Breast and Genitourinary Malignancies		Abdominal Wall Anomalie			
191–199	Nervous System and Unspecified Malignancies	769	Respiratory Distress Syn	drome		
200-299	Hematologic Disorders	800-899	Injury and Poisoning			
200-208	Leukemias, Lymphomas, Myelomas	806	Cervical Spinal Cord Inju	ry		
272.7	Gaucher's Disease		Open Laceration of the B			
277.0	Cystic Fibrosis		Brain Injuries	, ,		
277.6	Alpha 1-Antitrypsin	897	Amputations			
279.10	Immune Deficiency T-Cell (AIDS)		•			
279.11	DiGeorge Syndrome	900-999	Trauma	auma		
279.2	Severe Combined Immune Deficiency (SCID)	945-948	Burns	ırns		
282.6	Sickle Cell Anemia	952.9.	Spinal Cord Injury	ial Cord Injury		
284	Aplastic Anemia	958	Early Complications of Ti	y Complications of Trauma		
286.0	Hemophilia	959.8	Multiple Trauma Injuries			
		996.80	Complications of Transpl	lants		
300-399	Neurological Disorders	996.85	Graft vs. Host Disease			
331.4	Obstructive Hydrocephalus					
335.20	Lou Gehrig's Disease (ALS)					
357.0	Guillain-Barre Syndrome	High-Cost Drugs	5			
400–499	Cardiac, Pulmonary Vascular Diseases		s defined as a drug for w	hich monthly costs		
416	Primary Pulmonary Hypertension	exceed \$10,000.				
425	Cardiomyopathy	Examples:				
427.5	Cardiac Arrest	Litarriples.				
430	Subarachnoid Hemorrhage	Avastin	Iclusig	Taltz		
.00	o distriction in the manage	Berinert	Kalbitor	Technivie		
500-599	Respiratory, Liver and Renal Diseases	Cinryze	Kalydeco	Tyvaso		
515	Post Inflammatory Pulmonary Fibrosis	Daklinza	Keytruda	Uptravi		
518.81	Respiratory Failure	Epclusa	Kynamro	Ventavis		
571	Chronic Liver Disease/Cirrhosis	Firazyr	Lumizyme	Viekira		
572.8	Liver Failure	Gleevec (imatini	ib) Opdivo	Xyrem		
0.2.0	2.70	IID Asthor	Orkambi	Vorum		

Taltz Technivie Tyvaso Uptravi Ventavis Viekira Xyrem H.P. Acthar Orkambi Yervoy Harvoni Soliris Zaltrap

Sovaldi

Ibrance Stelara

Humira

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