

## Highmark Casualty Insurance Company Disclosure 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 Highmark Casualty 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Note - coverage will be automatically rescinded if the signed Disclosure Statement is not completed and returned to Highmark Casualty Insurance Company within the above referenced time frame, unless other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 Highmark Casualty 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, Highmark Casualty 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 Highmark Casualty Insurance Company requires additional medical information on any individual disclosed, the Proposed Insured agrees to provide access to this information so that Highmark Casualty 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, Highmark Casualty 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 Highmark Casualty Insurance Company suffers a liability, loss or expense due to such misstatement or failure to disclose, the Proposed Insured agrees to fully indemnify Highmark Casualty 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.

"Special Enrollee" means a Participant whose past claims have exceeded the plan's lifetime limits.

As of \_\_\_\_\_ (date), the Proposed Insured verifies, to the best of its knowledge, that the information herein is accurate and complete.

Verified by the Proposed Insured:

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Highmark Casualty Insurance Company Disclosure Statement

### Full Legal Name of Applicant/Named Insured \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN ACCORDANCE WITH THE HIGHMARK CASUALTY INSURANCE COMPANY INSTRUCTIONS ON THE PREVIOUS PAGE. THESE INSTRUCTIONS CLEARLY DEFINE THE TIME FRAMES REQUIRED FOR SUBMISSION OF THE DISCLOSURE STATEMENT TO HIGHMARK CASUALTY INSURANCE COMPANY.

Each question below must be completed. If the answer is "yes" to any part, please provide details in the space provided or, if necessary, attach another sheet. "Participant" refers to any of the following eligible persons: employee, COBRA participant, retiree, or dependent.

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)? ☐ Yes ☐ No
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
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
4. Other than the individuals already listed, are there other Known potential shock loss claims? Shock losses are defined on the Potentially Catastrophic Diagnosis 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 list is intended to help the Proposed Insured identify potential catastrophic claims.) ☐ Yes ☐ No
5. Are there any participants who are expected to be absent from work due to disability on the effective date of the Stop Loss Policy coverage? ☐ Yes ☐ No
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? ☐ Yes ☐ No

Full Name (Last, First, MI)	Date of Birth	Diagnosis/ Prognosis	Beginning Date of Treatment	Amount of Paid Claims (last 12 months)	Amount of Pended Claims

7. Are any participants covered under COBRA, or COBRA eligible? ☐ Yes ☐ No

Please provide the following information for all eligible COBRA participants (this includes participants that are eligible but have not yet made an election). Please include those participants listed above if applicable.

COBRA Participant	Relationship to Insured	Qualifying Event	Beginning Date	Ending Date

8. If this policy is currently fully-insured, are extended benefits available from the prior insurer for presently disabled employees and/or dependents? ☐ Yes ☐ No
9. Are any participants covered as a Special Enrollee, or eligible as a Special Enrollee? ☐ Yes ☐ No

Please provide the following information for all Special Enrollees and all eligible Special Enrollees (this includes participants that are eligible but have not yet made an election). Please include those participants listed above if applicable.

Special Enrollee	Date of Birth	Re-enrolled (Yes/No)	If "Yes", Date Re-enrolled	If "No", Date Eligible

# Highmark Casualty Insurance Company Disclosure Statement

## EXAMPLES OF POTENTIALLY CATASTROPHIC DIAGNOSIS

The following **Diagnosis List** provides *examples* of some diagnoses that could potentially result in a shock claim. Please refer to the instructions on the disclosure form to determine if claimants with the following conditions are required to be disclosed to Highmark Casualty Insurance Company. Shock Loses are injuries, illnesses, diseases, or diagnoses that are reasonably likely to result in a significant medical expense claim or disability.

### ICD-10 Diagnosis List

<b>A00–B99</b> B17.1–B17.11	<b>Infectious Diseases</b> Hepatitis C	I46.9 I60.9	Cardiac Arrest Subarachnoid Hemorrhage
<b>C00–D49</b> C00–C14 C15–C26 C30–C39 C43–C44 C50–C50 C51–C68 C69–C72 C81–C96	<b>Neoplasms</b> Malignancies of oral cavity and pharynx Malignant neoplasm of digestive organs Malignant neoplasm of respiratory Melanoma Breast Malignancies Genitourinary Malignancies Malignancies of Nervous System Leukemias, Lymphomas and Myelomas	<b>J00–J99</b> J96.00–J96.92	<b>Disease of Respiratory System</b> Respiratory Failure
<b>D50–D89</b> D57.1 D61.01 D66 D81.0 D82.1 D83.1 D84.1	<b>Hematologic Disorders</b> Sickle Cell Anemia Aplastic Anemia Hemophilia/Hereditary Factor VIII Deficiency Severe Combined Immune Deficiency (SCID) DiGeorge Syndrome Immune Deficiency T Cells (AIDS) Alpha 1-Antitrypsin	<b>K00–K95</b> K70.0–K74.69 K72.00–K72.91	<b>Disease of Digestive System</b> Chronic Liver Disease Liver Failure
<b>E70–E88</b> E75.22 E84.0	<b>Metabolic Disorders</b> Gaucher's Disease Cystic Fibrosis	<b>N00–N99</b> N18.1–N18.9	<b>Disease of Genitourinary System</b> Chronic Renal Failure
<b>G00–G99</b> G12.21 G61.0 G91.1	<b>Disease of the Nervous System</b> Lou Gehrig's disease (ALS) Guillain-Barre Syndrome Obstructive Hydrocephalus	<b>O00–O9A</b> O30.10–O30.109 O30.20–O30.209 O60.00–O60.14	<b>Pregnancy, Childbirth &amp; Puerperium</b> Triplet Pregnancy Quadruplet Pregnancy Preterm Labor
<b>I00–I99</b> I27.0 I42.0–I42.9 I46.9 I60.9	<b>Disease of Circulatory System</b> Primary Pulmonary Hypertension Cardiomyopathy Cardiac Arrest Subarachnoid Hemorrhage	<b>P00–P96</b> P07.00–P07.36 P22.0	<b>Perinatal Conditions</b> Preterm Infant Respiratory Distress Syndrome of Newborn
		<b>Q00–Q99</b> Q20–Q28 Q39.0–Q39.4 Q89.7	<b>Congenital Malformations</b> Congenital Heart Diseases Tracheoesophageal Fistula Multiple Anomalies
		<b>S00–T88</b> S06.0–S06.9 S12–S14 S88 T07 T20–T32 T79 T86.00–T86.02 T86.00–T86.09 T86.90–T86.92 T86.90–T86.99	<b>Injury, Poisoning and Trauma</b> Brain Injuries Spinal Cord Injuries Amputations Multiple Trauma Injuries Burns Early Complications of Trauma Graft vs. Host Disease Graft vs. Host Disease Complications of Transplants Complications of Transplants

# Highmark Casualty Insurance Company Disclosure Statement

## ICD-9 Diagnosis List

<b>001–199</b>	<b>Infectious and Neoplasms</b>	<b>500–599</b>	<b>Respiratory, Liver and Renal</b>
070	Hepatitis C	515	Post Inflammatory Pulmonary Fibrosis
141–148	Malignancies of Oral Cavity and Pharynx	518.81	Respiratory Failure
150–172	Gastrointestinal and Respiratory Cancers, Melanoma	571	Chronic Liver Disease/Cirrhosis
174–189	Breast and Genitourinary Malignancies	572.8	Liver Failure
191–199	Nervous System and Unspecified Malignancies	585	Chronic Renal Failure
<b>200–299</b>	<b>Hematologic Disorders</b>	<b>600–699</b>	<b>Conditions of Pregnancy</b>
200–208	Leukemias, Lymphomas, Myelomas	644.2	Early Onset of Delivery
272.7	Gaucher's Disease	651.1	Triplet Gestation
277.0	Cystic Fibrosis	651.2	Quadruplet Gestation
277.6	Alpha 1-Antitrypsin	<b>700–799</b>	<b>Perinatal Conditions</b>
279.10	Immune Deficiency T-Cell (AIDS)	745–746	Congenital Heart Disease
279.11	DiGeorge Syndrome	750.3	Tracheoesophageal Fistula
279.2	Severe Combined Immune Deficiency (SCID)	759.7	Multiple Anomalies
282.6	Sickle Cell Anemia	765-765.1	Preterm Infants
284	Aplastic Anemia	765.7	Abdominal Wall Anomalies
286.0	Hemophilia	769	Respiratory Distress Syndrome
<b>300–399</b>	<b>Neurological Disorders</b>	<b>800–899</b>	<b>Injury and Poisoning</b>
331.4	Obstructive Hydrocephalus	806	Cervical Spinal Cord Injury
335.20	Lou Gehrig's Disease (ALS)	851.9	Open Laceration of the Brain (GSW)
357.0	Guillain-Barre Syndrome	852-854	Brain Injuries
<b>400–499</b>	<b>Cardiac, Pulmonary Vascular</b>	897	Amputations
416	Primary Pulmonary Hypertension	<b>900–999</b>	<b>Trauma</b>
425	Cardiomyopathy	945–948	Burns
427.5	Cardiac Arrest	952.9.	Spinal Cord Injury
430	Subarachnoid Hemorrhage	958	Early Complications of Trauma
		959.8	Multiple Trauma Injuries
		996.80	Complications of Transplants
		996.85	Graft vs. Host Disease