HM LIFE INSURANCE COMPANY
HM INSURANCE GROUP

P.O. Box 535057
Pittsburgh, PA 15253-5057
Tel: 800-328-5433
Fax: 412-544-1246
hmig.com

HM Stop Loss
Specific Stop Loss Claim Form

Please complete the form and save as PDF, or print in blue or black ink.

Check appropriate type of claim:

☐ Initial Claim ☐ Subsequent Reimbursement ☐ Potential Large Case ☐ Other_____

EMPLOYER INFORMATION

Group Name	
Group Number	Plan Type: ☐12/12 ☐15/12 ☐Paid ☐12/15 ☐24/12 ☐Other ☐12/18
Coverage Period / / through / /	

EMPLOYEE INFORMATION

Last Name	First Name	M.I.
☐ Male ☐ Female	Date of Birth	Social Security Number
Date of Hire	Effective Date of Insurance	Current Employment Status: ☐ Full Time ☐ Part Time ☐ Laid Off ☐ Retired ☐ Military Duty ☐ Terminated ☐ Family Medical Leave
Last Day Worked	Termination Date	

CLAIMANT INFORMATION I (*If the claimant is other than Employee, please complete this section)*

Last Name	First Name	M.I.
Date of Birth	Effective Date of Insurance	
Relationship to Insured ☐ Spouse ☐ Child ☐ _____		
Is the Dependent employed? ☐ Yes ☐ No If yes, name, address and telephone number of Employer:		

CLAIMANT INFORMATION II *(Must be completed)*

Date of Accident/Illness	Diagnosis ICD Code	
Prognosis	Does Claimant have any other insurance? ☐ Yes ☐ No	
Does the individual have coverage through COBRA? ☐ Yes ☐ No	COBRA Effective Date	COBRA Premium Paid to
Large Case Management ☐ Yes ☐ No	Vendor for Large Case Management (if applicable)	

Total eligible benefits for this submission	$ _____
Less specific deductible	$ _____
Balance	$ _____
Reimbursement requested	$ _____
Estimated future liability	$ _____

Your reimbursement request should include the following information:

Copies of:

Enrollment form (initial/current)
COBRA election form and proof of payment
EOBs/claim checks/registers
Itemized bills
Deductible/coinsurance proof
Pre-certification forms

Investigation Materials for (if applicable):

COB (include divorce, separation, and/or court orders)
Full-time student status
Pre-existing conditions
Large case management reports
Subrogation (include reimbursement agreement and accident details)
Workers' Compensation

TPA INFORMATION	
TPA Name	
Address (Street, City, State, Zip)	
Contact Name	Telephone Number ( )
Medical Management Contact Name	Telephone Number ( )

FRAUD NOTICE

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

In Alabama, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

In Arkansas, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In the District of Columbia, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent, except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In Louisiana, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Maryland, any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In Oregon, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties if intentional and material to the risk.

In Pennsylvania, 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 subjects such person to criminal and civil penalties.

In Rhode Island, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

We certify that the above information is correct and that the claims have been paid in accordance with the plan.

Authorized Signature	Date
Title	

Send Claims to: stoplossmail@hmig.com

Or mail to:
HM Life Insurance Company
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Pittsburgh, PA 15253-5057
Fax: 412-544-1246