

HM Stop Loss Aggregate Stop Loss Claim Form

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

EMPLOYER INFORMATION

Group Name

Group Number

Plan Type:

- 12/12 15/12 Paid
 12/15 24/12 Other
 12/18

Coverage Period

/ / through / /

TPA INFORMATION

TPA Name

Address

City

State

Zip Code

Telephone Number

()

Fax Number

()

CALCULATIONS

1. Annual Aggregate Deductible	\$ _____
2. Minimum Aggregate Deductible for the Policy Period	\$ _____
A. Total Claims Year-to-Date	\$ _____
B. Less amounts exceeding the maximum aggregate eligible claims expense	\$ _____
C. Less Ineligible or Extra-Contractual Claims	\$ _____
D. Less Refunds/Recoveries/Voids	\$ _____
E. Total Eligible toward Aggregate	\$ _____
F. Aggregate Deductible (Enter the greater of the amounts shown on Line 1 or Line 2)	\$ _____
G. Amount Requested (E-F)	\$ _____

ATTACHMENTS

Your reimbursement request should include the following information:

- Census listing for all Employees and Dependents covered during the policy period. The listing must contain Member ID, dates of birth, all types of coverages (single, family, composite, COBRA, etc.) and include effective and term dates for all employees and dependents on the group as of the effective date or added, terminated or had a coverage change(s) during the policy term. (Excel format preferred).
- Claim detail report: Member ID, Employee name, Patient name, incur date, paid date, amount billed, amount paid, provider name, diagnosis code, procedure code, check number, for all claims declared under the Aggregate policy (Excel format preferred).
- List of all refunds received for this account.
- List of all non-contractual or exception payments that were made during the policy period with a comprehensive explanation of the payment.
- Proof of funding, including banking or funding reports that substantiate that the group has funded all claims.
- Subrogation Listing for third party liability claims.

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 insurance 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 an insurance policy 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
P.O. Box 535057
Pittsburgh, PA 15253-5057
Fax: 412-544-1246