

**Amalgamated Life Insurance Company**  
**Underwriting Department, 333 Westchester Avenue, White Plains, NY 10604**

**Excess Loss Disclosure Form**  
**and Instructions for Completion**

**HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as a part of “health care operations”.** The Company shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing this risk evaluation.

The Company will rely upon the information provided on the attached disclosure form, which will become part of the Application for excess loss coverage. The purpose of the form is to allow the Company to take underwriting action on all known risks in the categories listed below. It is the Plan Sponsor’s responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include but not be limited to historical claims reports including pending claims, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, the Company will accept the liability for any truly unknown risks. The attached disclosure form must be completed and signed by the appropriate parties no more than thirty (30) business days prior to the proposed Effective Date of excess loss coverage, contain data that is within 30-45 days from the date of signature and be received by the Company within ten (10) business days from the latest date of signature.

Upon receipt of the completed and adequate disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing within (30) business days of any changes to the rates, factors, terms of coverage or need for additional data. The Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

List on the Disclosure Form all individual risks known to:

1. Be currently disabled, confined to a Medical Facility, have requested a transfer to a rehabilitation facility or have been precertified within the last three (3) months.
2. Have received medical services during the current plan year the cost of which exceeds the lesser of, 50% of the lowest Specific Retention Amount applied for or \$25,000, and for which bills have been received by the Claims Administrator and entered into their Claims System.
3. Have been identified as a candidate for Case Management or as having the potential to exceed during the policy period, the lesser of 50% of the lowest Specific Retention Amount applied for or \$50,000.
4. Have been identified as a potential transplant recipient or are actually awaiting a transplant.
5. Have been identified as a potential high risk pregnancy or multiple births.
6. Be hospitalized beyond 10 days, ICU for over a week or SNF confined for over 30 days.
7. Be receiving Home Uterine Monitoring/Terbutaline Infusion Therapy, IV/Infusion Therapy (i.e. antibiotics, TPN, chemotherapy, narcotics, enteral, etc.) or 30 or more days of Home Health Care.
8. Have been diagnosed, during the current plan year, with a condition represented by any of the ICD-10-CM codes contained in the attached list. Using the attached list, if a patient has multiple diagnoses, each diagnosis must be disclosed.
9. Be in unresolved litigation, subrogation or pending Worker’s Comp approval.
10. Known to have unpaid pending claims greater than \$10,000 (list the amount pending).
11. Have gone on COBRA because of a major illness or inability to work.

If aggregate coverage is purchased:

1. Provide a list of all paid claims month by month for the latest 24-months or a claims triangle.
2. From the data used to obtain the aggregate coverage:
  - a. Has there been an increasing inventory of unpaid claims in the most current known three months of data?
  - b. Has there been an increase in paid claims in the most current known three months of data?

### Excess Loss Disclosure Form

Risk Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed (L)OA (M)edical leave	Term Date	Diagnosis	Most Recent Date of Service	Expenses Incurred this Plan Year

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic risks in accordance with the requirements of this form and that it is the result of a diligent search in accordance with the requirements and that the data is the most current available data and includes claims currently in case management. **In support of the list, submit the latest pre-certification report, pended claims report, trigger diagnosis report and updated large loss report with case management notes. If there are no risks to report that meet the disclosure criteria above, please check this box.**

**If the plan annual or lifetime maximum benefit provision has been amended after 2009 or will be during the next 12 months, disclose all claimants that exceeded the prior maximum(s) that may be reinstated or are currently participants in your plan. If none or not applicable, please check this box.**

If you have purchased Aggregate Excess Loss coverage, please attach a list of paid claims month by month for the latest 24-months. If the coverage excludes prescription drugs, etc. the list should include both claims and claims subject to excess loss. A triangle, or lag report of paid claims is preferred.

If one of the signors below fails to disclose any individual or aggregate risk (if aggregate coverage is purchased) known to require disclosure, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the risk not disclosed.

Plan Sponsor: _____	Claims Administrator: _____	Agent/Broker: _____
Signature: _____	Signature: _____	Signature: _____
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____

## Attachment to Disclosure Form

### ICD-10-CM Diagnosis Codes for Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

#### **A00-B99 Certain infectious and parasitic diseases**

A40	Streptococcal sepsis
A41	Other Sepsis
B15-B19	Viral Hepatitis
B20	Human immunodeficiency virus (HIV) disease

#### **C00-D49 Neoplasms**

C00-C96	Malignant neoplasms
D46	Myelodysplastic syndromes

#### **D50-D89 Diseases of the blood and blood-forming organs & disorders involving the immune mechanism**

D57	Sickle- cell disorders
D59	Acquired hemolytic anemia
D59	Acquired hemolytic anemia
D60-D64	Aplastic and other anemias
D65- 69	Coagulation defects, purpura and other hemorrhagic conditions
D70-D77	Other diseases of blood and blood---forming organs
D80- D89	Certain disorders involving the immune mechanism

#### **E00-E89 Endocrine, nutritional and metabolic diseases**

E10-E13	Diabetes mellitus
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion
E65-E68	Obesity and other hyper alimentation
E70-E89	Metabolic disorders

#### **F01-F99 Mental, behavioral and neurodevelopmental disorders**

F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar Disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3	Major Depressive Disorder, recurrent
F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.5	Asperger's syndrome

#### **G00-G99 Diseases of the nervous system**

G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06-G07	Intracranial and intraspinal abscess and Granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple Sclerosis
G36	Other Acute Disseminated Demyelination
G37	Other Demyelinating disease of central nervous system
G82.5	Quadraplegia
G83.4	Cauda Equina Syndrome
G92	Toxic Encephalopathy
G93.1	Anoxic Brain Injury

**I00-I99 Diseases of the circulatory system**

I20	Angina Pectoris
I21.09-I22	Acute Myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic Ischemic heart disease
I26	Pulmonary embolism
I27	Other Pulmonary heart disease
I28	Other Diseases of pulmonary vessels
I33	Acute & Subacute Endocarditis
I34-I38	Heart Valve Disorders
I42-I43	Cardiomyopathy
I44-I45	Conduction Disorders
I46	Cardiac Arrest
I47-I49	Cardiac Dysrhythmias
I50	Heart Failure
I60---I61	Subarachnoid Hemorrhage/Intercerebral Hemorrhage
I63	Cerebral infarction
I65.8-I66	Occlusion Of Precerebral/Cerebral Arteries
I67	Other Cerebrovascular disease
I70	Atherosclerosis /Aortic Aneurysm

**J00-J99 Diseases of the respiratory system**

J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89	Postinflammatory Pulmonary Fibrosis
J98.11-J98.4	Pulmonary Collapse/Respiratory Failure

**K00-K95 Diseases of the digestive system**

K22	Esophageal obstruction
K25-K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55-K64	Diseases of intestine
K65-K68	Diseases of peritoneum & retroperitoneum
K70-K77	Diseases of liver
K83	Diseases of biliary tract
K85-K86	Diseases of pancreatitis
K90-K95	Other diseases of digestive system/Complications of bariatric procedures

**M00-M99 Diseases of the musculoskeletal system & connective tissue**

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86	Osteomyelitis

**N00-N99 Diseases of the genitourinary system**

N00-N01	Acute and Rapidly Progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05-N07	Nephritis and Nephropathy
N08	Glomerular Disorders classified elsewhere
N17	Acute Kidney Failure
N18	Chronic Kidney Disease (CKD)
N19	Renal Failure, Unspecified

**O00-O9A Pregnancy, childbirth and the puerperium**

O09	High Risk Pregnancy
O11	Pre-Existing Hypertension with Pre-Eclampsia
O14-O15	Pre-Eclampsia and Eclampsia
O30	Multiple Gestation
O31	Other complications specific to Multiple Gestations

**P00-P96 Certain conditions originating in the perinatal period**

P07	Disorders of newborn related to short gestation and low birth weight
P10-P15	Birth Trauma
P19	Fetal distress
P23-P28	Other respiratory conditions of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52-P53	Intracranial hemorrhage of newborn
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn

**Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities**

Q00-Q07	Congenital malformations of the nervous system
Q20-Q26	Congenital Cardiac malformations
Q41-Q45	Congenital Anomalies of Digestive system
Q85	Phakomatoses, not classified elsewhere
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other Congenital malformations

**R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified**

R07.1-R07.9	Chest Pain
R40-R40.236	Coma
R57-R58	Shock, Hemorrhage
R65.2-R65.21	Severe sepsis

**S00-T88 Injury, poisoning and certain other consequences of external causes**

S02	Fracture of skull and facial bones
S06	Intracranial injury
S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12-S13	Fracture and injuries of cervical vertebra and other parts of neck
S14.0-S14.15	Injury of nerves and spinal cord at neck level
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels of thorax
S26	Injury of heart
S32.0-S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36-S37	Injury of intra-abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4-S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T30-T32	Burns and corrosions of multiple body regions
T81.11-T81.12	Postprocedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
T83-T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissue
T87	Complications to reattachment and amputation

**Z00-Z99 Factors influencing health status and contact with health services**

Z37.5-Z37.6	Multiple births
Z38.3-Z38.8	Multiple births
Z48-Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z98.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis