



Instructions for Completing the Disclosure Form

HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of Health Care Operations. Star Line Group shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected to any other person or for any other purpose.

Star Line Group will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss coverage. The purpose of the form is to allow Star Line Group to take underwriting action on all known potential claims in the categories listed below. It is the Plan Sponsor's responsibility, either directly or through its 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 historical claim reports, disability records, payroll records, current information from administrators, insurers, utilization management companies, managed care companies and any Agent/Broker of the Plan Sponsor. In exchange, Star Line Group will accept the liability for any truly unknown claimants. The attached disclosure form and any accompanying reports must be completed and signed by the appropriate parties no earlier than 60 days prior to the proposed Effective Date of stop loss coverage and received by Star Line Group within 10 days of completion.

Upon receipt of the completed disclosure, Star Line Group will assess all data, new and previously reported, and will inform the producer in writing of any changes to the rates, factors or terms of coverage proposed. Star Line Group reserves the right to alter the terms of or to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan Participants may include those on short or long-term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and for whom coverage is requested in the quote. List on the disclosure form all Plan Participants who are known to meet any of the following criteria:

1. currently (a) confined to a Medical Facility, (b) disabled, or (c) who have been precertified for a confinement within the last 90 days; or
2. received medical services during the current plan year, the cost of which exceeds the lesser of 50% of the lowest Specific Deductible/Retention applied for or \$50,000, and for which the bills have been received by the Claims Administrator and entered into their claims system, or
3. been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of 50% of the lowest Specific Deductible/Retention applied for or \$50,000 during the policy period; or
4. have been diagnosed during the current plan year with a condition represented by any of the ICD-9 codes contained in the attached list and have also received services costing \$5,000 or more during the same period.



Standard Stop Loss Disclosure Form

Plan Name: _____

Plan Effective Date: _____

Claimant	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date / COBRA Date	Diagnosis	Prognosis	Most Recent Date of Service	Claims Paid During the Current Plan Year	Claims Incurred During The Current Plan Year (Pended, Denied and Pre-authorized)
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$

If the Plan Sponsor fails to disclose any Plan Participant known to fall into one of the four categories on the preceding page, either intentionally or because a thorough review of all records was not conducted, the carrier will have no liability for reimbursement of expenses incurred for that Plan Participant.

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic risks in accordance with the instructions attached to this form and that it is the result of a diligent search in accordance with those instructions.

Please check this box if there are no claimants who meet the disclosure criteria above to report.

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

Please check this box if there are attachments to this form. Also please describe the attachments, including the name and date of any reports as well as the total number of pages attached.

ICD-9 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:

001-139 Infectious and Parasitic Diseases

038-038.9 Septicemia
042 AIDS / HIV
070-070.9 Viral Hepatitis

140-239 Neoplasms

140-149.9 Malignant Neoplasm of Lip, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx
150-150.9 Malignant Neoplasm of Esophagus
151-151.9 Malignant Neoplasm of Stomach
153-153.9 Malignant Neoplasm of Colon
154-154.8 Malignant Neoplasm of Rectum
155-155.2 Malignant Neoplasm of Liver
157-157.9 Malignant Neoplasm of Pancreas
161-161.9 Malignant Neoplasm of Larynx
162-162.9 Malignant Neoplasm of Lung
170-170.9 Malignant Neoplasm of Bone
174-174.9 Malignant Neoplasm of Female Breast
179-182.8 Malignant Neoplasm of Uterus or Cervix
183-183.9 Malignant Neoplasm of Ovary
185 Malignant Neoplasm of Prostate
186-186.9 Malignant Neoplasm of Testis
188-189.9 Malignant Neoplasm of Bladder, Kidney, Urinary
191-191.9 Malignant Neoplasm of Brain
192-192.9 Malignant Neoplasm of Nervous System
194-194.9 Malignant Neoplasm of Endocrine Glands
195-195.8 Malignant Neoplasm of Other Ill-Defined Sites
196-196.9 Secondary Malignant Neo. Lymph Nodes
197-197.8 Secondary Malignant Neo. Respy and Digestive Systems
198-198.89 Secondary Malignant Neo. Other Specified Sites
200-208.9 Lymphoma and/or Leukemia
235 Neoplasm Uncertain Behavior
239.2 Neoplasm Unspecified Nature – Bone, Skin

240-279 Endocrine, Nutritional, Metabolic, Immunity

250-250.9 Diabetes
277.0 Cystic Fibrosis
278.0 Obesity/Hyperalimant

280-289 Diseases of the Blood and Blood-Forming Organs

282.6 Sickle-Cell Anemia
284.9 Aplastic Anemia NOS
286-286.9 Coagulation Defects and/or Hemophilia

320-389 Diseases of the Nervous System and Sense Organs

330 Cerebral degenerations
344.0-344.09 Quadriplegia and Quadriparesis
331.0-331.9 Reye's Syndrome
344.1 Paraplegia
348.0-348.9 Encephalopathy
357, 358 Neuropathy / Myasthenia Gravis

390-459 Diseases of the Circulatory System

410-410.9 Acute Myocardial Infarction
411-411.89 Acute and Subacute Ischemic Heart Disease
414-414.05 Coronary Atherosclerosis (ASHD)
415-415.19 Acute Pulmonary Heart Disease
416-416.9 Chronic Pulmonary Heart Disease
417.1 Aneurysm of Pulmonary Artery
421-421.9 Acute and Subacute Endocarditis
424-424.9 Valve Disorders
425-425.9 Cardiomyopathy
426-426.9 Conduction Disorders
427-427.9 Cardiac Dysrhythmias
428-428.9 Heart Failure
430, 431 Subarachnoid / Intracerebral Hemorrhage
434.9 Occlusion of Cerebral Arteries
436 Acute Cerebrovascular Accident (CVA)
440-441.9 Atherosclerosis / Aortic Aneurysm

460-519 Diseases of the Respiratory System

480-486 Pneumonia
490-496 Chronic Obstructive Pulmonary Disease (COPD), etc.
515 Postinflammatory Pulmonary Fibrosis
518-518.89 Pulmonary Collapse and/or Respiratory Failure

520-579 Diseases of the Digestive System

555-555.9 Regional Enteritis (Crohn's Disease)
560.0-560.9 Intestinal Obstruction
562.1 Diverticulitis of Colon
567-567.9 Peritonitis
569.0-569.9 Other Disorders of Intestine
570-571.9 Liver Diseases and Cirrhosis
572.8 Other Sequela of Chronic Liver Disease
573-573.9 Other Liver Disorders
577-577.9 Pancreas Diseases
578-578.9 Gastrointestinal Hemorrhage

580-629 Diseases of the Genitourinary System

584-584.9 Acute Renal Failure
585 Chronic Renal Failure
586 Renal Failure, Unspecified
588 Disorders resulting from impaired renal function
592 Calculus of Kidney & Uerter

630-677 Complications of Pregnancy, Childbirth

641.1 Placenta Previa
642.5-642.7 Eclampsia, pre-eclampsia
644.0-644.2 Premature Labor
648.0 Gestational Diabetes
651 Multiple Gestation
654.5 Cervical Incompetence

710-739 Diseases of the Musculoskeletal System and

Connective Tissue

715.0-715.9 Osteoarthritis
721.3 Lumbosacrel Spondylosis
722.0-722.9 Intervertebral Disc Disorders
730-730.9 Osteomyelitis and/or Periostitis
737.3 Kyphoscoliosis and scoliosis

740-759 Congenital Anomalies

747.2 Aortic Atresia / Stenosis
751.6 Biliary Atresia
759-759.9 Other and Unspecified Congenital Anomalies

760-779 Conditions Originating in the Perinatal Period

765-765.1 Prematurity
769 Respiratory Distress Syndrome
770.0-770.9 Other Respiratory Conditions of Newborn

780-799 Symptoms, Signs, and Ill-Defined Conditions

785-785.9 Symptoms Involving Cardiovascular System
786.5-786.59 Chest Pain

800-999 Injury and Poisoning

800-804.9 Fracture of Skull
805-805.9 Fracture of Vertebral Column
806-806.9 Fracture of Vertebral Column with Spinal Cord Injury
828-828.1 Multiple Fractures
853-854.1 Intracranial Injury
869-869.1 Internal Injury
887-887.7 Traumatic Amputation of Arm and Hand
897-897.7 Traumatic Amputation of Leg
949-949.5 Burns
952-952.9 Spinal Cord Injury
996-997.0 Complications peculiar to certain specified conditions
V23 Supervision of High Risk Pregnancy
V42 – V58.9 Transplants, etc