



Policyholder Disclosure Statement

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

INSTRUCTIONS FOR COMPLETING THE ATTACHED DISCLOSURE FORM

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the **Policyholder** 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 Protected Health Information 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 **Policy** for Stop 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 **Policyholder'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 claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any agent or broker of the **Policyholder**. 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) days prior to the proposed Effective Date of the Stop Loss Insurance Policy and received by the **Company** within five (5) days of completion.

Upon receipt of the completed disclosure, the **Company** will assess all new and previously reported data, and will inform the agent or broker in writing within seven (7) days of any changes to the rates, factors or terms of coverage. 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 persons who are known to:

1. be currently confined to a medical facility or have been pre-certified for same within the last three months;
2. have received medical services during the past twelve months, the cost of which exceeds the lesser of 50% of the lowest **Specific Deductible** applied for or \$50,000, and for which bills have been received by the claims administrator and entered into the claims system;
3. have been identified as a candidate for case management and as having the potential to exceed during the policy period the lesser of 50% of the lowest **Specific Deductible** applied for or \$50,000; or
4. have been diagnosed within the past twelve months with a condition represented by any of the ICD-10 codes contained in the attached list.

If the **Policyholder** fails to disclose any risk known to fall into one of the above categories, either intentionally or because a thorough review of all available records was not conducted, the **Company** will have no liability for claims on the risk not disclosed.

THIS INFORMATION WILL BE TREATED CONFIDENTIALLY

Disclosure Form

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

The **Policyholder** 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. **If there are no risks to report which meet the disclosure criteria above, please check this box.**

Policyholder: _____ **Claims Administrator:** _____ **Agent or Broker:** _____
Signature: _____ **Signature:** _____ **Signature:** _____
Name: _____ **Name:** _____ **Name:** _____
Title: _____ **Title:** _____ **Title:** _____
Date: _____ **Date:** _____ **Date:** _____

ICD-10 Codes for Disclosure Notification

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

<u>A00-B99</u>	<u>Certain Infectious and Parasitic Disease</u>	G06-G07	Intracranial and Intraspinous Abscess and Granuloma
A40	Streptococcal Sepsis	G12.21	Amyotrophic Lateral Sclerosis
A41	Other Sepsis	G35	Multiple Sclerosis
B15-B19	Viral Hepatitis	G36	Other Acute Disseminated Demyelination
B20	Human Immunodeficiency Virus [HIV] Disease	G37	Other Demyelinating Disease of Central Nervous System
		G82.5	Quadriplegia
<u>C00-D49</u>	<u>Neoplasms</u>	G83.4	Cauda Equina Syndrome
C00-C96	Malignant Neoplasms	G92	Toxic Encephalopathy
D46	Myelodysplastic Syndromes	G93.1	Anoxic Brain Injury
<u>D50-D89</u>	<u>Diseases of the Blood and Blood-Forming Organs & Disorders Involving the Immune Mechanism</u>	<u>I00-I99</u>	<u>Diseases of Circulatory System</u>
D57	Sickle-cell Disorders	I20	Angina Pectoris
D59	Acquired Hemolytic Anemia	I21.09-I22	Acute Myocardial Infarction
D60-D64	Aplastic and Other Anemias	I24	Acute and Subacute Ischemic Heart Disease
D65-D69	Coagulation Defects, Purpura and Other Hemorrhagic Conditions	I25	Chronic Ischemic Heart Disease
D70-D77	Other Diseases of Blood and Blood-forming Organs	I26	Pulmonary Embolism
D80-D89	Certain Disorders Involving the Immune Mechanism	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
<u>E00-E89</u>	<u>Endocrine, Nutritional and Metabolic Diseases</u>	I46	Cardiac Arrest
E10-E13	Diabetes Mellitus	I47-I49	Cardiac Dysrhythmias
E15-E16	Other Disorders of Glucose Regulation and Pancreatic Internal Secretion	I50	Heart Failure
E65-E68	Obesity and Other Hyper Alimentation	I60-161	Subarachnoid Hemorrhage / Intercerebral Hemorrhage
E70-E89	Metabolic Disorders	I63	Cerebral Infarction
		I65.8-I66	Occlusion of Precerebral/Cerebral Arteries
		I67	Other Cerebrovascular Disease
		I70	Atherosclerosis / Aortic Aneurysm
<u>F01-F99</u>	<u>Mental, Behavioral and Neurodevelopmental disorders</u>	<u>J00-J99</u>	<u>Diseases of Respiratory System</u>
F10.1	Alcohol Abuse	J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
F11.1	Opioid Abuse	J84.10-J84.89	Postinflammatory Pulmonary Fibrosis
F20	Schizophrenia	J98.11-J98.4	Pulmonary Collapse/Respiratory Failure
F31	Bipolar Disorder		
F32.3	Major Depressive Disorder, Single Episode, Severe with Psychotic Feature	<u>K00-K95</u>	<u>Diseases of Digestive System</u>
F33.1-F33.3	Major Depressive Disorder, Recurrent	K22	Esophageal Obstruction
F84.0	Autistic Disorder	K25-K28	Ulcers
F84.2	Rett's Syndrome	K31	Other Diseases of Stomach & Duodenum
F84.5	Asperger's Syndrome	K50	Crohn's Disease
<u>G00-G99</u>	<u>Diseases of the Nervous System</u>	K51	Ulcerative Colitis
G00	Bacterial Meningitis	K55-K64	Diseases of Intestine
G04	Encephalitis Myelitis and Encephalomyelitis.	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 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-O99 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