



Employer Stop Loss Insurance Health Questionnaire

Please provide details to questions answered “yes” in the space provided or attach additional sheets if necessary. I understand additional prior plan enrollment information, benefit design information, and history must be evaluated to enroll with this questionnaire. I understand the stop loss* carrier will rely on the data disclosed below in underwriting the risk covered by the stop loss* policy; therefore, accuracy in data reported is required. I further understand that remedies may be pursued by the stop loss* carrier should there be misrepresentation of facts and/or fraud and as allowed by law and the applicable stop loss* policy.

1. I agree that with research conducted into information at my disposal as a plan sponsor and/or employer, and to the best of my knowledge, I will answer the following questions for all plan participants and dependents to be covered under this self-funded plan with stop loss* insurance coverage. Yes No

If no, please explain:

2. Has anyone missed more than five consecutive workdays in the last 12 months due to injury or illness by them or their dependents? Yes No

If yes, please explain:

3. Has anyone been treated in the past five years or anticipate being treated for a serious illness, immune system disorder, hemophilia, cancer, heart disorder/disease, Hepatitis C, kidney, or organ or tissue disorder/transplant, stroke, AIDS/ARC, mental or nervous disorder, substance abuse or other accident/injury?

Yes No

If yes, please explain:

4. Are there other known potential Shock Loss Claims and/or have any plan participant (employee or dependents) incurred \$10,000 or more in accident and/or health and Rx claims within the last 12 months? Shock losses are defined on the Potentially Catastrophic Diagnosis and High-Cost Drug listing page. The diagnosis and high-cost drug lists (see attached on page 3) are intended to help the Proposed Insured identify potential catastrophic claims. Yes No

If yes, please explain:

5. Have any claims greater than \$25,000 been paid in the last 21 months? Yes No

If yes, please explain:

6. Are there any employees, spouses or dependents who are disabled, or confined in a hospital or treatment facility, or have been pre-certified within the last three months to have an upcoming procedure or treatment, or any employees who are on leave of absence to care for a dependent who will be a plan participant of this health plan? (For employees, disabled means absent from work and/or on leave of absence or Family and Medical Leave Act [FMLA] benefits due to his or her medical condition; for dependents, disabled means unable to perform his or her normal functions of a person of like age. Yes No

If yes, please explain:

7. Has anyone within the last six months been advised to have surgery or does anyone anticipate hospitalization or treatment/outpatient procedure for any other reason? Yes No

If yes, please explain:

8. Are there any employees who are not performing his or her normal duties due to illness or injury?

Yes No

If yes, please explain:

* Stop Loss is also known as Excess Loss



9. Are any employees or their dependents pregnant and/or considered to be high risk for complications of pregnancy, or carrying multiple fetuses? Yes No

If yes, please explain:

Note: All eligibility and questionnaire information must be complete and accurate. If the information provided is untrue or incomplete and such falsity or incompleteness is material to the risk to be covered by the Plan, and in turn, the stop loss* carrier, the stop loss* coverage may be reformed and/or rescinded.

Insurance Fraud Warning:

I declare that I have read this questionnaire in full, researched our employer records available to me as the plan sponsor representative, and that all statements contained in this questionnaire are true and correct to the best of my knowledge and that no material information has been withheld or omitted. I understand any person who includes any false or misleading information as part of an application for an insurance policy may be subject to criminal and civil penalties.

Employer Plan Sponsor-Responsible Party Printed Name

Date

Position

Employer Plan Sponsor-Responsible Party Signature

Date

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ICD-10 Diagnosis List

A00–B99	Infectious Disease	O60.00–60.14	Preterm Labor
B17.1–B17.11	Hepatitis C	P00–P96	Perinatal Conditions
C00–D49	Neoplasms	P07.00–07.36	Preterm Infant
C00–C14	Malignancy of oral cavity pharynx	P22.0	Respiratory Distress Syndrome of Newborn
C15–C26	Malignant neoplasm of digestive organs	Q00–Q99	Congenital Malformations
C30–C39	Malignant neoplasm of respiratory organs	Q20–Q28	Congenital Heart Diseases
C43–C44	Melanoma	Q39.0–39.4	Tracheoesophageal Fistula
C50–C50	Breast Malignancies	Q89.7	Multiple Anomalies
C51–C68	Genitourinary Malignancies	S00–T88	Injury, Poisoning and Trauma
C69–C72	Malignancies of Nervous System	S06.0–06.9	Brain Injuries
C81–C96	Leukemias, Lymphomas and Myelomas	S12–S14	Spinal Cord Injuries
D50–D89	Hematologic Disorders	S88	Amputations
D57.1	Sickle Cell Anemia	T07	Multiple Trauma Injuries
D61.01	Aplastic Anemia	T20–T32	Burns
D66	Hemophilia/Hereditary Factor VIII Deficiency	T79	Early Complications of Trauma
D81.0	Severe Combined Immune Deficiency (SCID)	T86.00–86.09	Graft vs. Host Disease
		T86.90–86.99	Complications of Transplants
D82.1	DiGeorge Syndrome		
D83.1	Immune Deficiency T Cells (AIDS)		
D84.1	Alpha 1-Antitrypsin		
E70–E88	Metabolic Disorders		
E75.22	Gaucher's Disease		
E84.0	Cystic Fibrosis		
G00–G99	Diseases of the Nervous System		
G12.21	Lou Gehrig's disease (ALS)		
G61.0	Guillain-Barre Syndrome		
G91.1 I00–	Obstructive Hydrocephalus		
I99 I27.0	Diseases of Circulatory System		
I42.0–I42.9	Primary Pulmonary Hypertension		
I46.9	Cardiomyopathy		
I60.9 J00–	Cardiac Arrest		
J99 J96.00–	Subarachnoid Hemorrhage		
96.92 K00–	Disease of Respiratory System		
K95 K70.0–	Respiratory Failure		
74.69	Disease of Digestive System		
K72.00–72.91	Chronic Liver Disease		
N00–N99	Liver Failure		
N18.1–18.9	Disease Genitourinary System		
O00–O9A	Chronic Renal Failure		
O30.10–30.109	Pregnancy, Childbirth & Puerperium		
O30.20–30.209	Triplet Pregnancy		
	Quadruplet Pregnancy		

High-Cost Drugs

A high-cost drug is defined as a drug for which monthly costs exceed approximately \$10,000.

Examples:

Avastin, Iclusig, Taltz, Berinert, Kalbitor, Technivie, Cinryze, Kalydeco, Tyvaso, Daklinza, Keytruda, Uptravi, Eplclusa, Kynamro, Entavis, Firazyr, Lumizyme, Viekira, Gleevec (imatinib), Opdivo, H.P. Acthar, Orkambi, Yervoy, Harvoni, Soliris, Zaltrap, Humira, Sovaldi, Zepatier, Ibrance, Stelara

Conditions leading to use of high-cost drugs may include: enzyme deficiencies (genetic mutations, Hereditary Angio Edema, Hunter's Syndrome and other), cancers, Cystic Fibrosis, MS, Nephrotic Syndrome, Psoriasis and inflammatory conditions, Hepatitis C, Hemophilia A,B,C, Hemolytic Uremia Syndrome, MDS, Narcolepsy and Pulmonary Arterial Hypertension.

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