



PACE Underwriters
Excess Loss Insurance
Disclosure Form

Group Name _____ Address (No P.O.Box) _____

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purposes of evaluating and accepting risk associated with the Plan Sponsor as a part of "health care operations".

PACE Underwriters 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 PACE to take underwriting action on all known risks in the categories listed below.

The information provided on this Disclosure Form must be current as of the date the form is signed. It must be completed in its entirety. PACE Underwriters reserves the right to withdraw its quote if the signed Disclosure Form is not completed and returned to us within fifteen (15) days following the date the Disclosure Form is signed.

Please answer the following questions using Page 2 to fully explain any YES answers:

- 1. Are there any participants (employees, dependents or COBRA beneficiaries) who, during the preceding twelve (12) month period, incurred claims in excess of 50% of the Specific Retention Amount whether paid, pending, or denied?
2. a. Are there any participants (employees, dependents or COBRA beneficiaries) who are expected to be absent from work due to work related or non-work related Disability on the Contract Period Effective/Renewal Date?
b. Are there any dependents, including dependent children, who are currently disabled or who are covered under the Plan under a disabled or handicapped child extension provision?
3. Are there any other serious potential shock loss claims (i.e. claims which may reasonably be assumed will exceed 50% of the Specific Retention Amount) in the next twelve (12) months?
4. Are there any participants (employees, dependents or COBRA beneficiaries) who are or have been confined in the hospital or medical facility within the preceding twelve (12) months for five (5) or more consecutive days?
5. a. Are there any participants (employees, dependents or COBRA beneficiaries) for whom a hospital requested Pre-certification within the past twelve (12) months for five (5) or more consecutive days?
b. Are there any participants (employees, dependents or COBRA beneficiaries) who were in case management in the past twelve (12) months or who are currently in case management?
6. Are there any participants with a history, or current diagnosis, of any serious disease or disorder such as, BUT NOT LIMITED TO, the Trigger Diagnosis listing on pages 4 through 6 of the disclosure (attached)?

The Plan Sponsor acknowledges by signing below that they have contacted their Utilization Review/Large Case Management Company, Third Party Administrator, Human Resources Manager and any other applicable source to verify the above data. The Plan Sponsor acknowledges by signing below that attachments to the Disclosure Form will only be accepted if noted as such and signed and dated by the Plan Sponsor. **The Plan Sponsor acknowledges by signing below that Excess Loss Insurance coverage is available to those individuals who are disabled and not actively at work or are unable to perform the same duties of an individual of the same age and sex of the effective date of coverage only if such individuals are disclosed herein.**

It is agreed that the statements in this Disclosure Form plus any and all materials submitted to PACE Underwriters for this group are hereby warranted by you. All representatives shall be deemed material to acceptance of the risk by PACE Underwriters and the Excess Loss Contract is to be issued in reliance of the truth and accuracy if such representations. Should subsequent information become known which, if known prior to issuance of the Excess Loss Contract, would affect the premium rates, factors, terms or conditions as of the effective date of the Excess Loss Contract by providing written notice to you. Any fraudulent statement will render the Stop Loss Contract null and void and claims, if any, will be forfeited. Acceptance of all the above understandings is represented by the signatures below.

Disclosure Date: _____

Plan Sponsor: _____

Plan Sponsor Federal Tax ID #: _____

Authorized Person Signature: _____

Authorized Person (Please Print): _____

Title: _____

Third Party Administrator: _____

Authorized Person Signature: _____

Authorized Person (Please Print): _____

Agent Signature: _____

Agent Name (Please Print): _____

Agency Name (if applicable): _____

Agency Address: _____

Agency Phone No.: _____

Agency E-mail: _____

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 disease

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
 D60-D64 Aplastic and other anemias
 D65-D69 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

F01-F99 Mental, Behavioral and Neurodevelopmental disorders (con't)

F84.2 Rett's Syndrome
 F84.5 Asperger's syndrome

G00-99 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 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
 I60-161 Subarachnoid Hemorrhage / Intercerebral Hemorrhage
 I63 Cerebral infarction

I00-I99 Diseases of Circulatory System (con't)

I00-I99 Diseases of Circulatory System (con't)
 I65.8-I66 Occlusion of Precerebral /Cerebral Arteries
 I67 Other cerebrovascular disease
 I70 Atherosclerosis / Aortic Aneurysm

J00-J99 Diseases of 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 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 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

N00-N99 Diseases of the Genitourinary System (con't)

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
 P00-P96 Certain conditions originating in the perinatal period (con't)
 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
S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes (con't)	
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