



## Disclosure Statement

Revised 04/2010

Please read carefully

**General:** The information presented in this attached disclosure statement form (herein referred to as the disclosure, disclosure form, disclosure statement, or form) will be relied upon by Bardon Insurance Group, a duly appointed managing general underwriter for the issuing carrier (herein referred to as Bardon, we, our or us), as part of the underwriting process for the group. The disclosure will become part of the application for stop loss coverage and as such will ultimately become part of the treaty (policy). We reserve the right to require / pursue additional information (medical or otherwise) based on the information provided. Coverage would then become contingent upon the receipt, review and approval of that information by us. In addition, we reserve the right to change premium rates / factors, modify the terms of coverage, or withdraw the proposal in its entirety based upon a review of the information submitted during the disclosure process or acquired as a result thereof.

Failure to disclose a known individual / situation or severity thereof may lead to the rescission of coverage or modification of the terms of coverage and / or premium. In that event, the action taken will be solely at our discretion.

### Individuals to be disclosed:

1. Plan participants (defined as anyone that has or may incur claims under the scope of the plan document) that are inpatient in a hospital or other medical facility as of the date on which the disclosure is signed.
2. Plan participants that have been pre-certified for an inpatient stay within the three months prior to the signature date.
3. Plan participants that have incurred claims during the current plan year that exceed the lesser of 50% of the specific deductible applied for or \$50,000.
4. Plan participants that have been diagnosed with or received treatment for a condition on the attached diagnoses list during the current plan year or have otherwise been identified as a candidate for Case Management.
5. Plan participants that as of the date the disclosure is signed are:
  - a. Not actively at work
  - b. On COBRA or are eligible for COBRA
  - c. Covered under a disabled or handicapped child extension provision
  - d. Known to be disabled or otherwise unable to engage in those activities for which an individual of the same age would ordinarily be expected to do.

**Sources of Information:** A diligent and thorough review should be made by the plan sponsor or their duly appointed representative of all applicable records including but not limited to:

- current and past claim reports (including pended, suspending and denied claims)
- information from the current administrator or insurer
- information known to a managed care company (utilization management firm, large case management firm and / or provider network)
- employment records, disability records
- information known by the broker / agent

**Information Required:** The name of the individual or a unique identifier, the reason for the disclosure, scheduled or anticipated procedures medical / surgical treatments, scheduled or anticipated leaves of absence and other information as required and as applicable on the attached disclosure statement are the standards which will constitute full and fair disclosure. The plan sponsor / administrator may include their own reporting format in as much as the data supplied meets or exceeds these standards. Reference to an individual by name or claimant identifier only does not constitute disclosure.

**Timing Issues:** The information in the disclosure form must be accurate as of the date that the form is signed. The form may be signed no more than 60 days in advance of the proposed effective date and must be received by Bardon no more than 5 days from that date. If the disclosure is signed greater than 30 days before the effective date, ½ of the first month's premium must be received within 5 days of the date that we receive the disclosure. The remainder must be received prior to the effective date. Should these conditions not be met, the disclosure is invalid.

**Questions regarding disclosure:** Should there be any question as to whether an individual should be disclosed or a question as to the information required for disclosure, **do not hesitate to contact us.**

**Value of Disclosure:** In exchange for this disclosure, Bardon on behalf of the issuing carrier will accept liability for claimants that are unknown in fact and will waive any actively at work or actively at life provisions for individuals disclosed as such.

**NO COVERAGE IS BOUND UNTIL THE ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED AND APPROVED BY BARDON ON BEHALF OF THE ISSUING CARRIER. PLEASE REFER TO BARDON'S SOLD CASE DOCUMENTATION GUIDELINES FOR MORE INFORMATION.**



# Trigger Diagnosis List for Disclosure Statement

## Infectious and Parasitic Diseases

038 - 038.9	Septicemia
042	Human immunodeficiency virus [HIV]
070 - 070.9	Hepatitis

## Neoplasms

140 - 208.91	Cancers, Leukemias, Lymphomas, etc.
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## Endocrine, Metabolic and Immune Disorders

250 - 250.93	Diabetes
277 - 277.09	Metabolic Disorders
278 - 278.02	Obesity
279 - 279.9	Immune Disorders

## Diseases of Blood and Blood Forming Organs

282 - 282.9	Anemias (includes Sickle Cell)
284 - 284.9	Aplastic Anemia
286 - 286.9	Coagulation defects
287 - 287.9	Purpura and other hemorrhagic conditions
288 - 288.9	Diseases of white blood cells

## Disorders of Nervous System and Sense Organs

330 - 330.9	Cerebral degenerations usually manifest in childhood
331 - 331.9	Other cerebral degenerations
332 - 332.1	Parkinson's disease
333.4	Huntington's chorea
335 - 335.9	Anterior horn cell disease (incl ALS / Lou Gerhig's Disease)
336 - 336.9	Other diseases of spinal cord
340 - 341.9	Multiple Sclerosis and other demyelinating disorders
343 - 343.9	Cerebral Palsy
344 - 344.09	Quadriplegia
344.1	Paraplegia
348 - 348.9	Other conditions of brain
357 - 357.9	Inflammatory and toxic neuropathy
358 - 358.9	Myasthenia Gravis and other myoneural disorders
359 - 359.9	Muscular dystrophies and other myopathies

## Disorders of the Circulatory System

391 - 398.99	Rheumatic heart and valvular disorders
402 - 404.93	Hypertensive heart and kidney disorders
410 - 410.92	Acute myocardial infarction
411 - 417.9	Ischemic heart, coronary atherosclerosis, etc.
421 - 421.9	Endocarditis
424 - 424.99	Valvular and other endocardial disorders
425 - 425.9	Cardiomyopathy
426 - 427.9	Cardiac conduction issues and dysrhythmias
428 - 428.9	Heart Failure
429 - 429.9	Ill - defined & complications of heart disease
430 - 431	Cerebral hemorrhage
433 - 437.9	Cerebrovascular issues
440 - 447.9	Other vascular issues
456 - 456.21	Esophageal Varices

## Disorders of the Respiratory System

480 - 486	Pneumonia
490 - 496	Obstructive pulmonary diseases
515	Pulmonary fibrosis
518 - 518.89	Other respiratory diseases

## Digestive Disorders

555 - 555.9	Regional Enteritis (Crohn's)
556 - 556.9	Ulcerative Colitis
557 - 557.9	Intestinal vascular issues
560 - 560.9	Intestinal obstruction
562 - 562.13	Diverticulitis

## Digestive Disorders (continued)

567 - 567.9	Peritonitis
570 - 573.9	Liver disease / cirrhosis
577 - 577.9	Disorders of pancreas
578 - 578.9	Gastrointestinal Hemorrhage

## Genitourinary Disorders

580 - 580.9	Glomerulonephritis
588	Disorders resulting from impaired renal function
584 - 587	Renal Failure
592	Calculus of Kidney and Ureter

## Pregnancy and Childbirth

630	Hydatiform mole
640 - 641.93	Hemorrhage in pregnancy
642 - 642.94	Hypertensive issues during pregnancy
644 - 644.21	Early Labor
648 - 648.04	Gestational Diabetes
651 - 651.93	Multiple Gestation
654.5	Cervical Incompetence
658.1 - 658.13	Premature rupture of membranes

## Disorders of the Musculoskeletal and Connective Tissue

710 - 710.9	Diffuse disease of connective tissue (Lupus, etc.)
715 - 715.98	Osteoarthritis
721 - 721.91	Spondylosis and allied disorders
722 - 724.9	Back and Spinal disorders
730 - 730.99	Osteomyelitis and periostitis
737 - 737.9	Curvature of Spine

## Congenital Disorders

740 - 741.93	Spina Bifida and similar anomalies
742 - 742.9	Anomalies of the nervous system
745 - 747.9	Congenital cardiac and circulatory issues
748 - 748.9	Congenital anomalies of respiratory system
751 - 751.9	Congenital anomalies of digestive system
753.1 - 753.22	Congenital renal anomalies
759 - 759.9	Other and unspecified congenital anomalies

## Perinatal Conditions

765 - 765.27	Prematurity
769	Respiratory Distress in Newborn
770 - 770.9	Other respiratory conditions of fetus and newborn

## Symptoms and Signs

785 - 785.9	Symptoms involving cardiac / respiratory system
786.5 - 786.59	Chest Pain

## Injury and Poisoning

800 - 804.99	Fracture of skull
805 - 806.9	Fracture of vertebral column / spinal cord injury
828 - 828.1	Multiple Fractures
853 - 854.19	Intracranial Injury
869 - 869.1	Internal Injury
887 - 887.7	Traumatic amputation of arm and hand
897 - 897.7	Traumatic amputation of Leg
941.3 - 941.59	} Burns
942.3 - 942.59	
943.3 - 943.59	
944.3 - 944.58	
945.3 - 945.59	} Spinal cord injury
952 - 952.9	
996 - 997.09	Complications

## "V" Codes

V23 - V23.9	Supervision of high risk pregnancy
V42 - V58.9	Transplants, Implants, etc.

# DISCLOSURE STATEMENT

Group Name:

Name or Claimant Identifier	Date of Birth	Actively at Work?	Disabled?	COBRA / COBRA Eligible?	FMLA or Other Leave of Absence?	Date of Disability / COBRA	Diagnoses / Nature of Disability	Current Year Pending and Paid Claims	Other pertinent details (for example severity of condition, scheduled or anticipated medical / surgical treatments or leaves of absence)
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- Check if there are additional pages attached. If so, the number of additional pages is: \_\_\_\_\_
- Check if the above information is being supplied electronically. The file name's are: \_\_\_\_\_

**The plan sponsor by their herein below appearing signature represents the above and / or any attached information to be the product of a prudent review as described in the previous pages and as such represents the above and / or any attached information to be a complete and truthful disclosure of all individuals in accordance with the attached instructions as of the date signed. In exchange for this disclosure, Bardon on behalf of the issuing carrier will accept liability for claimants that are unknown in fact and will waive any actively at work or actively at life provisions for individuals disclosed as such.**

**Plan Sponsor**

**Claims Administrator**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

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