



Disclosure Statement

Revised 09/2017

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 group maintains a group health plan and/or is a group health plan and is seeking to obtain coverage from the issuing carrier for whom Bardon is the managing general underwriter). 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 and/or failure to disclose an individual/situation or severity that should have reasonably been known, 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. If after submission of this disclosure statement information regarding an individual/situation or severity is discovered which, per the terms of this document should have been included in this disclosure statement, you must amend this statement with, and/or notify Bardon of, the newly discovered information without delay

Individuals to be disclosed:

1. Plan participants, including all dependents, (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; including claims for or payments relating to prescription drugs and/or other medical supplies.
4. Plan participants that have been diagnosed with or received treatment, including payment for or payments relating to prescription drugs and/or medical supplies, for a condition on the attached diagnoses list (including denied, suspended and pended claims), have otherwise been identified as a candidate for Case Management or have had claims denied that exceed the lesser of 50% of the specific deductible applied for or \$50,000.
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 current 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, suspended, denied and pharmacy 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, 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 and a signed application must be received within 5 days of the date that Bardon provides written acceptance of disclosure. The remainder must be received prior to the effective date. If the disclosure is signed within 30 days of the effective date, a signed application must be submitted within 5 days of the date that Bardon provides written acceptance of disclosure. 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.

Other Provisions: Neither Bardon nor the issuing carrier are offering group health insurance or a fully insured health insurance product. Rather, the group is purchasing Excess-Loss coverage for the group's self-funded health plan.

The group is at all times responsible for funding its health plan(s) as well as making all health plan claims processing and other administration determinations.

The issuing carrier reserves the right to deny any claims by such entities that stem from a condition or fact that should have been disclosed herein.

All terms and conditions of this Disclosure Statement shall survive the execution of any other contract, unless explicitly agreed upon by all parties in writing.

NO COVERAGE IS BOUND UNTIL 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. ALL INDIVIDUALS WHO HAVE PREVIOUSLY EXCEEDED THEIR LIFETIME MAXIMUM ARE EXCLUDED FROM COVERAGE UNTIL WE HAVE PROVIDED WRITTEN ACCEPTANCE.



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 curr

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
- 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
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
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
- 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

DISCLOSURE STATEMENT

Group Name:

Name or Claimant Identifier	Date of Birth	Not 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)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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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

Signature: _____
 Date: _____
 Name (printed): _____

Claims Administrator

Signature: _____
 Date: _____
 Name (printed): _____

Disclosure Acceptance: *(Bardon use only)*

Accepted by: _____ Title: _____ Date: _____

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Disclosure Addendum / Reaffirmation

Group Name:

The following is an addendum to the disclosure signed on __/__/__.

Name or Claimant Identifier	Date of Birth	Not 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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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

OR

The disclosure as signed on __/__/__ remains complete with no changes.

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

Signature: _____
 Date: _____
 Name (printed): _____

Claims Administrator

Signature: _____
 Date: _____
 Name (printed): _____

Disclosure Acceptance: *(Bardon use only)*

Accepted by: _____ Title: _____ Date: _____

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