

**Amalgamated Life Insurance Company
Underwriting Department, 333 Westchester Avenue, White Plains, NY 10604**

**Excess Loss Disclosure Form
and Instructions for Completion**

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor 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 PHI 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 Application for excess 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 Plan Sponsor's responsibility, either directly or through their 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 but not be limited to historical claims reports including pending claims, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. 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) business days prior to the proposed Effective Date of excess loss coverage, contain data that is within 30-45 days from the date of signature and be received by the Company within ten (10) business days from the latest date of signature.

Upon receipt of the completed and adequate disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing within (30) business days of any changes to the rates, factors, terms of coverage or need for additional data. 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 individual risks known to:

1. Be currently disabled, confined to a Medical Facility, have requested a transfer to a rehabilitation facility or have been precertified within the last three (3) months.
2. Have received medical services during the current plan year the cost of which exceeds the lesser of, 50% of the lowest Specific Retention Amount applied for or \$25,000, and for which bills have been received by the Claims Administrator and entered into their Claims System.
3. Have been identified as a candidate for Case Management or as having the potential to exceed during the policy period, the lesser of 50% of the lowest Specific Retention Amount applied for or \$50,000.
4. Have been identified as a potential transplant recipient or are actually awaiting a transplant.
5. Have been identified as a potential high risk pregnancy or multiple births.
6. Be hospitalized beyond 10 days, ICU for over a week or SNF confined for over 30 days.
7. Be receiving Home Uterine Monitoring/Terbutaline Infusion Therapy, IV/Infusion Therapy (i.e. antibiotics, TPN, chemotherapy, narcotics, enteral, etc.) or 30 or more days of Home Health Care.
8. Have been diagnosed, during the current plan year, with a condition represented by any of the ICD-10-CM codes contained in the attached list. Using the attached list, if a patient has multiple diagnoses, each diagnosis must be disclosed.
9. Be in unresolved litigation, subrogation or pending Worker's Comp approval.
10. Known to have unpaid pending claims greater than \$10,000 (list the amount pending).
11. Have gone on COBRA because of a major illness or inability to work.

If aggregate coverage is purchased:

1. Provide a list of all paid claims month by month for the latest 24-months or a claims triangle.
2. From the data used to obtain the aggregate coverage:
 - a. Has there been an increasing inventory of unpaid claims in the most current known three months of data?
 - b. Has there been an increase in paid claims in the most current known three months of data?

Excess Loss Disclosure Form

| Risk Identifier | DOB | Sex | EE, Sp or Ch | (A)ctive, (C)OBRA, (R)etiree, or (T)ermed (L)OA (M)edical leave | Term Date | Diagnosis | Most Recent Date of Service | Expenses Incurred this Plan Year |
|------------------------|------------|------------|---------------------|------------------------------------------------------------------------|------------------|------------------|------------------------------------|-----------------------------------------|
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The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic risks in accordance with the requirements of this form and that it is the result of a diligent search in accordance with the requirements and that the data is the most current available data and includes claims currently in case management. **In support of the list, submit the latest pre-certification report, pended claims report, trigger diagnosis report and updated large loss report with case management notes. If there are no risks to report that meet the disclosure criteria above, please check this box.**

If the plan annual or lifetime maximum benefit provision has been amended after 2009 or will be during the next 12 months, disclose all claimants that exceeded the prior maximum(s) that may be reinstated or are currently participants in your plan. If none or not applicable, please check this box.

If you have purchased Aggregate Excess Loss coverage, please attach a list of paid claims month by month for the latest 24-months. If the coverage excludes prescription drugs, etc. the list should include both claims and claims subject to excess loss. A triangle, or lag report of paid claims is preferred.

If one of the signors below fails to disclose any individual or aggregate risk (if aggregate coverage is purchased) known to require disclosure, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the risk not disclosed.

Plan Sponsor: _____ Claims Administrator: _____ Agent/Broker: _____

Signature: _____ Signature: _____ Signature: _____

Name: _____ Name: _____ Name: _____

Title: _____ Title: _____ Title: _____

Date: _____ Date: _____ Date: _____

Attachment to Disclosure Form

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 diseases

A40 Streptococcal sepsis
A41 Other Sepsis
B15-B19 Viral Hepatitis
B20 Humanimmunodeficiency 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
D59 Acquired hemolytic anemia
D60-D64 Aplastic and other anemias
D65- 69 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-G99 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 the 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 the respiratory system

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|---------------|----------------------------------------------|
| 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 the digestive system

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|---------|--------------------------------------------------------------------------|
| 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 the musculoskeletal system & connective tissue

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|---------|---------------------------------------------------------------------|
| 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

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|---------|--------------------------------------------------|
| 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

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|---------|-----------------------------------------------------|
| 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

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|---------|----------------------------------------------------------------------|
| 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

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|---------|--------------------------------------------------------------|
| 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

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|---------------|-------------------------------------------------------------------------------|
| 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 corruptions 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

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|-------------|------------------------------------------------------|
| 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 |