

**Amalgamated Life Insurance Company  
Supplementary Application Information**

Network(s) (Name, Address, Contact Name and Phone Number):

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Prescription Drug Network (Name, Address, Contact Name and Phone Number):

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Case Manager(s) - Utilization Review Firm(s) (Name, Address, contact Name and Phone Number)

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Other Cost Saving Networks or Vendors (Name(s), Address, Contact Name and Phone Number):

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Amalgamated Life requires (unless waived in writing by Amalgamated Life) that the following documents be submitted before coverage becomes effective. Failure to submit these documents within 90 days of the date the application is signed may result in non-issuance of any Excess Loss coverage upon written notice from Amalgamated Life.

- 1) Latest 5500 Form
- 2) Completed and signed Disclosure Form
- 3) Binder Check for the first premium
- 3) Signed Application Form
- 4) Copy of Summary Plan Description ("SPD") and any amendments
- 5) Copy of any participant eligibility requirements that are not specified in the SPD
- 6) Copy of signed Business Associate Agreement from the administrator and Case Management Company, if any

Amalgamated Life requires a monthly Notification Report that contains both Threshold (when a claimant's cost is 50% of the specific deductible) and Trigger (diagnosis, hospitalized, etc.) claimants as specified in our Disclosure Form. Ideally, you would submit a monthly computer claims extract and we would process it to produce the Notification Report. Will you be submitting the Report or the monthly claim extract (please specify or describe)? We also require annually, a census enrollment report (employees, spouses, children, etc.). Forms supplied to your prior carrier, if any, may be adequate.

In regard to Plan provisions, are there any unusual provisions that we should be aware of? Please specify below.  
Does your plan limit Out-of-Network payment to UCR?  Yes  No (If yes, what percentile of UCR is used? \_\_\_\_\_ %)

The Applicant agrees that Amalgamated Life can contact the TPA-Administrator, Case Manager or Utilization Review Firm to obtain information about a claim. Please check to confirm . Do you wish such requests to be made in writing?  Yes  No

Which of the following claims case management approaches are used for claimants (check which is applicable):

- |                            |   |   |  |
|----------------------------|---|---|--|
| Preadmission Certification | <input type="checkbox"/> For all claimants; | <input type="checkbox"/> Only for claimants that volunteer; | <input type="checkbox"/> Only for out-of-network claimants |
| Concurrent Review          | <input type="checkbox"/> For all claimants; | <input type="checkbox"/> Only for claimants that volunteer; | <input type="checkbox"/> Only for out-of-network claimants |
| Large Case Management      | <input type="checkbox"/> For all claimants; | <input type="checkbox"/> Only for claimants that volunteer; | <input type="checkbox"/> Only for out-of-network claimants |
| Fee Negotiation            | <input type="checkbox"/> For all claimants; | <input type="checkbox"/> Only for claimants that volunteer; | <input type="checkbox"/> Only for out-of-network claimants |
| In Network Channeling      | <input type="checkbox"/> For all claimants; |   |  |

Are there any requests or special needs you wish Amalgamated Life to address? \_\_\_\_\_

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