

**KAISER PERMANENTE INSURANCE COMPANY**

One Kaiser Plaza  
Oakland, California 94612  
(Herein called the Company)



## DISCLOSURE STATEMENT

Legal Name of Plan Sponsor: \_\_\_\_\_

The Health Insurance Portability and Accountability Act (HIPAA) permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of health care operations. Kaiser Permanente Insurance Company (KPIC) shall use the information provided by the Plan Sponsor on this Disclosure Statement for the sole purpose of evaluating the acceptability of the risk and shall not disclose any PHI collected except in the performance of its risk evaluation.

KPIC will rely upon the information provided on this Disclosure Statement and it will be attached to, and become part of, the Plan Sponsor's Application for Stop Loss Insurance. The purpose of this Disclosure Statement is to allow KPIC to take underwriting action on all known risks in the categories listed below. It is the Plan Sponsor's responsibility to accurately report all claims known as of the date of this Disclosure Statement by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, KPIC will accept the liability for any truly unknown risks in accordance with the terms of its Stop Loss Insurance Policy (if issued). This Disclosure Statement must: (1) be completed and signed by the Plan Sponsor no more than thirty (30) days prior to the proposed Effective Date of the Stop Loss Insurance Policy; and (2) be received by KPIC within five (5) days of completion.

Upon receipt of the completed Disclosure Statement, KPIC will assess all data, new and previously reported, and will inform the Plan Sponsor (or authorized producer) in writing within five (5) business days of any changes to the rates, factors, or terms of coverage. KPIC reserves the right to reject the Application and/or rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

In order for KPIC to consider issuance of a Stop Loss Insurance Policy, the Plan Sponsor shall disclose the pertinent details regarding all individuals eligible for coverage (including their eligible dependents) under the Plan Sponsor's self-funded benefit plan who meet the following criteria:

**Individuals who have reached 50% of the Specific Deductible.** If an individual has reached 50% of the Specific Deductible based on the total of unprocessed, pending and/or paid claims, that individual shall be reported in Section 1 of this Disclosure Statement.

**Individuals who are utilizing extended sick leave, vacation time, Family Medical Leave Act (FMLA), or other medical leave-of-absence and/or who may be currently confined on an inpatient basis.** Such individuals shall be listed in Section 2 of this Disclosure Statement. To effectively report such individuals, the Plan Sponsor shall check with its Third Party Administer (TPA), Broker, Human Resources department, Pre-certification Company, and Large Case Management vendor, regarding any open cases.

**Individuals who shall be reported due to "trigger diagnosis".** Individuals meeting this criteria shall be reported in Section 3 of this Disclosure Statement. This shall include all eligible individuals and their eligible dependents with a history or current diagnosis of any serious disease or disorder, including BUT NOT LIMITED TO: cancer, diabetes, heart disease, Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC), leukemia, muscular/neuro-diseases, high-risk pregnancy, organ transplants, etc. For a more formal listing please refer to the "Examples of Diagnosis of Potential High Dollar Claims" as set forth on page 7 of this Disclosure Statement.

**Disabled Individuals.** Disabled individuals whether on temporary, short-term, or long-term disability shall be reported in Section 4 of this Disclosure Statement.

# DISCLOSURE STATEMENT

PLEASE COMPLETE THE DISCLOSURE SECTIONS THAT FOLLOW. USE ADDITIONAL FORMS IF NECESSARY TO MAKE FULL AND COMPLETE DISCLOSURE.

(See page 7 for **Examples of Diagnoses for Potentially High Dollar Claims**)

Legal Name of Plan Sponsor: \_\_\_\_\_

**PLEASE CHECK "NONE" IF THERE ARE NO INDIVIDUALS TO REPORT FOR A SPECIFIC SECTION.  
PLEASE CHECK "UNKNOWN" IF THE INFORMATION IS NOT KNOWN. IF APPLICABLE,  
PLEASE CHECK "YES" AND FILL OUT DETAILS BELOW.**

**SECTION 1: Individuals who have reached 50% of the Specific Deductible: ☐ None ☐ Yes ☐ Unknown**

(Please print or type) Indicate "Employee" or "Dependent" Only	Sex (M/F)	Age	Date of Disability	Date Expected to Return to Work	Claims Incurred Prior 12 Months	Current Status
1.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
2.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
3.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
4.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
5.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
6.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						

**(Disclosure Statement Continued on Next Page)**

Legal Name of Plan Sponsor: \_\_\_\_\_

**PLEASE CHECK "NONE" IF THERE ARE NO INDIVIDUALS TO REPORT FOR A SPECIFIC SECTION. PLEASE CHECK "UNKNOWN" IF THE INFORMATION IS NOT KNOWN. IF APPLICABLE,**

**PLEASE CHECK "YES" AND FILL OUT DETAILS BELOW.**

**SECTION 2: Individuals on extended sick leave, vacation time, FMLA, or other medical leave of absence and/or who may be currently confined on an inpatient basis:** ☐ None ☐ Yes ☐ Unknown

(Please print or type) Indicate "Employee" or "Dependent" Only	Sex (M/F)	Age	Date of Disability	Date Expected to Return to Work	Claims Incurred Prior 12 Months	Current Status
1.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
2.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
3.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
4.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
5.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
6.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						

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Legal Name of Plan Sponsor: \_\_\_\_\_

**PLEASE CHECK "NONE" IF THERE ARE NO INDIVIDUALS TO REPORT FOR A SPECIFIC SECTION. PLEASE CHECK "UNKNOWN" IF THE INFORMATION IS NOT KNOWN. IF APPLICABLE,**

**PLEASE CHECK "YES" AND FILL OUT DETAILS BELOW.**

**SECTION 3: Individuals who shall be reported due to "trigger diagnosis": ☐ None ☐ Yes ☐ Unknown**

(Please print or type) Indicate "Employee" or "Dependent" Only	Sex (M/F)	Age	Date of Disability	Date Expected to Return to Work	Claims Incurred Prior 12 Months	Current Status
1.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
2.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
3.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
4.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
5.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
6.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						

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Legal Name of Plan Sponsor: \_\_\_\_\_

**PLEASE CHECK "NONE" IF THERE ARE NO INDIVIDUALS TO REPORT FOR A SPECIFIC SECTION. PLEASE CHECK "UNKNOWN" IF THE INFORMATION IS NOT KNOWN. IF APPLICABLE,**

**PLEASE CHECK "YES" AND FILL OUT DETAILS BELOW.**

**SECTION 4: Disabled Individuals:** ☐ None ☐ Yes ☐ Unknown

(Please print or type) Indicate "Employee" or "Dependent" Only	Sex (M/F)	Age	Date of Disability	Date Expected to Return to Work	Claims Incurred Prior 12 Months	Current Status
1.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
2.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
3.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
4.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
5.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						
6.					\$	
Diagnosis, Prognosis, Expected Future Treatment and Estimated Claims						

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Legal Name of Plan Sponsor: \_\_\_\_\_

**SECTION 5: Current Claims Administrator(s)** (Please print or type)

Current Claims Administrator(s)	Contact Person	Telephone Number	Type of Claims Administered

If the Plan Sponsor fails to disclose any risk known to fall into one of the above categories, either intentionally or for any other reason, including a failure to conduct a thorough review of all records, then KPIC shall have no liability for claims on the risk not disclosed.

The Plan Sponsor named below represents, through its authorized person, that the above listing accurately discloses all potentially High Dollar Claims in accordance with the instructions detail in this Disclosure Statement and that the listing is a result of a diligent search in accordance with those instructions. Further, Plan Sponsor authorizes KPIC to use the information supplied on this Disclosure Statement in evaluating and determining the acceptability of the risk as set forth in this form.

**Plan Sponsor**

Legal Name of Plan Sponsor (Please Print): \_\_\_\_\_

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Effective Date of Stop Loss Policy will be the same as the Level Funded plan effective date.

## EXAMPLES OF "TRIGGER" DIAGNOSES FOR POTENTIALLY HIGH DOLLAR CLAIMS

(This listing shall be referred to when completing this Disclosure Statement)

1. **Transplants/Dialysis**

- All organ transplants
- Organ rejection
- Renal failure/end stage renal disease

2. **Neonatal Conditions**

- Biliary atresia
- Bronchopulmonary dysplasia
- Cystic fibrosis
- Extreme immaturity/premature birth
- Hydrocephalus
- Major or multiple congenital anomaly
- Meningomyelocele
- Respiratory distress and in ICU over one week
- Spina bifida

**Also watch for high-risk pregnancies and obstetrical patients with:**

- Any request for home uterine monitoring
- Bleeding during pregnancy
- Expected multiple births
- Previous history of neonatal ICU-confined infant
- Toxemia (hypertension) requiring hospitalization during pregnancy

3. **Neurological Disorders**

- Anoxic brain damage
- Anoxic encephalopathy
- Brain tumors
- Cerebral aneurysm or AV malformation
- Cerebral palsy
- Guillain-Barré syndrome (GBS)
- Lou Gehrig's disease/ALS
- Meningitis or encephalopathy
- Multiple sclerosis (MS)
- Muscular dystrophy
- Paraplegia
- Quadriplegia
- Reye's syndrome
- Stroke/CVA
- TIA (Transient Ischemic Attack)

4. **Traumatic Injuries**

- Amputations
- Burns or frostbite (child over 10%, adult over (20%))
- Closed head injuries
- Crush injuries
- Multiple trauma or fractures
- Spinal cord injuries

5. **Psycho-Neurotic Impairments**

- Any confinement of 7 days or greater

6. **Blood Diseases/Disorders**

- Aplastic anemia
- Coagulation defects
- Hemophilia
- Immune deficiencies

7. **Malignancies**

- All malignancies
- Hodgkin's disease/non-Hodgkin's lymphoma
- Kaposi's sarcoma
- Leukemia
- Multiple myeloma
- Multiple surgeries
- Radiation or chemotherapy treatment

8. **Cardiovascular Conditions**

- Cardiac bypass
- Cardiomyopathy
- Congestive heart failure
- Endocarditis
- Heart failure
- Intractable angina
- Ischemic heart disease
- Myocardial infarction (MI)
- Peripheral vascular disease with pending amputation
- Primary pulmonary hypertension
- Ruptured abdominal aortic aneurysm

9. **Respiratory Conditions**

- Chronic bronchitis or asthma
- Chronic obstructive pulmonary disease (COPD)
- Cystic fibrosis
- Emphysema
- Pulmonary collapse
- Respirator dependency, any cause

10. **Infectious Diseases**

- AIDS/HIV
- Hepatitis C
- Pneumocystis carinii pneumonia
- Septicemia
- Toxoplasmosis
- Tuberculosis
- Viral encephalitis

11. **Other Diseases**

- Alpha-1 antitrypsin deficiency
- Cirrhosis of liver/Chronic liver disease
- Crohn's disease
- Diabetes mellitus
- Gaucher's disease
- Home IV antibiotic therapy
- Hyperalimentation
- Lupus
- Morbid obesity
- Psoriasis
- Requests for transfer to rehab facility
- Seizures/convulsions