



PROSPECTIVE CLAIM (50%) NOTIFICATION

This form should be completed and returned to the address below or emailed back to claims@iisinet.com when total benefits paid for an individual exceed 50% of the specific deductible amount as stated in the excess loss insurance policy. Please refer to procedures listed on Page 2 for guidance in completing this form and reporting requirements following an initial notice.

Intermediary Insurance Services, Inc.

- THIS FORM REPRESENTS: [] Initial Notice [] Update of Initial Notice [] Case Management Notes Attached

Policyholder's Name: Policy Period for this Notice: Specific Deductible:

Employee's Name: Social Security #: Date of Birth: Individual Name (if other than employee): Individual's Relation to EE: Other Insurance Coverage: [] Medicare [] Other Effective Date: Insured's Name / ID#:

Total Benefits Paid (to date by Administrator this policy period): \$ Pending: \$ Date(s) services were incurred: from to Date(s) Benefits Paid by the Administrator: from to

Diagnoses (Please list 3 major DX if known): ICD9 Diagnosis Code(s): If hospitalized - Name of Facility: Is Facility in a PPO [] Yes [] No Admit Date: Discharge Date: Hospital PPO Affiliation:

Name of Case Management Organization: Case Management active on Claimant? [] Yes [] No Note Attached [] Yes [] No Contact Person: Phone # Status: Last day worked? Date: Extension of Benefits? Date: Returned to work? Date: Sick Leave? Date: COBRA? Date: Leave of Absence? Date:

Estimated Additional Cost (This Policy Period): \$ This Claim is (check box): Still open with Additional Charges [] Closed []

Authorized Signature Title Date

Administrator Phone

Address City, State and Zip Code

Direct any Inquiries to: IISI, 731 Sansome Street, 2nd Floor, San Francisco, CA 94111 Telephone (415) 398-6603 Fax (415) 398-6851 E-Mail claims@iisinet.com

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INITIAL NOTICE OF LOSS

Please ensure that all questions are answered in full. The following is offered as guidance:

- **Policy Period**

The period of excess loss coverage during which the covered person has exceeded 50% of the specific deductible.

- **Basis of Coverage**

As stated by the excess loss insurance contract for the above policy period. This details the periods during which incurred dates and paid dates must fall, in order to be considered under the excess loss insurance contract. Please identify run-in and run-out limitations if applicable.

- **Prognosis and Estimated Additional Cost**

This will assist us in establishing reserves; your best estimate is most appreciated. Prognosis should be determined from information on the claim file, such as billing indications, medical reports, or Attending Physician Statements. Estimated Additional Cost should take into account the Basis of Coverage and expiry date of the policy period as well as Condition and Prognosis. It is recognized that this is only an estimate and will be subject to changes as the claim develops.

- **Hospital PPO Affiliation**

If single or multiple hospitalizations are involved, please state the name of each hospital and each hospital's PPO affiliation being utilized.

UPDATE OF INITIAL NOTICE

Once an Initial Notice has been provided for a covered person, an update should be completed and returned on a monthly basis. This should continue until either:

- a) the claim is closed; or
- b) the benefit accumulation period expires; or
- c) the specific deductible is exceeded.

Please ensure that the prognosis and Estimated Additional Cost is revised for each update in accordance with any additional information that comes to light as the claim progresses.

If the claim is closed or the benefit accumulation period expires, please submit a final update in confirmation. Should the covered person exceed 50% of the deductible during the subsequent policy period a new Initial Notice should be submitted.

If the claim exceeds the specific deductible, please refer to the Request for Specific Excess Loss Reimbursement form and instructions.

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