A Division Of Companion Life Insurance Company

Prospective Claim (50%) Notification

This form should be completed and returned to the address below or e mailed 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.

☐This form represents: ___Initial Notice ___Update if Initial Notice ___Large Case Alert

Policy Holders Name: ______________________________ Policy Year: ______________________________

Contract Type: ____________________________________ Specific Deductible: ________________________

Employee Information

Employee Name: ___________________________________ Employee ID: ______________________________

Individual Name: __________________________________ Relationship to EE: _________________________

Date of Birth: _____________________________________ Effective Date: ____________________________

Paid:$ ____ Pending:$ _________________________________

Date(s) services were incurred: From: _______________ To: ____________________

Date(s) Benefits Paid by Administrator: From: _______________ To: ____________________

Diagnosis: ____

ICD10 Diagnosis Code: ____

If hospitalized: Name of Facility: ____

Admit Date: ______________________________________ Discharge Date: _________________________

Case Management active on Claimant? ___Yes ___No Notes Attached ___Yes ___No

Contact Person: ________________________________ Phone Number: _________________________

Estimated Additional Cost (this policy period) $ ____

TPA: ___________________________________ Date: ________________________________

Contact Name: __________________________ Phone Number: _______________________

Email Address: ____

FRAUD NOTICE: For Your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.