



A Division Of Companion Life Insurance Company

**SPECIFIC EXCESS LOSS CLAIM REIMBURSEMENT REQUEST FORM**

\_\_\_\_\_ Initial Claim    \_\_\_\_\_ Subsequent Claim    \_\_\_\_\_ Advance Funding    \_\_\_\_\_ RUSH

Group Name: \_\_\_\_\_ Policy Year: \_\_\_\_\_

Contract Type: \_\_\_\_\_

**Employee Information**

EE Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Current Employment Status: \_\_\_\_\_

**Claimant Information**

Claimant Name: \_\_\_\_\_ Relationship to EE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Eligible Claims This Submission: \_\_\_\_\_

Less Specific Deductible: \_\_\_\_\_

Less Aggregating Specific Deductible: \_\_\_\_\_

Less Amount Previously Requested: \_\_\_\_\_

Amount Requested This Submission: \_\_\_\_\_

Please include the following documents:

Eligibility forms    Work status    COBRA (with proof of payment)    COB    Precerts

Excel paid claims report    UB04 for claims billed over \$100,000.00    Case Management notes

**\*\*I certify to the best of my knowledge that the information provided on this form is correct and that the claims have been paid in accordance to the plan sponsor’s plan document. \*\***

TPA: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**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.**