



A Division Of Companion Life Insurance Company

**SPECIFIC EXCESS LOSS WORK STATUS FORM**

RE: Specific Excess Claim Filing - Eligibility Inquiry  
Insured Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Employee Effective Date: \_\_\_\_\_  
Claimants Name: \_\_\_\_\_  
Claimants Effective Date: \_\_\_\_\_

In order to submit the Specific Excess claim reimbursement request, we will need the following eligibility information completed. Please provide the following information regarding the employee's employment status and appropriate proof of premium payment.

Please advise the employee's last day worked and the date returned to work for all absences during the policy period:

- a. Last day worked \_\_\_\_\_ Returned to work \_\_\_\_\_
- b. Last day worked \_\_\_\_\_ Returned to work \_\_\_\_\_
- c. Last day worked \_\_\_\_\_ Returned to work \_\_\_\_\_

How did the employee continue to be eligible under the medical plan while not actively at work?

Please use **specific dates**:

- a. Sick Time from \_\_\_\_\_ to \_\_\_\_\_
- b. Vacation from \_\_\_\_\_ to \_\_\_\_\_
- c. FMLA\* from \_\_\_\_\_ to \_\_\_\_\_
- d. STD/LTD\* from \_\_\_\_\_ to \_\_\_\_\_
- e. Other\* from \_\_\_\_\_ to \_\_\_\_\_

Please explain below:

*\*Please provide proof of premium payment during the time the claimant is covered under these benefits.*

If the employee has not returned to work, do you have an expected return date for them?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

If Coverage has terminated please provide termination date: \_\_\_\_\_

Has COBRA been elected? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ COBRA Effective Date: \_\_\_\_\_

Please provide a copy of the signed and dated COBRA election form and proof of premium payments made to date.

If the employee is covered under Medicare, what is the Medicare qualifying event?

\_\_\_\_Age \_\_\_\_Disability \_\_\_\_ESRD If ESRD please provide first date of dialysis: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

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

**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.**