National Underwriting Services, Inc.

Instructions When To Complete The 50% Notification Form

? In any policy year, when a claim reaches 50% of the specific deductible on any one insured, the 50% Notification form must be completed in its entirety, and then forwarded to the Claims Department.

? After a claim has reached 50% of the specific deductible, each month during the policy year and payout period an updated 50% Notification must be forwarded for any additional claims paid.

? Notwithstanding the above, the 50% Notification must be completed in its entirety, and then forwarded to the Claims Department for all cases meeting any of the following criteria:

An insured has been continuously hospitalized for more than one month.

An insured makes claim for any of the following disabilities:

? mental disorders requiring hospital confinement
? brain injuries
? spinal injuries resulting in real or suspected paralysis of the limbs
? severe trauma, including serious burns (10% or more of the body with 3rd degree burns or 30% or more of the body with 2nd degree burns)
? multiple or serious fractures
? crushing or massive internal injuries
? complications of pregnancy, including premature births and multiple births with
? continuing hospitalization
? catastrophic illnesses, i.e., A.I.D.S. (acquired immune deficiency syndrome)
? Loss of eyesight or hearing
? Amputations
? Organ transplant surgery or coronary bypass or artificial implant surgery
? Cancer care

Any serious claim which is expected to exceed the specific deductible.

? Periodically, the Claims Department will check with you on the status of all outstanding (non-terminated) cases.

These reports are due by the 15th of each month, with the exception of those meeting the requirements of #3, which are due immediately.

50% Notification/Specific Excess Loss Claim CHECKLIST

Group Information:

1. Please check the box to indicate what you are filing.
2. Employer/Group Name – Enter the name of the employer or group to which this claim applies.
3. Current Policy Period – Enter the dates for the **current** policy period to which this claim applies.
4. Specific Deductible – Enter the specific deductible to which applies to this claimant.

Employee Information:

1. Employee – Enter the employee's name.
2. Social Security Number – Enter the employee's social security number.
3. Date of Birth – Enter the employee's date of birth.
4. Date of Hire – Enter the employee's date of hire.
5. Original Effective Date – Enter the original date the employee became eligible for coverage under the plan.

Employee's Work Status:

1. Please check the appropriate box for which applies to the employee's work status.

Continuation of Coverage:

1. Please check the appropriate box as to how the coverage is being continued and date if applicable.

Claimant Information:

1. Name – enter the claimant's name.
2. Original Effective Date – Enter the original date the claimant became eligible for coverage.
3. Date of Birth – Enter the claimant' date of birth.
4. Relationship to Employee – Enter the relationship to the employee.
5. Gender – Enter whether claimant is male or female.
6. Check the box that would apply to the claimant whether he/she has other coverage.

Claim Data:

1. Requested Amount – Enter the amount being requested for reimbursement within this request.
2. TPA Paid to Date – Enter the total amount of all benefits paid to date for this policy period.
3. Incurred Dates for this request – Enter the dates of service from and through for the claims within this request.
4. Paid Dates – Enter the paid dates from and through for the claims within this request.
5. Diagnosis Code and Description – Enter the claimant's primary diagnosis code # and a detailed description of the diagnosis.
6. Was claimant listed on NUS Disclosure Statement? – Please check the box that applies. If No, state why?
7. Was patient In-Patient confined? – Please check the box that applies. If yes, list the dates of service and procedures performed.
8. Pre-Certification needed? – Please check the box that applies. If you check yes, is this information enclosed?
9. Hospital Audit Performed? - Please check the box that applies. If you check yes, is this information enclosed?
10. Will this claim be Subrogated? - Please check the box that applies. If you check yes, is this information enclosed?
11. Is Pre-existing Condition applicable? - Please check the box that applies. If you check yes, is the HIPPA certification enclosed?

UR/LCM Information:

1. Are Case Management services active? - Please check the box that applies. If you check yes, is this information enclosed?
2. UR/LCM vendor – Enter the name, address, contact name and phone number of the company being utilized by the TPA for Utilization Review/Large Case Management.

Completed By:

1. Please print your name, phone number (to include your extension), and date you are submitting to NUS. So if any questions should arise we will know who to contact.

Failure to complete the form in its <u>entirety</u> could delay claim payments.