

Creative Risk Underwriters Administrative Guide for Excess Loss Reinsurance



WELCOME TO CREATIVE RISK UNDERWRITERS!

The purpose of this guide is to provide you information pertaining to the Excess Loss Reinsurance provided to our mutual client. Being an administrator of a self-funded plan you have the responsibility to adhere to the provisions and it is important that there is consistent and effective communication between your company and Creative Risk Underwriters (CRU). This information is provided to you as a guide. We suggest you provide to any staff member that is involved in the self-funded case.

Understanding the “big picture” is key to your success. You will note that we reference Treaty/Policy as there are states in which this coverage is considered a Treaty and others as a Policy. Therefore, we will be using Treaty/Policy throughout this guide. Should you require further explanation or wish to discuss, please do not hesitate to contact us directly at (678) 661-4634.

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CONTACT INFORMATION

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Key Contacts:

We'll gladly answer any questions you have. Simply contact us via phone or email.

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RFPs:

Please submit all RFPs to
rfp@creativeuw.com

Please note: Nothing in this guide changes the terms of any Excess Loss Policy/Treaty. The Medical Stop Loss Policy/Treaty language will take precedence if there is any conflict between this guide and the Policy/Treaty, the Policy/Treaty will control.

TREATY/POLICY

We are taking this opportunity to go through the Treaty/Policy which indicates YOUR responsibility and requirements as the administrator of this reinsurance coverage. It is important you become familiar with the provisions as not to jeopardize the eligibility of this coverage.

UNDERWRITING

At the time of underwriting, CRU requires information needed to ascertain risk and set rates and factors. Information required includes but is not limited to:

Specific Stop Loss Report. This report should include: All covered participants who have total incurred claims (*paid, denied, or pending*) totaling 50% of the requested specific deductible. When determining incurred claims, prescription drugs and medical supplies should be included in the total.

RX Report. This report should include all RX claims paid per individual exceeding \$10,000.

Trigger Diagnosis Report. This should include all diagnoses listed on the Trigger Diagnosis List.

Pre-Certification Report. This report should include any participant who has requested pre-certification or has been pre-certified with a trigger diagnoses or has the potential to exceed 50% of the proposed specific deductible.

Case Management reports for claimants with a trigger diagnoses or has the potential to exceed 50% of the proposed specific deductible.

Employee Census Report

Employees who are on COBRA or Disabled

Aggregate Report reflecting monthly paid claims

Summary Plan Description

SCHEDULE OF EXCESS LOSS REINSURANCE

The schedule of excess loss reinsurance is a schedule of the terms of the Treaty/Policy. This schedule indicates:

The Inception Date of Coverage and the Expiration Date of Coverage.

Please note the specific dates as well as the aggregate dates may vary. This is known as the contract basis. The inception dates reflects the dates that eligible claims must be incurred and the expiration date is the date in which eligible claims are paid/funded by the Employer Plan.

Aggregate Excess Loss Reinsurance

This section of the schedule identifies if aggregate coverage was purchased and the type claims that are eligible under this coverage. Lines of coverage that are available under aggregate (if selected at the time of underwriting) are medical, dental, RX card, vision, and short term disability. Please insure you are aware of the lines of coverage when you are calculating your aggregate data. Rates for such coverage is identified in the schedule.

In addition, the schedule identifies the retention factors that must be used in calculating your monthly and yearly aggregate retention amount. At the time of underwriting, the **minimum** yearly aggregate retention amount is your annual aggregate deductible. This amount may vary with enrollment. To determine the actual retention amount, you multiply the monthly number of lives (single, family, composite, etc.) by the respective factors. If enrollment increases during the year the calculated retention amount will increase. The minimum is just that; the aggregate retention amount will never fall below the minimum but can increase if enrollment increases.

The Aggregate Section of the schedule may also include the dollar amount that may be included in run-in claims prior to the inception date. This is determined at the time of underwriting.

The Reinsurer will reimburse the Plan a percentage of covered benefits paid under Your Plan, subject to all terms and conditions of this Treaty/Policy. As previously stated, reimbursement is based on the Expense Payment Period, Aggregate Retention Amount, Aggregate Maximum Limit, Specific Retention Amount per Covered Person. This information is shown in the Schedule.

Specific Excess Loss Reinsurance

This section of the schedule identifies the amount of the specific retention amount for any one eligible claimant. It also identifies the Lines of Coverage, rates, and the Reinsurers maximum liability per claimant.

If a particular member of the Plan has a higher, separate deductible (aka Laser) this person is identified and the applicable specific deductible is imposed.

It is important to remember any claimant (member) must meet all eligibility requirements of the Plan. Claims in excess of the group's specific deductible do not accumulate towards the aggregate attachment point (deductible).

The Reinsurer will reimburse the Plan a percentage of Covered Benefits under Your Plan, subject to all terms and conditions of this Treaty/Policy, to the extent such payments are incurred during the Expenses Incurral Period, paid during the Expense Payment Period and exceed the Specific Retention Amount.

PREMIUMS

As with any type of insurance/reinsurance that is purchased, premiums must be paid. Specific Premiums are computed by multiplying the Specific Premium rate stated in the Schedule by the number of respective employees and dependent units who are covered under the Plan at the beginning of each month during the Treaty/Policy Period. Aggregate Premiums are payable at the beginning of each month during the Treaty/Policy Period, or portion thereof.

If any premium is not paid in full on or prior to its due date, a grace period of 31 days following the premium due date shall be granted for payment of that premium. The Treaty/Policy shall continue in full force and effect during the grace period. If premiums are not paid before the end of the grace period, this Treat/Policy will automatically cease at the end of such grace period.

Whether premiums were paid in error or otherwise, we will refund only that portion of the excess premium that was paid during the 12-month period that preceded the date on which we learned of such overpayment.

EMPLOYEE BENEFIT PLAN

At the time of underwriting, CRU reviews the plan of benefits of the Plan, to ascertain the afforded benefits. This is part of the rating process. The terms and provisions of the Plan will be in accordance with that which is effect at the Inception Date of this Treaty/Policy. The Plan cannot be changed in any way while this Treaty/Policy is in force without the advance written consent of the Reinsurer.

You must also notify the Reinsurer in writing not less than 31 days in advance of any change(s):

- A change in the geographical area(s) in which the Plan is located
- A change in the nature of business in which the Plan is engaged
- An increase or decrease of fifteen (15) percent or more in the number of employees covered under the Plan on any premium due date hereunder
- Change of administrators

INFORMATION TO BE FURNISHED

As administrator of the Plan, YOU shall forward all information required by the Reinsurer in connection with the administration of this Treaty/Policy and the determination of premium and payments. You shall make available to the Reinsurer for inspection all records that have a bearing on the Reinsurance. Such records shall be maintained and open to the Reinsurer for inspection any time for up to three (3) years after termination of this Treaty/Policy.

NOTICE AND PROOF OF LOSS

In this section we will discuss your responsibilities in providing information to CRU pertaining to notifications and claim submissions. At CRU, we want to explain the role of a claim payer and our company. Just as a first dollar payer follows contracts as you adjudicate claims, CRU's responsibility is to validate your determinations. This should never be construed as adversarial. The information we request is the same information that has been requested in this industry for decades. We are not questioning your ability. We simply require information to substantiate your determinations. An important responsibility of the Claims Administrator, for an employer sponsored Benefit Plan which includes a Specific Excess Loss contract, is the timely notification to CRU of any claimant who may have a potentially large claim.

POTENTIAL LARGE LOSS NOTIFICATION

A potentially large claim is any covered individual whose total claims (paid, pending, and denied) have the potential to exceed 50% of the Specific Excess Loss Deductible or who has a diagnosis that is identified on the Trigger Diagnosis List provided later in this document.

There are two quick ways to identify potentially large claimants:

1. By Diagnosis

Identification of a potential large claim can be made through a request for eligibility or benefit verification for a serious diagnosis, or through the process of pre-admission certification, utilization review, or large case management. Such potential claims can also be identified by review of the claim and diagnosis when the claims are submitted for adjudication.

IMPORTANT

Providing notification information to CRU as early as possible enables us to work together to utilize resources to assist in the management of large claims.

If pre-admission certification, utilization review, or large case management is performed by a third party, please advise the contracted medical management firm of the importance of receiving immediate notification of an admission, outpatient procedure or request for sub-acute care.

2. By Amount Paid

The terms of the Excess Loss contract require that you provided written notice of a claim when a claim reaches 50% of the Specific Retention Amount and/or if required for a specific diagnosis within 20 days of the dated of the loss for which a claim is made, or as soon as is reasonably possible.

***Written proof of loss must be given to the Reinsurer within ninety (90) days of such loss. Proof may be submitted later, if it was not reasonably possible to submit it within this period. In no event, except in the absence of legal capacity of the claim, may Proof be submitted later than one year from the time it is otherwise required.*

To begin the process of notification to CRU, there are minimum requirements that need to be submitted:

- The Group Name
- The effective date of the Excess Loss Policy/Treaty in which the submission is in relation to.
- The Employee Name, date of birth, effective date for coverage, SS# or their own identification number.
- Claimant Name, date of birth, relationship to Employee
- Other insurance
- Primary Diagnosis
- Prognosis
- Claims amounts; paid, pending, or denied

We are providing forms for your use, however, if you are able to supply the required information in your own format that would be acceptable.

The reason CRU requires this information is to properly reserve this case for the potential cost during the applicable Treaty/Policy period. In order for CRU to properly evaluate the notification the above information is needed. We also appreciate additional details such as secondary diagnosis, prognosis, accident details, clinical information or case management reports. In addition, if during our review, we believe we can assist in cost containment we will contact you to discuss.

Remember, we are in this together and our joint responsibility is to insure the ultimate client, the self-funded plan is properly reimbursed for claims that are in fact their liability.

As we mentioned trigger diagnoses, the following is a listing of such diagnoses but not limited to, that should be monitored and reported.

CLAIM REIMBURSEMENT REQUESTS

CRU uses the David Young MGU System for auditing/reimbursing claims. If the paid claims report is forwarded in Excel, the data will be able to be imported; thus, accurately re-creating the submission detail. If the paid claims report is not furnished in excel, enclosed is a listing of the items needed.

The items include:

- Employee Name
- Social Security Number/ID number of the Claimant
- Claimant First Name
- Claimant Last Name
- Relationship to Employee
- Claim Number
- Provider
- Service Date
- Claim Receipt Date
- Paid Date
- ICD 9/ICD10 Code
- Billed Amount
- PPO Discount Amount
- Negotiated Amount
- Paid Amount
- Service Type
- CPT Code, Hospital Revenue Code, and/or HCPCS code
- Check Number

Please note changing your system generated paid claims report from Adobe to Excel may not be sufficient if the report does not list the data in columns. Also, it is not necessary that the columns appear in the order outlined above. As you may notice the data listed above does not include all of the data items listed on a Detailed Total Paid Claims Report. With varied plan types the import process captures only that data which is common to all plans.

IMMEDIATE REIMBURSEMENT (also known as Advance Funding)

The excess loss reimbursement treaty/policy provides immediate reimbursement on covered participants that have exceeded the specific deductible and have satisfied the definition of a "Paid Claim". CRU is aware, even with proper funding and prudent Plan administration, large individual Plan losses create cash flow stress to the Employer. Under these circumstances, CRU is willing to expedite the audit review and reimbursement procedure by allowing the Employer the privilege of utilizing the Immediate Reimbursement Procedure (IRP). The IRP does not waive or modify any provisions or requirements as set forth in the treaty/policy. Immediate Reimbursement is subject to the following:

- The policy/treaty may have a minimum dollar requirement when requesting Immediate Reimbursement. Please refer to the policy/treaty's Immediate Reimbursement Rider to determine if the Employer has a minimum dollar reimbursement request requirement.
- The request must be submitted at least thirty (30) days prior to the end of the Excess Loss Treaty/Policy Period. Requests made with less than thirty (30) days prior to the end of the Excess Loss Treaty/Policy will not be eligible for Immediate Reimbursement.
- The IRP request must be made within seven (7) days after a claim's run.

TRIGGER DIAGNOSIS LIST

Administrators are required to notify CRU of potentially large claimants who are diagnosed with any of the following conditions or are receiving any of the listed types of care or recommended for any of the listed procedures. To assist in the identification of potential large claims, the following list is provided.

ACCIDENTS – Head & Spinal Cord Injury; Burns Requiring Hospitalization; 2nd or 3rd degree covering 10% or more of the body; Traumatic Head/Brain Injury/Spinal Cord Injury; Multiple Crushing Injuries and/or Fractures

AIDS/HIV/RELATED DISORDERS AMPUTATIONS (Major Extremities) BLOOD DISORDERS – Aplastic Anemia; Hemophilia; Thrombocytopenia;

CANCER

CARDIAC – Cardiomyopathy; Congestive Heart Failure

CEREBRAL VASCULAR ACCIDENT CONGENITAL DEFECTS – Brain; Spinal Cord Nervous System Vessels; Kidney Chromosome Cystic Fibrosis Cerebral Palsy

DIABETES MELLITIS (with Complications)

HOSPITAL STAYS – 14 days or more; Multiple admissions in 12-month period

GROWTH HORMONE THERAPY INFECTIOUS DISEASES – Tuberculosis; Septicemia; Bacterial Meningitis; Osteomyelitis

I.V. THERAPY – Enzyme Replacement Home I.V. Therapy Antibiotic Therapy; TPN/TPA

KIDNEY FAILURE (End Stage Renal Disease) – Dialysis

MECHANICAL ASSISTANCE DEPENDENCY – Apnea Monitors; Ventilators; Ventricular Assist Device; Any Other Conditions Requiring Mechanical Assistance to Sustain Life

NEWBORN WITH COMPLICATIONS – Extreme Immaturity; Birth Trauma; Respiratory Distress or Disorders; Congenital Anomalies

NEUROLOGICAL DISORDERS – Amyotrophic Lateral Sclerosis (ALS) ; Muscular Dystrophy; Stroke; Multiple Sclerosis (MS)

OBSTETRICAL COMPLICATIONS – High Risk Pregnancies; Expected Multiple Birth (of 3 or More Infants)

PSYCHIATRIC (resulting in Hospital Confinement)

SEVERE RESPIRATORY CONDITIONS

SICKLE CELL ANEMIA

TRANSPLANTS – Major Organs; Bone Marrow; Stem Cell; Any Complications Thereof/Post transplant patients

OTHER –Patients in Medical Case Management; Patients Requiring Skilled Nursing Facilities, Home Health Care, Hospice, Daily Private Nursing; Fibromyalgia and Other Fatigue/Stress Conditions; Chronic Pain Management; Interim Hospital Billings; Intensive Levels of Home Health Care Supplies and/or Service

There are also procedures that should be communicated to CRU. Below are examples that tend to indicate a potential specific claim.

<u>PROCEDURES</u>	<u>ICD-9 CODE</u>	<u>CPT CODE</u>
Craniotomy	01.24	61304 - 61305
Hyperbaric Oxygenation	93.59	99183
Plasmapheresis (Apheresis)	99.71	36520 - 36521
Laryngectomy/Radical Neck Dissection	30.4	31360 - 31382
Tracheostomy	31.2	31600 - 31605
Implant Cardiac Assist Device	37.6	92970
Hemodialysis	39.95	90935 - 90937
Pancreatectomy	52 - 52.99	48140 - 48146,48150-48154
Ventilator patient greater than 4 days	96.72	94656 - 94657
Insertion shunt/fistula	39.93	36821
Gastric Bypass	44.3 - 44.39	43842, 43843, 43846, 43847
TPN (Total Parenteral Nutrition)	99.15	N/A
Transplants	V42 codes	See Below

FEES/COST CONTAINMENT

CRU will be able to assist with cost containment. Please contact us if you need assistance.

The Employer may be charged different types of fees that relate to the processing of a medical claim. These fees are referred to as Admin Fees. Admin fees are generally not covered under the specific excess loss policy/treaty. However, realizing the savings to the Plan and Carrier there are certain fees that are allowable. Below is an explanation for these types of fees with coverage instructions.

Admin Fees – Not covered under the specific excess loss policy/treaty. Examples are:

1. Medical record copying fees
2. Medical/peer review - Fees for reviewing a claim for medical necessity
3. PPO access fees - fee charged by PPO network for accessing their network. These fees are not covered unless specifically included in the specific excess loss policy/treaty.
4. Legal fees

Editing/Unbundling Fees – Covered up to 25% of savings. Review the adjudication of the claim to ensure the savings amount was applied. We will not reimburse the vendor fee if savings were not applied.

These fees are billed by an outside vendor that reviews for billing errors by the provider. The vendor will review the claim and report any billing errors. These billing errors are considered savings to the Plan and Carrier. The vendor will charge a percentage of savings.

Large Case Management Fees – Covered as long as we receive large case management notes for the time frame that is being billed by the large case management vendor.

Savings Fees – Covered up to 25% of savings. Review the adjudication of the claim to ensure the savings amount was applied. We will not reimburse the vendor fee if the savings were not applied.

These fees are billed by an outside repricing vendor. The vendor will review the claim for potential discounting. Once discounting is obtained, the vendor will charge a percentage of savings.

Wrap network fees – Covered up to 25% of savings. Review the adjudication of the claim to ensure the savings amount was applied. We will not reimburse the vendor fee if the savings were not applied.

Savings fees charged by a secondary PPO network for a percentage of savings obtained on a charge amount.

Example of Savings Fee

Charge Amount	\$100.00
Savings Amount	\$30.00
Allowable	\$70.00
Vendor charged	\$9.00 (30% of savings)

The savings amount is $\$30.00 \times 25\%$ (CRU allowable) = \$7.50 (allowable amount)

The remaining amount is \$1.50 will be denied as "savings fees exceeds our allowable amount."

IMPORTANT

Creative Risk Underwriters requires Aggregate Excess Loss Reporting on a monthly basis.

Please contact us at claims@creativeuw.com if you need the Aggregate Excess Loss Monthly Reporting template.

AGGREGATE EXCESS LOSS CLAIMS REPORTING

If you purchase Aggregate Stop Loss Insurance, an AGGREGATE EXCESS LOSS MONTHLY CLAIMS REPORT must be completed and submitted each month. CRU utilizes this report to monitor your claims activity for any potential aggregate losses.

The initial month shown on the report (see form on page 14) should match the first month covered by the Contract (i.e., if the Contract became effective May 1, the first report would reflect activity for May).

Aggregate Excess Loss Monthly Claims Report

Creative Risk Underwriters requires Aggregate Excess Loss Reporting on a **monthly basis**. To identify the data to be reported, we have developed a template in Excel titled "Aggregate Excess Loss Monthly Reporting" which is included in the email sent to you. Once saved on your computer, the Aggregate Excess Loss Monthly Reporting template can be accessed and/or updated regularly for each client, and submissions can be e-mailed to CRU.

Please note that if you have a format you currently use that captures the same data required by Vista, you may submit your report in that format.

Email Submissions

If you are emailing your submission, please send to:
claims@creativeuw.com

Mailed Submissions

If you are mailing a hard copy of your submission, please send to the following:

**Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066**

If you should have an aggregate claim, there is information required in order to obtain reimbursement. The Aggregate Claim forms will identify the information that should be submitted with your request.

HELPFUL GUIDES

Enrollment information should include:

- Employee name, date of hire, and effective date
- Employee birth date
- Claimant's effective date
- Claimant's birth date
- Current COB information pertaining to the spouse or any eligible dependent 18 years or older
- If the claim is for an employee who missed work due to an illness, we must have documentation of the time off to confirm continued eligibility under the Plan.
- Complete COBRA information including verification of the event that triggered continuation of coverage, as well as, proof of timely application and continued payment under the plan.

Generally, this information is included with many initial claim submissions, and we sincerely appreciate receiving this information timely.

Accidents:

- Complete details to include: the date, where and how the accident occurred
- If a third party may be liable, complete information relative to the Insurance policy including a copy of the policy, details of coverage, and attorney name, address and phone number
- A copy of the police report, if applicable
- A copy of the signed Subrogation Agreement

Medical issues pertaining to experimental/investigational services or products:

- Case Management Reports; and/or
- Complete copies of the research/investigation performed by the Claims Administrator in accordance with the parameters of the plan.
- For off-label chemotherapy treatment, if the plan allows treatment that is not FDA approved, a copy of the pertinent NCCN guideline, or other compendia used.

STREAMLINING DATA ENTRY

Young Consulting ESL System

CRU uses Young Consulting ESL System for processing claims. If the paid claims report is forwarded in Excel, the data will be able to be imported; thus, accurately re-creating the submission detail. If the paid claims report is not furnished in Excel, enclosed is a listing of the items needed. We will forward a blank Excel worksheet to initiate a data dump from your claims processing system to ours.

The items include:

- Social Security Number/ID Number of the Claimant
- Claimant First Name
- Claimant Last Name
- Employee Code
- Claim Number
- Provider
- Service Date
- Claim Receipt Date
- Paid Date
- ICD 9 Code
- Billed Amount
- Paid Amount
- Service Type (lab, xray, out patient)
- CPT Code, Hospital Revenue Code, and/or HCPCS code
- Check Number

Please note changing your system generated paid claims report from Adobe to Excel may not be sufficient if the report does not list the data in columns. Also, it is not necessary that the columns appear in the order outlined above.

As you may notice, the data listed above does not include all of the data items listed on a Detailed Total Paid Claims Report. With the varied plan types, the import process captures only the data which is common to all plans.



Aggregate Excess Loss Year End Claim Form

Contractholder:	Policy/Treaty Contract Period:
Carrier Name:	Policy/Treaty Contract No:
Aggregate Basis:	Min. Attach. Point: \$

The following items are required when filing the year end aggregate claim:

- A detailed paid claim report (subtotaled by each claimant). Report must include check number and check dates.
- A census report through the month in which you are filing.
- Proof of funding – copies of monthly bank statements or deposit slips.
- Yearly Check Register
- Void/Refund Report
- Benefit/Service Code Report (if dx and procedures are not listed on the paid claim report)
- Aggregate Report – Monthly Loss Summary Report
- Specific Report showing claimants have exceeded the Specific Deductible/Loss Limit
- Payments made outside the Aggregate Contract (for example, weekly income, vision, etc.)
- Medical Record Fees and Prescription Administration Fees
- Outstanding overpayment report
- Report of subrogation cases
- RX Invoices (if covered under the Aggregate) with detail listing and proof of funding.

Total Claims Paid in Contract Period		\$	_____
Claims in Excess of the Specific	–	\$	_____
Claims NOT Eligible to the Aggregate	–	\$	_____
Net Eligible Claims Paid YTD	=	\$	_____
Less Attachment Point:			
Attachment point is greater of:			
a) YTD amount based on Census			
b) Minimum Attachment Point		\$	_____
	–		
Claims Exceed Attachment Point:		\$	_____
Less Previously Filed Amounts:	=	\$	_____
Amount Requested:	–	\$	_____

SEND AGGREGATE EXCESS LOSS CLAIM FORM TO:

Via Email
claims@creativeuw.com

or

Via Mail
Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066

Signed:	Date:
Administrator Name:	Phone:



Aggregate Excess Loss Claim Form Weekly or Monthly Accommodation

<input type="checkbox"/> Weekly Aggregate Accommodation #	<input type="checkbox"/> Aggregate Monthly Accommodation #
Contractholder:	Policy/Treaty Contract Period:
Carrier Name:	Policy/Treaty Contract No.:
Aggregate Basis:	Min. Attach. Point: \$

The following items are required when filing for weekly or monthly aggregate accommodation:

- A detailed paid claim report (subtotaled by each claimant). Report must include check number and check dates.
- A census Report (through the week/month in which you are filing)
- Voids/Refund Report (if not included in the paid report).
- Overpayment Report
- Subrogation Report
- Premium must be current through the month of request

Total Claims Paid in Contract Period	\$	_____
Claims in Excess of the Specific	-	\$ _____
Claims NOT Eligible to the Aggregate	-	\$ _____
Net Eligible Claims Paid YTD	=	\$ _____
Less Attachment Point:		
Attachment point is greater of:		
a) YTD amount based on Census		
b) Minimum Attachment Point	-	\$ _____
Claims Exceed Attachment Point:		\$ _____
Less Previously Filed Amounts:	=	\$ _____
Amount Requested:	-	\$ _____

SEND AGGREGATE EXCESS LOSS CLAIM FORM TO:

Via Email
claims@creativeuw.com or **Via Mail**
Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066

Signed:	Date:
Administrator Name:	Phone:



Notice filed based on Diagnosis

Notice filed as 50% of the Specific Deductible

Group Name: _____

Covered Person

Claimant

Name: _____
Gender/Relation: _____
DOB: _____
Effective Date: _____
Termination Date: _____
COBRA Effective: _____

EXCESS LOSS SECTION

Carrier: _____ Contract Year: _____
Specific Deductible: \$ _____ Current Contract Basis: _____

CLAIM INFORMATION

Case Mgmt Co: _____ Contact: _____ Phone: _____
PPO(s): _____

Diagnosis (use ICD-10 or Description): _____
Status (if known): _____
Prognosis (if known): _____
Comments: _____

PAYMENT INFORMATION (if known)

Charges RECEIVED to Date: \$ _____ Charges PAID to Date: \$ _____
Charges UNPROCESSED to Date: \$ _____

Completed by (sign): _____ Date: _____
Administrator/Broker Name: _____ Phone: _____

**** THIS NOTIFICATION DOES NOT CONSTITUTE A CLAIM FILING ****
Please submit this form to:

Via Mail

**Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066**

Via Email

notices@creativeuw.com



Date: _____ Initial Claim Filing Immediate Reimbursement Request Subsequent Claim Filing # _____

NOTE: **Prior to submitting a claim**, a Potential Specific Excess Loss Notification must have been completed and sent to CRU to properly reserve for this claim. If the Notification is on file, we can proceed on this claim.

ELIGIBILITY SECTION (On Subsequent Claims Only Complete * Fields)

*Contractholder: _____

	<u>*Employee</u>	<u>*Claimant</u>
*Name:	_____	_____
Gender/Relation:	_____	_____
DOB:	_____	_____
Effective Date:	_____	_____
Termination Date:	_____	_____
COBRA Effective:	_____	_____

EXCESS LOSS SECTION

Carrier: _____ Contract Number: _____ Contract Year: _____
Specific Deductible: \$ _____ Current Contract Basis: _____

CLAIM INFORMATION (On Subsequent Claims Only Complete * Fields)

Other Coverage: NO YES - If yes, include information: _____
 COB TPL W/C Medicare Other

If known, please provide the following information: LCM implemented NO YES

Diagnosis: _____ Prognosis: _____

Other Comments: _____

*Case Mgmt Co: _____ *Contact: _____ *Phone: _____

*PPO(s): _____

*Diagnosis (use ICD-9 & Description): _____

*Status: _____

*Prognosis: _____

*Comments: _____



INITIAL EXCESS LOSS FILING INFORMATION

Total Amount Paid: \$ _____
Less Specific Deductible: \$ _____
Reimbursement Requested: \$ _____
Immediate Reimbursement Requested (included in above amount): \$ _____

SUBSEQUENT REIMBURSEMENT REQUEST

Total Paid to Date: \$ _____
Total Pended: \$ _____
Reimbursement requested \$ _____
Immediate Reimbursement requested (included in the amount above) \$ _____

Please include the following information with your submission to prevent delays: (On Subsequent Claims Only Complete * Fields)

- Enrollment form(s) that provides the date of hire and effective date for the employee.
If applicable, enrollment form that provides the effective date of coverage for dependent.
If applicable, COBRA election form and proof of all COBRA premiums paid.
Proof of deductibles/coinsurance has been met. System screen print of accumulators is acceptable.
Current documentation of any other medical coverage.
*Copies of claims that exceed \$25,000.
*Copies of pre-certifications.
*If applicable, complete details of accident and subrogation information
*System generated report which provides, at a minimum, the employer name, claimant name, diagnosis codes, procedure/revenue codes, charge amounts, discounts, deductibles, coinsurance, provider name, dates of service, paid amounts, check numbers and check dates.
*If a system generated report is not available, please provide all claim copies and explanation of benefits. If the EOB does not contain check numbers or check dates we will need a copy of the check register to verify payments.

Additionally, we may request other information that may be needed to complete the audit process such as work status, medical records, etc.

Signed: _____ Date: _____
Administrator Name: _____ Phone: _____

Please submit this form to:

Via Mail

Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066

Via Email

claims@creativeuw.com



1343 CANTON ROAD, SUITE B-1
 MARIETTA, GA 30066
 OFFICE: (678) 671-4073
 CREATIVEUW.COM

Billing Statement

Please complete the Current In-Force, Adjustment, Rates and Prior Month(s) fields. The remaining fields will automatically calculate. Then save the file and email it to operations@creativeuw.com.

PREPARED BY: _____

SPECIAL INSTRUCTIONS

GROUP NUMBER/NAME **DUE DATE** **BILLING PERIOD**

Current Coverages	Current In-Force	Adjustment	Net In-Force	Rates	Unadjusted Premium	Prior Month(s) Adjustments	Adjusted Premium
SPECIFIC RATE – EMPLOYEE	Lives						
SPECIFIC RATE – EMPLOYEE/SPOUSE	Lives						
SPECIFIC RATE – EMPLOYEE/CHILD(REN)	Lives						
SPECIFIC RATE – FAMILY	Lives						
SPECIFIC RATE – COMPOSITE	Lives						
AGGREGATE – COMPOSITE RATE	Lives						
MONTHLY AGGREGATE ACCOMMODATION	Lives						
AGGREGATE TERMINAL LIABILITY – COMPOSITE	Lives						
AMOUNT DUE							