

ISU
6621 Southpoint Drive N, #325, Jacksonville, FL 32216
 (904) 281-2151/Fax (904) 281-0384

Gerber Life Insurance Company

SPECIFIC EXCESS MEDICAL EXPENSE COVERAGE DISCLOSURE STATEMENT

For: _____ Proposed Effective: _____

"We agree the proposed coverage is subject to the terms and provisions of Gerber Life Insurance Company's Excess contract of which this statement is a part. Below, we have disclosed all individuals (including employees and dependents) known by us or our administrator to be **not Actively at Work**, facility confined (hospital, SNF, etc), or disabled. We have listed below all individuals identified, as of the signature date, as having a Serious Claim diagnosis. The amount of claim payments on these individuals along with their current status has been indicated. Also include all individuals who are currently on COBRA, have been terminated but have yet to elect COBRA, and all dependents known to be unable to perform as those of like age or sex. Individuals previously disclosed to ISU, must be included and updated.

A Serious Claim is any claim known by us (the employer) or by our Administrator, which:

1. Whether incurred or paid, has exceeded 50% of the Specific Deductible or \$ _____ (whichever is less) as of the signature date below; or (must complete or indicate None)

Claimant	Diagnosis	Prognosis/Additional Treatment Anticipated	Reported Paid Claims	Add'l. Claims Pd. Or Pended

2. Might be expected to exceed the excess loss retention due to the nature of the illness or injury; or (must complete or indicate None)

Claimant	Diagnosis	Prognosis/Additional Treatment Anticipated	Paid Claims	Pd. Or Pended

3. Is a condition which currently disables any employee or dependent. (including but not limited to: STD, LTD, salary continuance, FMLA, extension of benefits, COBRA, leave of absence). (must complete or indicate None)

Claimant	Diagnosis	Prognosis/Additional Treatment Anticipated	Paid Claims	Pd. Or Pended

We acknowledge that ISU, Inc., on behalf of Gerber Life Insurance Company, retains the right to re-underwrite any individual whose actual claims (paid or pending) are greater than the amounts reported above to ISU, Inc. by more than \$5,000 **as of the signature date below**. We acknowledge that any individual known by us (the employer) or by our Third Party Administrator, who has incurred a Serious Claim, or has become disabled, may be excluded from coverage unless disclosed by us and approved by ISU, Inc. ***Our due diligence included a review of pre-certification, disability, utilization review, medical case management, salary continuance, or other reasonable means by which to obtain the required information.***

Employer: _____ TPA: _____

By: _____ By: _____

Date: _____ Date: _____