

United States Fire Insurance Company

INSTRUCTIONS FOR COMPLETING THE ATTACHED DISCLOSURE FORM

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the PLAN Sponsor as part of "health care operations". United States Fire Insurance Company and Marlton Risk Management LLC shall use the information provided solely for the purpose of evaluating the acceptability of this risk and shall not disclose any PHI collected except in performing the risk evaluation.

United States Fire Insurance Company and Marlton Risk Management LLC will rely upon the information provided on the attached disclosure form, which will become part of the application for stop loss coverage. The purpose of the form is to allow the Company to take underwriting action on all known individuals in the categories listed below. It is the Plan Sponsor's responsibility, either directly or through their designated representative to accurately report all applicable records. Such record shall include historical claim reports, disability records, payroll records, current information from administrators, insurers, utilization management companies, managed care companies and any Agent/Broker of the Plan Sponsor. In exchange the Company will accept the liability for any truly unknown claimants. The attached disclosure form must be completed and signed by the appropriate parties no earlier than 15 days prior and no later than 15 days after the proposed Effective Date of stop loss coverage.

Upon receipt of the completed disclosure, the Company will assess all data, new previously reported, and will inform the producer in writing of changes to the rates, factors or terms of coverage. The Company reserves the right to recind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Plan articipants may include those on short or long term disability, COBRA, FMLA, leave of absence, extension of benefits, sick time, vacation time or retirees covered under the plan and whom coverage is requested in the quote. List on the disclosure form all Plan Participants who are known to meet any of the following criteria.

- 1) Currently confined to a Medical Facility, or who have been recertified for same within the last 90 days.
- 2) Have received medical services during the past twelve (12) months the cost of which exceeds to the lesser of, 50% of the lowest Specific Deductible/Retention applied for or \$50,000.00, and for which the bills have been received by the Claims Administrator and entered into their system.
- 3) Have been identified as a candidate for Case Management and/or as having the potential to exceed the lesser of 50% of the lowest Specific Deductible/Retention applied for or \$50,000.00 during the policy period.
- 4) Have been diagnosed within the past 12 months with a condition represented by any of the ICD-10 codes contained in the attached list and have also received services costing the lesser of \$5,00.00 or 20% of the lowest Specific Deductible/Retention applied for, during same period.

Marlton Risk Management LLC
 701 White Horse Rd.
 Suite #3
 Vorhees, N.J. 08043
 Ph. (800) 316-3049

Proposal ID.:

Plan Sponsor:

Claimant	DOB	Sex	Diagnosis	Prognosis	Most Recent DOS	\$Expenses Incurred last 12 Months

If the Plan Sponsor fails to disclose any Plan Participant known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the Plan Participant who was not disclosed. The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions attached to this form and that it is a result of a diligent search in accordance with those instructions.

Plan Sponsor _____ Claims Administrator _____ Agent/Broker _____

Name _____ Name _____ Name _____

Title _____ Title _____ Title _____

Date _____ Date _____ Date _____

Date:

Marlton Risk Management LLC

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Proposal ID.:

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Plan Sponsor:

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period.

Code(s)

Description

A00 - B99	Certain infectious and parasitic disease
A15.0 - A19.9	Tuberculosis of lung
A40 - A49	Streptococcal sepsis - Other sepsis
A80.0	Poliomyelitis
B15.0 - B19.9	Hepatitis
B20	HIV
B95.61 - B95.62	Methicillin Resist Infection Dx Elsewhere
C00 - D49	Neoplasms
C00 - C96	Malignant noplasm
D00.0 - D09.9	Carcinoma in situ
D46 - D47	Myelodysplastic syndromes
D50 - D89	Disease of the blood and blood forming and disorders involving the immune mechanism
D57	Sikle-cell disorders
D59	Acquired hemolytic anemia
D60 - D64	Aplastic and other anemias
D65 - D69	Coagulation defects, purpura and other hemorrhagic condition
D70 - D77	Other diseases of blood and blood-forming organs
D80 - D89	Certain disorders involving the immune mechanism
E00 - E89	Endocrine, nutrional and metabolic diseases
E10 - E13	Diabetes mellitus
E15 - E16	Other disorders of glucose regulation and pancreatic internal secretion
E65 - E68	Obecity and other hyper alimentation
E70 - E89	Metabolic Disorders
F01 - F99	Mental, Behavioral, and Neurodevelopmental disorders
F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1- F33.3	Major depressive disorder, recurrent
F84.0	Autistic Disorder
F84.2	Rett's Disorder
F84.5	Asperger's disorder
G00 - G99	Disease of the nervous system
G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06 - G07	Intracranial and intraspinal abcess and granuloma

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period.

Code(s)	Description
G12.21	Amyotrophic lateral Sclerosis
G20 - G35	Parkinsons Disease, Multiple Sclerosis
G36	Other Acute Disseminated Demyelination
G37 - G40	Other Demyelinating disease of the central nervous system, Epilepsy
G71.G8 - G82.5	Muscular Dystrophy, Cerebral Palsy, Quadraplegia
G83.4	Cauda Equina Syndrome
G92.0 - G93.1	Toxic Encephalopathy, Brain Death, Anoxic Brain Injury
H35.3	Macular Degeneration
I00 - I99	Diseases of Circulatory System
I20	Angina Pectoris
I21.09 - I22	Acute myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic ischemic Heart Disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I30 - I31	Pericarditis
I33 - I41	Endocarditis, Heart Valve Disorders, & Myocarditis
I42 - I43	Cardiomyopathy
I44 - I45	Conduction Disorders
I46	Cardiac Arrest
I47 - I49	Cardiac Dysrhythmias
I50.0 - I51.7	Heart Failure, Cardiomegaly
I60 - I61	Subarachnoid Hemorrhage / Intercerebral Hemorrhage
I63	Cerebral infarction
I65.80 - I66	Occlusion of Precerebral / Cerebral Arteries
I67	Other cerebrovascular disease
I70.0 - I77.5	Atherosclerosis/ Aortic Aneurysm, Thoracic aneurysm
J00 - J99	Diseases of the Respiratory System
J40 - J49	Chronic Obstructive Pulmonary Disease (COPD)
J84.10 - J84.89	Postinflammatory Pulmonary Fibrosis
J98.11 - J98.4	Pulmonary Collapse / Respiratory Failure
K00 - K95	Diseases of Digestive System
K22	Esophageal Obstruction
K25 - K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55 - K64	Diseases of intestine
K65 - K68	Disease of peritoneum & retroperitoneum

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period.

Code(s)	Description
K70 - K77	Diseases of liver
K83	Diseases of biliary tract, Diseases of pancreas
K85 - K86	Diseases of biliary tract, Diseases of pancreas
K90 - K95	Other diseases of digestive system / Complications of bariatric procedures
L03 - L89	Cellulitis, Pressure Ulcer
M00 - M99	Diseases of Musculoskeletal System & Connective Tissue
M15 - M19	Osteoarthritis
M31.30 - M32	Systemic lupus erythematosus, Wegeners Granulomatosis
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86 - M87	Osteomyelitis
N00 - N99	Diseases of the Genitourinary System
N00 - N01	Acute and Rapidly Progressive Nephritic Syndrome Chronic
N03	Nephritic Syndrome
N04	Nephrotic Syndrome
N05 - N07	Nephritis and Nephropathy
N08	Glomerular Disorders classified elsewhere
N17	Acute Kidney Failure
N18 - N19	Chronic Kidney Disease (CKD), Renal Failure Unspecified
N81	Female Genital Prolapse
O00 - O9A	Pregnancy, Childbirth and the puerperium
O09	High Risk Pregnancy
O11	Pre Existing Hypertension and Pre-Eclampsia
O14 - O15	Pre-Eclampsia and Eclampsia
O20 - O30	Hemorrhage in early pregnancy, Multiple Gestation
O31 - O60	Other Complications Specific to Multiple Gestations, Pre Term Labor
P00 - P96	Certain conditions originating in the perinatal period
P07	Disorders of newborn related to short gestation and low birth weight
P10 - P15	Birth Trauma
P19	Fetal Distress
P23 - P28	Other respiratory of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52 - P53	Intracranial hemorrhage of newborn

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period.

Code(s)

Description

P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn
Q00 - Q99	Congenital malformation, deformations and chromosomal abnormalities
Q00 - Q07	Congenital malformations of the nervous system
Q20 - Q26	Congenital Cardiac malformations
Q41 - Q45	Congenital Anomalies of Digestive system
Q85	Phakomatoses, not classified elsewhere
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other Congenital malformations
R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not classified elsewhere
R07.1- R07.9	Chest Pain
R40 - R40.236	Coma
R57 - R58	Shock, Hemorrhage
R65.20 - R65.21	Severe sepsis
S00 - S78	Injury, Poinioning and Certain Other Consequences of External Causes
S02	Fracture of skull and facial bones
S06	Intracrania injury
S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12 - S13	Fracture and Injuries of cervical vertebra and other parts of neck
S14 - S14.150	Injuries of nerves and spinal cord at neck level
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels at thorax level
S26	Injury of heart
S32.0 - S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36 - S37	Injury of intra--abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4- S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T20 - T32	Burns and corrosions of multiple body regions
T81.11 - T81.12	Postprocedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and

Date:

Marlton Risk Management LLC

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Code(s)

Description

	grafts
T83 - T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs or tissues
T87	Complications to reattachment and amputation
Z00 - Z99	Factors Influencing Health Status and contact with Health Services
Z37.5- Z37.6	Multiple Births
Z38.3- Z38.8	Multiple Births
Z48 - Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z95.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis