



SUBSEQUENT SPECIFIC

Claim # _____
STOP LOSS CLAIM FORM

Please submit this form to:
The Union Labor Life Insurance Company
Stop Loss Claims Unit
8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
Toll free: 800-328-5837 • Fax: 1.202.682.6920
StopLossClaims@ullico.com

ACCOUNT INFORMATION:

Plan Sponsor (Group) Name: _____ Policy # _____
Policy Period: _____ Contract Type: _____ Specific Deductible: _____
Member Name: _____ Soc Sec # _____
Claimant Name: _____ Date of Birth: _____
Diagnosis: _____ Prognosis: _____

PLEASE UPDATE THE INFORMATION LISTED BELOW TO REFLECT ANY CHANGES:

Member Work Status:

Actively working Retired - Retirement Date: _____
 Disabled and unable to work from: _____ to _____
 Not actively working Date last worked: _____

Indicate how coverage is being continued (mark all that apply):

Sick Leave: _____ to _____ Vacation: _____ to _____
 Leave of Absence: _____ to _____ FMLA: _____ to _____
 Hour Bank? Yes (please provide copy of report) No
 Self pay: _____ to _____ (please provide proof of premium payments)
 Coverage Terminated? Yes No Date: _____
 COBRA applicable? Yes No COBRA Effective Date: _____
COBRA Premium Paid Through: _____ COBRA Termination Date: _____

Other Insurance Information:

Is Claimant covered by any other insurance plan? Yes No
If yes, type of coverage (Auto, Work Comp, Group Plan, Medicare): _____
Carrier: _____ Effective Date: _____ Termination Date: _____

CLAIM INFORMATION:

Claimant injured? Yes No Date of Injury: _____ Place Injury Occurred: _____
How did injury occur? _____
Subrogation applicable? Yes No If "Yes", please provide details: _____
PPO? Yes No Name of PPO: _____
Case Management? Yes No Vendor Name & Phone: _____
Claims Paid to Date: \$ _____ Claims Pending: \$ _____



SUBSEQUENT SPECIFIC

Claim # _____
STOP LOSS CLAIM FORM

Please submit this form to:
The Union Labor Life Insurance Company
Stop Loss Claims Unit
8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
Toll free: 800-328-5837 • Fax: 1.202.682.6920
StopLossClaims@ullico.com

Total Eligible Benefits this Submission: \$ _____

Less Specific Deductible: \$ _____

Less Aggregating Specific Deductible (if Applicable) \$ _____

Balance: \$ _____

Percentage to be Reimbursed: _____ %

Reimbursement Requested: \$ _____

Simultaneous (Advanced) Funding Requested: Yes No

Simultaneous Amount being Requested: \$ _____

YOUR REQUEST SHOULD INCLUDE COPIES OF THE FOLLOWING INFORMATION: (IF APPLICABLE)

- | | |
|--|---|
| Member Claim Form | Hospital Audits/Reviews |
| Copy of Hour Bank/Dollar Bank | Hospital Records |
| Proof of Premium Payments | Large Case Management Reports |
| COBRA Election form & Proof of payment Medicare | Cumulative paid claims report |
| Election Form/Medicare Card EOB/Claim checks/Registers | Investigative materials to support claim: |
| Deductible/Coinsurance Proof of satisfaction Divorce or Separation Decrees or Court Orders | • Physician's Statements |
| Complete Paid Claims Detail/History Report | • Subrogation information |
| Itemized Bills/Electronic Claim Data | • Work Comp information |
| R&C Calculations | • Accident Details (police report, etc.) |
| Precertification Forms | |

TPA/Claims Administrator Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ATTACHED *FRAUD NOTICE*, THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE CLAIMS HAVE BEEN PAID IN ACCORDANCE WITH THE PLAN DOCUMENT.

Authorized Signature: _____ Date: _____

SUBMIT TO:

THE UNION LABOR LIFE INSURANCE COMPANY
8403 Colesville Road, Suite 1300
Silver Spring, MD 20910
Toll Free Phone: 1-800-328-5837 • Fax: 1-202-682-6920 • E-mail: stoplossclaims@ullico.com

SUBSEQUENT SPECIFIC

Claim # _____

STOP LOSS CLAIM FORM

Please submit this form to:
The Union Labor Life Insurance Company
Stop Loss Claims Unit
8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
Toll free: 800-328-5837 • Fax: 1.202.682.6920
StopLossClaims@ullico.com

FRAUD NOTICE TO INCLUDE ON EACH CLAIM/APPLICATION FORM

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Arizona: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California Law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia, Oregon, Vermont: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines

SUBSEQUENT SPECIFIC

Claim # _____

STOP LOSS CLAIM FORM

Please submit this form to:
The Union Labor Life Insurance Company
Stop Loss Claims Unit
8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
Toll free: 800-328-5837 • Fax: 1.202.682.6920
StopLossClaims@ullico.com

and confinement in prison.

Nebraska: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement is guilty of insurance fraud.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

North Carolina: Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.