

**EXCESS REINSURANCE UNDERWRITERS AGENCY, INC.**  
**SIRIUS AMERICA INSURANCE COMPANY**  
**Plan Sponsor Disclosure Statement and Contract Addenda**

**Group Name:** \_\_\_\_\_

Before Excess Reinsurance Underwriters Agency, Inc. ("Excess Re") issues an Excess Loss Policy on behalf of Sirius America, Excess Re requires the Name of Group to disclose details on all individuals and Covered Persons who meet any of the following criteria: (Covered Person means employee, dependent, retiree, COBRA beneficiary, or any current or former employee or their dependents who are within the COBRA election period at the time this Disclosure Statement is signed).

1. Covered Persons who incurred charges over 50% of the Specific Deductible during the 12 months preceding the requested effective date, regardless of whether such charges were paid, pended or denied by Name of Group, and/or Covered Persons who are expected to incur charges in excess of 50% of the Specific Deductible in the next 12 months.
  2. Covered Persons who are currently confined in a hospital or other institution, or who have been confined in a hospital or other institution, within the earlier of one month before the effective date or one month before the signing of this Disclosure Statement.
  3. Employees who are absent from work due to illness or injury on the date this report is signed and any Covered Person who is disabled on the date this report is signed.
  4. Covered Persons who have a known diagnosis which might be expected to lead to a specific reimbursement and Covered Persons who have been diagnosed with any of the conditions listed on the attached page.
  5. Covered Persons who have elected COBRA including date and nature of qualifying event.
  6. Any person who previously exhausted their lifetime benefits under Name of Group's plan of benefits.
- If submitting attachments, please specify the title of the attachment and number of pages attached.**

<u>Name</u>	<u>EE/Dependent</u>	<u>COBRA</u>	<u>Birth Date</u>	<u>Date Disabled</u>	<u>Nature of Disability/ Diagnosis</u>	<u>Current Status &amp; Prognosis</u>	<u>Benefits Paid or Due (\$)</u>

Name of Group warrants the above list is true, complete and accurate, and that nothing has been omitted. Name of Group acknowledges that if subsequent information becomes known which if known prior to the effective date of this policy would have affected the rates, deductibles, terms or conditions for coverage hereunder, Sirius America has the right to revise the rates, deductibles, terms or conditions as of the effective date. Name of Group further warrants that in order to complete this Disclosure Statement it has consulted with its Insurer, TPA, Broker, Human Resources Department, Pre-Certification Vendor, Large Case Management Vendor, Disease Management Vendor and Utilization Review Vendor to ensure that the information provided in this Disclosure Statement is accurate and complete. Name of Group acknowledges and agrees that previously or subsequently submitted documentation (e.g. a "50% Notice" or claim filing) does not satisfy or alter the need to complete this Disclosure Statement or the consequences of failing to disclose a Covered Person or individual that should have been listed on this form. Name of Group further acknowledges, understands and agrees that this information will be used by Excess Re and Sirius America in evaluating and determining the acceptability of Name of Group's risk and that no coverage shall be provided for any charges incurred by a person listed on this form unless specifically agreed to in writing by Excess Re. If claims are submitted for any Covered Persons or individuals who meet the criteria as outlined above in numbers 1 through 6 as of the date of this statement is executed and this Covered Person or individual was not disclosed to Excess Re on this form, then no coverage will be provided for charges incurred by that Covered Person or individual by Sirius America.

Plan Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of this Statement: \_\_\_\_\_

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Please list all Plan Participants who have been diagnosed with or treated for any of the ICD-9 codes listed under the following categories during the current Benefit Period:

001-139	<i>b,(ecl/ou., alld Parast/c D/Iellse..</i>	320-389	<i>Diserues 0(11.. Nervolls System .llllf Sense Organs</i>	630-677	<i>Compl/callon. o(Pl'cBnlncl', CI,ildh/rtl,</i>
010.0-012.8	Tuberculns	330	Cerebral Degenemtions	630.0-648.9	High-Risk Pregnancy
038-038.9	Septcemia	340	Multiple Soleroais	641.1	Placenta Previa
042	AIDSIHIV	343-343.9	Cerebral Palsy	642.5-642.7	Bclampsia, Pre-eclampsia
070-070.9	Viml Hepatitis	344.0-344.09	Quadriplegia and Qundripare.I,	644.0-644.2	Premature Labor
136.3	Pneumcyctosis, Pneumocystis Carinii Pneumonia	331.0-331.9	Reye's Syndrome	648	Gestational Diabetes
		344.1	Paraplegia	651.0-651.9	Multiple Gestation
140-239	<i>NeopklsI/5</i>	34R.0-348.9	Encephalopathy	654.5	Cervical Incompetence
140-149.9	MolignantNeoplasm of Lip, Major Salivary Glands, Gum, Meuth, Oropharynx, Nasopharynx, and/or Hypopharynx	357.0-359.9	Neuropathy/ Myasthenia Gravis' Muscular Dystrophy n		
150-150.9	Malignant Neoplasm of Esophagus	390-459	<i>Diseases 0(111.Clrctliatory Svstem</i>		<i>'Diseases ofthe Musculoskeletal SYstell and Connective 71;...8</i>
151-151.9	Malignant Neoplasm of Stomach	401.0	Malignant Hypertension	710.0-710.9	Systemic Lupus Erythematosus' Soleroderma
153-153.9	Mnllgnnt Neoplasm of Colon	402.0-405.9	Hypertensive Hent Disease	714.0-714.9	Rheumatoid Arthritis
154-154.8	Mongn"ot Neoplasm of Rectum	410-410.9	Acute Myocndinl Infarction	715.0-715.9	Ostenarthrosis
155-155.2	Mnlgant Neoplasm of Liver	411-411.89	Acute and Subacute Ischemic Heart Disease	721.3	Lumbosacral Spondylosis
157-157.9	Malignnot Neoplasm of Pancreas	414-414.05	Ceronry Atherosclerosis (ASHD)	722.0-722.9	Intervertebm Disc Disorders
161-161.9	Malignant Neoplasm of Lnrynx	415-415.19	Acute Pulmonary Heart Disease	728.86	Necrotizing Fnseitis
162-162.9	Malignant Neoplasm of Lnrynx	416.0-416.9	Chronic Pulmonary Heart Disease	730-730.9	Osteomyelltis and/or Periostitis
170-170.9	Mallgnnt Neoplasm of Lung	417.1	Aneurysm of Pulmonary Artery	737.0-737.43	Kyphoscoliosis and Scoliosis
174-174.9	Malignant Neoplasm of Bone	421-421.9	Acute and Subacute EndocarditisO		
176.0-176.9	Malignant Neoplasm of Female Breast	424-424.9	Valve Disorders	740-759	<i>CotlBeR/taIDe(ecWDi.arders</i>
179-182.8	Karposi's Sarcoma	425-425.9	Cnrdiomyopnthy	741.0,742.3	Hydrocephalus
183-183.9	Malignant Neoplasm of Ovary	426-426.9	Conduction Disorders	741-741.9	Spin. Bifldn
185	Malignant Neoplasm of Pro. tate	427-427.9	Cardiac Dysrhythmins	747.2	Aortic Atresin/Stennls
186-186.9	Mnlgant Neoplasm of Testis	42B-428.9	Heart Failure	751.6	Biliary Atresia.
188-189.9	Mnlgant Neoplasm of Bladder, Kidney, Urinary	430,431	Subarachnoid' Inlocerebm Hemorrhage	759-759.9	Other nnd Unspecified Congenital Anomalies
191-191.9	Malignant Neoplasm of Bmin	434.9	Occlusion of Cerebral Arlen.s:J		
192-192.9	Malignant Neoplasm of Nervous System	436	Acute Cerebrovascular Accident (CVA)	760-779	<i>Condit/otis Originating/Ii the Per/natal Period</i>
194-194.9	Malignant Neoplasm of Endocrine Glands	440-441.9	AtheroKclero'lliir Auttio Aneurysm	765-765.1	Prematurity
195-195.8	Malignant Neoplasm of Other Ill-Defined Sites	451.0-459.9	Peripheral Vascular Disensc	769	Respiratory Distress Syndrome
196-196.9	Secondary Malignant Nco. Lymph Nodes			770.0-770.9	Other Respiritry Conditions ofnNewbm
197-197.8	Secondary Malignant Nco. Respty and Digestive Systems	460-519	<i>Diseases ofthe Respiratory SvslennU</i>		
198-198.89	Secondary Mnlgant Neo. Other Specified Sites	480-486	Pneumonia	780-799	<i>Symptoms, SIR/13, and IU-DeOned COLditions</i>
200-208.9	Lymphoma andlor Leukemia	490-496	Chronic Obstructive Pulmonary Disease (COPD), etc.	785-785.9	Symptoms Involving Cardiovascular System
235	Neoplasm Uncertain Behavior	515	Postinflmmntory Pulmonary Fibrosis	786.5-786.59	Chest Pain
239.2	Neoplasm Unspecified Nature - Bone, Skin	518.81-518.89	Respiratory Distro.slFailureU		
240-279	<i>Endocrine, Nalritlonal, [tfl:tabol/c.Immllnlty</i>	520-579	<i>Diserues .(the Digestive Svstem</i>	800-999	<i>Injury and l'olsUllng</i>
250-250.9	Diabetes	555-555.9	RegionnlEnteritis (Crolm's Disease)	800-804.9	Fracture ofSlmll
277.0	Cystic Pibmsla	556.0-556.9	Ulcerntive Colitis Intestinol	805-805.9	Fmcture of Vertebral Column
278.0-278.8	Obesity, Morbid Obesity' Hyperallmentation	560.0-560.9	Obstruction	806-806.9	Fracture or Vertebral Column with Spinal Cord Injury
		562.1	Diverticulitis of Colon	828-828.1	Multiple Frnetures
280-289	<i>Diseases .(the Blood alld Blnod-Fomrltg OrgOI'.</i>	567-567.9	Peritonitis	851.0-854.1	IntmemnlInlfJury
282.4=282.69	Sickle-Cell Anemia	569.0-569.9	Other Disorders of Intestine	869-869.1	Intemnl Injry
284.9	Aplastic Anemia NOS Coagulation	570-571.9	Liver Disease and Cirrhosis	887-867.7	Traumtic Amputation of Ann and Hand
286-287.9	Defect. and/or Hemophilia	572.8	Other Sequela of Chronic Liver Dlsease	897-897.7	Traumatic Amputation of Log
		573-573.9	Other Liver Disorders	940-949.9	Burns :
295-299.99	<i>Oil,t' Psychoses</i>	577-577.9	Pancreas Diseases	950-957.9	Spnal Cord Injury
295-295.99	Schizophruculc	578-578.9	Gastrointestinal Hemorrhage	996-997.0	Complications Peculiar to Specified Procedures
296-296.99	Disorders Episodic			V21	Supervision of High Ri,k Pregnaney
297-297.99	Mood Disorder.	580-629	<i>Diseases o(the Genitourinary SVslemO</i>	V42-V5R.9	Transplanta, etc,
	Delusional Diaorders	582.0-582.9	Glomerulonephritis;		
300-316		584-584.9	Acute Renal Fullturerl		
307.1	<i>Neurotic Disorders</i>	585-585.9	Chronic Renal Pailurefl		
307.51	Anorexia Nervosa	586-586.9	Renal Failure, Unspecifiedfl		
	Bulimia	588-588.9	Dlsordera Resulting from Impaired Renal FunctioU		
		592	Calculus of Kidney & UraterO		