

# Summit Re POTENTIAL SPECIFIC EXCESS LOSS CLAIM NOTIFICATION

Filed based on Diagnosis     Filed at 50% of the Specific Deductible    Date: \_\_\_\_\_

## Excess Reinsurance Section

Carrier: \_\_\_\_\_ Treaty #: \_\_\_\_\_ Treaty Year: \_\_\_\_\_

## Policyholder Stop Loss Section

Policyholder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Stop Loss Ded: \$ \_\_\_\_\_ Policy Basis: \_\_\_\_\_

## Eligibility Section

|                    | <u>COVERED PERSON</u> | <u>CLAIMANT</u> |
|--------------------|-----------------------|-----------------|
| *Name:             | _____                 | _____           |
| Gender/Relation:   | _____ / _____         | _____ / _____   |
| Social Security    | _____                 | _____           |
| DOB:               | _____                 | _____           |
| Effective Date:    | _____                 | _____           |
| Termination Date:  | _____                 | _____           |
| COBRA Effective:   | _____                 | _____           |
| Actively at Work:  | _____                 | _____           |
| Full time Student: | _____                 | _____           |

## Claim Information

Dates: First DOS: \_\_\_\_\_ First Received: \_\_\_\_\_ First Admit: \_\_\_\_\_

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

Large Case Mgr: \_\_\_\_\_ (*attach reports*) PPO(s): \_\_\_\_\_

Diagnosis (use ICD-9 & Description):  
\_\_\_\_\_

Status: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Comments: \_\_\_\_\_

## Payment Information

Charges PAID to Date: \$ \_\_\_\_\_ Estimate of Future Charges: \$ \_\_\_\_\_

Completed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

---- This Notification does not constitute a claim filing ----

Mail to:  
Summit Re - Claims, 7030 Pointe Inverness Way, Ste. 350, Fort Wayne IN 46804

## HOW TO FILE A POTENTIAL SPECIFIC EXCESS LOSS CLAIM NOTIFICATION FORM

- The POTENTIAL SPECIFIC EXCESS LOSS CLAIM NOTIFICATION FORM" (see EXHIBIT II) asks for details that will give Summit Re a thorough briefing on a potential claim and the ability to set reserves properly. The form is available as a MS WORD document separate from this manual and can be completed electronically.
- Do not attach any copies of incurred or paid claims, bills or other documentation.
- Please Attach copies of Large Case Management records if applicable (confidential)
- Do not submit once a Specific Excess Loss Claims Form is submitted.

*NOTE: The Notification does not constitute a formal claim filing.*

## WHERE TO SEND A SPECIFIC EXCESS LOSS CLAIM NOTIFICATION

- The completed Potential Specific Excess Loss Claim Notification Form and any supporting data should be sent electronically to [Esclaims@summit-re.com](mailto:Esclaims@summit-re.com). We will distribute your electronic notification and supporting data to the appropriate personnel.
- In the event that the supporting data is not in an electronics format, physical data should be sent to:

Peggy Richardson, Claims/Contracts Manager  
Summit Reinsurance Services, Inc.

7030 Pointe Inverness Way, Suite 350

Fort Wayne, IN 46804