

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. 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