IOA Re, Inc. & Everest Reinsurance Company
For California-Sitused Employers
Instructions for Completing this 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”. IOA and the Company 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 this risk evaluation.

IOA and the Company will rely upon the information provided in this Disclosure Form, which will become part of the application for stop loss coverage. The purpose of this Form is to allow IOA, on behalf of 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 claims known as of the date of this Disclosure by making a thorough review of 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. This Disclosure Form must be completed and signed by the appropriate parties no earlier than thirty (30) days prior for new business (or earlier than thirty (30) days if prior approval is authorized by the IOA underwriter) and no later than ten (10) days after, the proposed Effective Date of stop loss coverage and received by IOA within five (5) days (non-business) of completion.

Upon receipt of this completed Disclosure, IOA will assess all data, new and previously reported, and will inform the producer in writing within seven (7) days (non-business) of any changes to the rates, factors or terms of coverage. IOA, on behalf of the Company, reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing this Form, remember that Plan Participants 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 for whom coverage is requested in the quote. All of the Plan Participants for which the above situations apply, should be identified accordingly, e.g., John Smith, COBRA, effective xx/xx/xx. List on this 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 precertified for same within the last ninety (90) days.
2. Have received medical services during the past twelve (12) months, the cost of which exceeds 50% of the lowest Specific Deductible/Retention applied for, and for which the bills have been received by the Claims Administrator and entered into their claims system.
3. Have been identified as a candidate for Case Management and/or as having the potential to exceed 50% of the lowest Specific Deductible/Retention applied for during the policy period.
4. Have been diagnosed within the past twelve (12) months with a condition represented by any of the ICD-9 codes listed on page 3 of this Form.
5. Have reached their lifetime maximum under the Plan, but could now be reinstated due to an increase in Plan limits.
If the Plan Sponsor fails to disclose any Plan Participant known to fall into one of the above five categories, either intentionally or because a thorough review of all records was not conducted, the Company will have no liability for claims on the Plan Participant who was not disclosed.

<table>
<thead>
<tr>
<th>Claimant Identifier</th>
<th>DOB</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Prognosis</th>
<th>Most Recent DOS</th>
<th>$ Expenses Incurred Last 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions contained in this three-page Disclosure Form and that it is the result of a diligent search in accordance with those instructions.

Plan Sponsor:______________________ Claims Administrator:______________________ Agent/Broker:______________________
Signature:______________________ Signature:______________________ Signature:______________________
Name:__________________________ Name:__________________________ Name:__________________________
Title:__________________________ Title:__________________________ Title:__________________________
Date:__________________________ Date:__________________________ Date:__________________________
ICD-9 Codes for Disclosure Notification – Trigger Diagnoses List

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:

**001-139 Infectious and Parasitic Diseases**
- 038-038.9 Septicemia
- 070-070.9 Viral Hepatitis

**140-239 Neoplasms**
- 140-149.9 Malignant Neoplasm of Lip, Major Salivary Glands, Gum, Mouth, Oropharynx, Nasopharynx, and/or Hypopharynx
- 150-150.9 Malignant Neoplasm of Esophagus
- 151-151.9 Malignant Neoplasm of Stomach
- 153-153.9 Malignant Neoplasm of Colon
- 154-154.8 Malignant Neoplasm of Rectum
- 155-155.2 Malignant Neoplasm of Liver
- 157-157.9 Malignant Neoplasm of Pancreas
- 161-161.9 Malignant Neoplasm of Larynx
- 162-162.9 Malignant Neoplasm of Lung
- 170-170.9 Malignant Neoplasm of Bone
- 174-174.9 Malignant Neoplasm of Female Breast
- 179-182.9 Malignant Neoplasm of Uterus or Cervix
- 183-183.9 Malignant Neoplasm of Ovary
- 185 Malignant Neoplasm of Prostate
- 186-186.9 Malignant Neoplasm of Testis
- 188-189.9 Malignant Neoplasm of Bladder, Kidney, Urinary Tract
- 191-191.9 Malignant Neoplasm of Brain
- 192-192.9 Malignant Neoplasm of Nervous System
- 194-194.9 Malignant Neoplasm of Endocrine Glands
- 195-195.8 Malignant Neoplasm of Other Ill-Defined Sites
- 196-196.9 Secondary Malignant Neo. Lymph Nodes
- 197-197.8 Secondary Malignant Neo. Resptly and Digestive Systems
- 198-198.89 Secondary Malignant Neo. Other Specified Sites
- 200-208.9 Lymphoma and/or Leukemia
- 235 Neoplasm Uncertain Behavior
- 239.2 Neoplasm Unspecified Nature – Bone, Skin

**240-279 Endocrine, Nutritional, Metabolic, Immunity**
- 250-250.9 Diabetes
- 277.0 Cystic Fibrosis
- 278.0 Obesity/Hyperaliment

**280-289 Diseases of the Blood and Blood-Forming Organs**
- 282.6 Sickle-Cell Anemia
- 284.9 Aplastic Anemia NOS
- 286-286.9 Coagulation Defects and/or Hemophilia

**320-389 Diseases of the Nervous System and Sense Organs**
- 330 Cerebral degenerations
- 344.0-344.09 Quadriplegia and Quadriaparesis
- 331.0-331.9 Reye’s Syndrome
- 344.1 Paraplegia
- 348.0-348.9 Encephalopathy
- 357, 358 Neuropathy / Myasthenia Gravis

**390-459 Diseases of the Circulatory System**
- 410-410.9 Acute Myocardial Infarction
- 411-411.89 Acute and Subacute Ischemic Heart Disease
- 414-414.05 Coronary Atherosclerosis (ASO) (I)
- 415-415.19 Acute Pulmonary Heart Disease
- 416-416.9 Chronic Pulmonary Heart Disease
- 417.1 Aneurysm of Pulmonary Artery
- 421-421.9 Acute and Subacute Endocarditis
- 424-424.9 Valve Disorders
- 425-425.9 Cardiomyopathy
- 426-426.9 Conduction Disorders
- 427-427.9 Cardiac Dysrhythmias
- 428-428.9 Heart Failure
- 430, 431 Subarachnoid / Intracerebral Hemorrhage
- 434.9 Occlusion of Cerebral Arteries
- 436 Acute Cerebrovascular Accident (CVA)
- 440-441.9 Atherosclerosis / Aortic Aneurysm

**460-519 Diseases of the Respiratory System**
- 460-486 Pneumonia
- 490-496 Chronic Obstructive Pulmonary Disease (COPD), etc.
- 514 Postinflammatory Pulmonary Fibrosis
- 518-518.89 Pulmonary Collapse and/or Respiratory Failure

**520-579 Diseases of the Digestive System**
- 555-555.9 Regional Enteritis (Crohn’s Disease)
- 560.0-560.9 Intestinal Obstruction
- 562.1 Diverticulitis of Colon
- 567-567.9 Peritonitis
- 569.0-569.9 Other Disorders of Intestine
- 570-571.9 Liver Diseases and Cirrhosis
- 572.8 Other Sequela of Chronic Liver Disease
- 573-573.9 Other Liver Disorders
- 577-577.9 Pancreas Diseases
- 578-578.9 Gastrointestinal Hemorrhage

**580-629 Diseases of the Genitourinary System**
- 584-584.9 Acute Renal Failure
- 585 Chronic Renal Failure
- 586 Renal Failure, Unspecified
- 588 Disorders resulting from impaired renal function
- 592 Calculus of Kidney & Uterer

**630-677 Complications of Pregnancy, Childbirth**
- 641.1 Placenta Previa
- 642.5-642.7 Eclampsia, pre-eclampsia
- 644.0-644.2 Premature Labor
- 648.0 Gestational Diabetes
- 651 Multiple Gestation
- 654.5 Cervical Incompetence

**710-739 Diseases of the Musculoskeletal System and Connective Tissue**
- 715.0-715.9 Osteoarthritis
- 721.3 Lumbosacral Spondylosis
- 722.0-722.9 Intervertebral Disc Disorders
- 730-730.9 Osteomyelitis and/or Periostitis
- 737.3 Kyphoscoliosis and scoliosis

**740-759 Congenital Anomalies**
- 747.2 Aortic Atresia / Stenosis
- 751.6 Biliary Atresia
- 759-759.9 Other and Unspecified Congenital Anomalies

**760-779 Conditions Originating in the Perinatal Period**
- 765-765.1 Prematurity
- 769 Respiratory Distress Syndrome
- 770.0-770.9 Other Respiratory Conditions of Newborn

**780-799 Symptoms, Signs, and Ill-Defined Conditions**
- 785-785.9 Symptoms Involving Cardiovascular System
- 786.5-786.59 Chest Pain

**800-999 Injury and Poisoning**
- 800-804.9 Fracture of Skull
- 805-805.9 Fracture of Vertebra Column
- 806-806.9 Fracture of Vertebra Column with Spinal Cord Injury
- 828-828.1 Multiple Fractures
- 853-854.1 Intracranial Injury
- 869-869.1 Internal Injury
- 887-887.7 Traumatic Amputation of Arm and Hand
- 897-897.7 Traumatic Amputation of Leg
- 949-949.5 Burns
- 952-952.9 Spinal Cord Injury
- 996-997.0 Complications peculiar to certain specified conditions
- V23 Supervision of High Risk Pregnancy
- V42 – V58.9 Transplants, etc.