# EVEREST REINSURANCE COMPANY DISCLOSURE STATEMENT

Information contained herein shall be treated confidentially by us. Terms used herein are as defined in the "policy".

As a material underwriting consideration for the acceptance of risk, you are required to disclose pertinent information regarding all "covered persons" in the categories listed below. The Date of Disclosure shall not be earlier than 15 days prior, or later than 30 days after the Effective Date of the "policy". Without our review and written acceptance of each risk described below, your payments of such "covered person's" claims under your "plan document" will not be reimbursable under the Excess Loss Insurance.

a) Paid and/or pended claims on any "covered person" during the preceding 12 months in excess of 50% of the proposed "specific deductible".
b) "Covered persons" who are currently inpatients at a hospital (or other facility), or who are expected to be inpatients within 90 days of the Effective Date of the "policy".
c) Employees absent from work due to disability as of the Date of Disclosure.
d) "Covered persons" with any of the conditions on the following Trigger Diagnoses List:

| ICD-9 Codes | Diagnosis | ICD-9 Codes | Diagnosis |
|---|---|---|---|
| 038-080 | Infectious Diseases | 628.0-628.9 | Infertility |
| 140-239.9 | Malignancies, Neoplasms, Leukemia, Lymphoma | 710-710.9 | Autoimmune Disorders |
| 250-250.9 | Diabetes | 715-739 | Diseases of Musculoskeletal System & Connective Tissue |
| 270-279.9 | Other Metabolic & Immunity Disorders | 740-779.9 | Prematurity & Congenital Disorders |
| 280-288.9 | Diseases of Blood & Blood Forming Organs | 800-806.9/851-854.1 | Intracranial & Spinal Cord Injuries |
| 330-337.9 | Hereditary & Degenerative Disease of Central Nervous System | 860-869.1 | Other Traumatic & Internal Injuries |
| 340-349.9 | Other Disorders of Central Nervous System | 885-887.7/895-897.7 | Traumatic Amputations |
| 402-438.9 | Heart and Vascular Diseases | 941-949.5 | Burns |
| 440-442.9/444-444.9 | Atherosclerosis, Aortic & Other Aneurysms | 952-957.9 | Spinal Cord & Nerve Injuries |
| 501-516.9 | Pulmonary Disease | 996-997.9 | Complications of Procedures |
| 555-579.9 | Liver & Intestinal Disorders | V23-V23.9 | Supervision of High Risk Pregnancies |
| 584-588.9 | Renal Disorders | V42-V59.9 | Transplant Status & Other Conditions Influencing Health Status |

| Name (or other Identifier) | Status* | Age or DOB | Sex | Onset Date | Claims Paid | Claims Pending | Diagnosis and Prognosis |
|---|---|---|---|---|---|---|---|
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*Status: **E**= Employee, **D**= Dependent, **C**= COBRA, FMLA or other Continuee, **R**= Retired Please attach additional sheets, if applicable.

You and your "administrator" hereby represent that the above list is true, complete and accurate and that nothing has been omitted to the best of your knowledge. You and your "administrator" also represent that: a) diligent effort was made to review medical and disability claims history and sick leave records to identify affected "covered persons"; b) you and your "administrator" have solicited input from any claims administrator or other party that may have relevant information about affected "covered persons"; and c) the undersigned have the authority to bind the applicant for the proposed Excess Loss Insurance.

**Failure to disclose information requested above may result in denial of claims, rescission of Excess Loss Insurance coverage or adjustment of the premium rates and/or aggregate factors as set forth in the Excess Loss Schedule.**

| Policyholder | Administrator |
|---|---|
| Authorized Representative/Title<br>(please print) | Signature of Administrator's<br>Authorized Representative |
| Signature of Authorized Representative | Date |
| Date | |