

ConnectiCare Insurance Company, Inc.(CICI)

Stop Loss Application and Schedule of Insurance

175 Scott Swamp Rd
Farmington, CT 06034

Policyholder Information

Policyholder name (full legal name of entity):			
Street:			
City:	State:	Zip Code:	
Email:	Phone:		
Policy period start:	Policy period end:		
Total number of employees/covered units covered under the policy:			
Pre-65 Retirees: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded		Retirees 65+: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded	
Medical paid claims basis: <input type="checkbox"/> Issued or <input type="checkbox"/> Cleared or <input checked="" type="checkbox"/> N/A			
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Association <input type="checkbox"/> Union <input checked="" type="checkbox"/> Other			
Affiliates or subsidiaries included? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name(s) and address state of the primary location(s) below.			
Individual Stop Loss Coverage (ISL)			
Individual Stop Loss coverage? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Individual Stop Loss amount: \$ 30,000	
Does individual Stop Loss amount differ by plan or class? <input type="checkbox"/> No <input type="checkbox"/> Yes			
High risk individual Stop Loss amount(s)* included? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes *See Coverage Limitations identified below.			
Covered benefits: <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Prescription drug			
Contract type:	Claims incurred from	through	or <input type="checkbox"/> paid basis
	Claims paid from	through	
Maximum run-in claims: <input checked="" type="checkbox"/> N/A or \$ <input type="checkbox"/> per covered person <input type="checkbox"/> in total			
Individual coinsurance percentage reimbursable: 100 %			
COE transplant Stop Loss amount: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No or \$			
Family individual Stop Loss amount: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No or \$			
Aggregating Specific Stop loss amount: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No or \$			
Maximum annual individual Stop Loss payment amount: <input checked="" type="checkbox"/> Unlimited or \$			
Enhanced product included? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Y			
Renewal risk cap included? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes		Cap:	
Other rate cap included? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes		Cap:	
Terminal run-out coverage for claims incurred prior to policy termination and paid after termination? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Terminal reserve or liability period:		months	
Reimbursement types:			
Immediate reimbursement (CICI) as claims administrator: <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Individual accelerated claim reimbursement (TPA as claims administrator): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Other conditions or provisions:			

Aggregate Stop Loss Coverage (ASL)			
Aggregate Stop Loss coverage? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Aggregate Stop Loss percentage: 120 %	
Covered benefits: <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Prescription Drug <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other			
Contract type:		Claims incurred from through or <input type="checkbox"/> paid basis Claims paid from through	
Maximum run-in claims: <input checked="" type="checkbox"/> N/A or \$ <input type="checkbox"/> per covered person <input type="checkbox"/> in total			
Individual Stop Loss insurer: <input checked="" type="checkbox"/> CICI			
Minimum aggregate Stop Loss amount: <input checked="" type="checkbox"/> N/A or \$			
Individual internal limit: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount: \$			
Maximum annual aggregate Stop Loss payment amount? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount: \$			
Deficit recoup provision? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, deficit cap: %			
Termination provision? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Terminal run-out coverage for claims incurred prior to policy termination and paid after termination? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Terminal reserve or liability period: 48 months			
Reimbursement types: Monthly budget feature (CICI as claims administrator): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes Aggregate accelerated claim reimbursement (TPA as claims administrator): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes			
Other conditions or provisions:			
Premium Rates and Factors			
*See attached FFS rate sheets per Covered Employee per month			

Coverage Limitations	
Mental Health claim expenses are <input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded	
Transplant coverage is <input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded	
Is the policyholder a hospital or hospital group? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, are drafts suppressed for domestic claims? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, domestic claims are reimbursed at? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 100% <input type="checkbox"/> 0% <input type="checkbox"/> Other %	
Are any of these limitations included under this Stop Loss policy? Pre-existing conditions exclusion? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Certification and Signature	
You hereby represent that the information contained in this <i>Stop Loss Application and Schedule of Insurance</i> , any <i>Disclosure</i> statement, and all other information and documents provided by you to us, is true and complete to the best of your knowledge and belief.	
This <i>Stop Loss Application and Schedule of Insurance</i> may include High Risk Individual Stop Loss amounts, identified in the Individual Stop Loss Coverage section above. Your signature below represents that the financial risk was fully explained to you and that you accept the additional risk.	
Printed name of authorized representative:	Signature of authorized representative:
Official title:	Date:

Agent of record

Agent's name:

Agent's firm:

Tax ID #:

(If countersignature laws require commission sharing with a duly licensed resident agent in another jurisdiction, the above designation will be modified to the extent required by law.)

Fraud Notice

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

[State-specific notices:

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]