

# Sun Life Assurance Company of Canada

## Stop-Loss special risk questionnaire



### Section 1 Who is a special risk?

Your employee benefit plan covers any or all of the following: employees, dependents, retirees, and those receiving coverage under COBRA. Some of these people are or might be a special risk. You must disclose these individuals.

A person is a special risk if he or she is:

- receiving total parenteral nutrition (intravenous feeding);
- confined to a medical (acute, skilled, or rehabilitation) facility or receiving home nursing care for 4 or more hours per day;
- being, or has been, evaluated, considered, or listed for an organ, tissue, stem cell, or bone marrow transplant or has received such a transplant;
- using a left ventricular assist device, ventricular assist device, or internal defibrillator;
- experiencing a high-risk pregnancy as determined by your precertification or pregnancy management vendors;
- ventilator dependent;
- an employee who is not actively at work due to disability, who has been absent from work for more than 10 consecutive days within the past 12 months, or who is working reduced hours due to illness or injury; or
- being re-enrolled, or has been re-enrolled, in the employer's medical benefit plan following his or her prior exhaustion of benefits under the plan.

In addition, a person is a special risk if he or she has been diagnosed with or treated for any of the following conditions within the past 12 months:

- |   |   |   |
|---|---|---|
| • major trauma (e.g., accident with multiple injuries or internal injuries); amputation; severe burns | • mental health or substance abuse disorder that has required inpatient confinement | • hemophilia; other blood-clotting disorders; Fanconi's disease |
| • intracranial or other head injury   | • heart disease; cardiomyopathy; congestive heart failure; dysrhythmias             | • amyotrophic lateral sclerosis (ALS) or multiple sclerosis     |
| • spinal cord injury  | • congenital heart defect   | • Gaucher's disease   |
| • acquired immune deficiency syndrome (AIDS)  | • primary pulmonary hypertension  | • chronic or acute liver disease; hepatitis                     |
| • cancer or malignant neoplasm  | • chronic obstructive pulmonary disease   | • pancreatitis  |
| • leukemia or lymphoma  | • thrombocytopenia  | • acute or chronic renal disease                                |
| • cystic fibrosis   | • cerebrovascular disease or stroke   | • regional enteritis  |
| • complications of pregnancy; multiple births; premature birth; or newborn complications              | • arthritis (rheumatoid or osteoarthritis)  | • morbid obesity  |

### Section 2 How do you identify who is a special risk?

There are two ways to disclose special risk individuals. Please read this section carefully.

To identify who is or may be a special risk, you or your authorized representative should:

A. **Attach** any relevant reports (listed below) **and highlight** individuals falling into a special risk category (see above):

- pending claims report with diagnosis
- subrogated claims reports
- precertification reports with diagnosis performed within the last 3 months
- report listing any participant who has incurred or is expected to incur medical expenses (including prescription drug expenses) equal to or greater than 50% of the specific benefit deductible

Be sure to **highlight** special risks. Having a special risk individual simply appear on an attached report does not constitute disclosure. You may highlight special risk individuals by circling the name or by using an asterisk or other mark.

**Section 2** How do you identify who is a special risk?, *continued*

- OR -

APPROVED AS TO FORM AND RETURNED

JAN. 31

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- B. List individuals falling into a special risk category directly on the reverse/second page of this form after SHANNON, City Attorney
- reviewing your employee attendance records, sick leave reports, and disability reports; and
  - consulting with your precertification, utilization review, and case management vendors. (Be sure to include transparent candidates.) CHECEL CHRISTINA, CHECEL

Your medical management vendors may assist with the completion of this form. You may forward this form to any vendors.

**Section 3** Identifying special risks

Make sure you have read the directions on the reverse/first page.

**Option A**  
Attach the relevant reports and highlight (by circling or using an asterisk or other mark) special risk individuals.

**Option B**  
List special risk individuals directly on this form.  
**IMPORTANT!**  
Individuals must either be: (A) highlighted on an attached report or (B) listed on this form.

Name of plan sponsor	Proposed effective date	Today's date
City of Long Beach	1/1/13	1/3/2013
<b>Attached reports</b>	<b>Date of report (must be within 30 days of proposed effective date)</b>	<b>Number of pages</b>
<input type="checkbox"/> Pending claims report		
<input checked="" type="checkbox"/> Large claims report (50% of Specific deductible)	10/31/2013	4
<input type="checkbox"/> Precertification report		
<input type="checkbox"/> Subrogated claims report		
<input checked="" type="checkbox"/> Other report (please describe): Large Claim Detail	10/31/2013	1

**Section 4** Acknowledgment and signature

Return this completed form to your broker or Sun Life Financial representative within 30 days of the proposed policy effective date.

We will use the information you provide on this form to underwrite the stop-loss insurance you have applied for and to determine the appropriate coverage, deductibles, and premium rates for that insurance. If you fail to disclose any person as a special risk who should have been disclosed as a special risk and submit a claim relating to that person, we may decline or limit coverage with respect to that person, retroactive to the original effective date of your stop-loss policy with us. **Your signature on this form represents to us that:**

1. You or your authorized representative provided the requested reports with special risk individuals identified; and
2. You or your authorized representative consulted with your precertification, utilization review, and case management vendors and with your third party administrator or former third party administrator to obtain the information required to complete this form; and
3. You or your authorized representative provided information about any individual who is eligible under your employee benefit plan as of the date you signed this form who is, or may be, a special risk.

Signature of authorized representative of plan sponsor *[Signature]* Name (please print) Assistant City Manager Title (please print) City Manager Date signed 1/3/13

RECEIVED PURSUANT TO SECTION 301 OF THE CITY CHARTER.