

## Employer Stop Loss Reimbursement Request

Berkley Life and Health Insurance Company

Type of Request:			
<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Subsequent Submission	<input type="checkbox"/> Final Submission under \$1,000	
<input type="checkbox"/> Simultaneous Funding	<input type="checkbox"/> Discount (Last date discount is available: )		
<b>Section 1 – Policyholder Information</b>			
Policyholder Name:		Specific Deductible:	
Policy Period:		Benefit Period:	
<b>Section 2 – Employee Information</b>			
Employee Name:		DOB:	ID/SS#:
Date of Hire:	Original Effective Date:	Termination Date:	Retirement Date:
Actively working the required # of hours/week: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, last date worked:	
Disability Dates: from to		Return to Work Date:	
COBRA Effective Date:		COBRA Termination Date:	
<i>Please indicate how eligibility is being maintained if the employee is not actively at work. Complete all that apply:</i>			
Sick Leave Dates: from to		Leave of Absence Dates: from to	
Vacation Dates: from to		FMLA Dates: from to	
<i>Please include supporting documentation.</i>			
<b>Section 3 – Claimant Information</b>			
Claimant Name:		DOB:	ID/SS#:
Relationship to Employee:			
Original Effective Date:		Termination Date:	
COBRA Effective Date:		COBRA Termination Date:	
Other Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, type of coverage:	
Other Coverage Carrier:		Other Coverage Effective Date:	
Medicare Effective Date:		Disabling condition (if under 65):	
<i>Please include COBRA Election Form and premium verification.</i>			
<b>Section 4 – Claim Information</b>			
Primary Diagnosis:		ICD 10(s):	
Date of Onset:		If ESRD, date of first dialysis:	
Date of Injury:		Details of Injury:	
Subrogation:	Contact Name:	Telephone:	
Case Management: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Contact Name:	Telephone:	
Claims Pending YTD: \$	Claims Denied YTD: \$	Future Liability: \$	

## Section 5 – Initial Claims

Total Plan Payments: \$

Less Specific Deductible: – \$

Reimbursement Requested: = \$

## Section 6 – Subsequent Submissions

Payments Covered by this Submission: \$

Reimbursement Requested: \$

## Section 7 – Administrator

*Any person who knowingly provides false or misleading information or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

*I certify that, to the best of my knowledge, the above information is correct and there have been no other reimbursements made by any other entity for these expenses.*

Claim Administrator:

Completed by:

Title:

Date:

Address:

Telephone:

Fax:

Email:

***Please submit to:***

**Claims Department  
Berkley Life and Health Insurance Company  
100 American Metro Boulevard, Suite 201,  
Hamilton, NJ 08619**

**BAHClaims@BerkleyAH.com**

**Tel: (609) 584-6990**

**Fax: (609) 588-5770**

## Section 8 – Fraud Warnings

**For all states other than those referenced below, this is the standard Fraud Warning:**

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

**Alabama** – Any person who knowingly presents 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 restitution fines or confinement in prison or any combination thereof.

**Alaska** – A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under the law.

**Arkansas** – 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 restitution fines or confinement in prison or any combination thereof.

**Arizona** – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California** – For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** – 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.

**Delaware** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DC** – 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.

**Florida** – **WARNING:** 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.

**Georgia** – Any person who knowingly and willfully with intent to defraud subscribes, makes, or concurs in making any annual or other statement required by law to be filed with the Commissioner containing any material statement which is false commits the crime of insurance fraud.

**Idaho** – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Indiana** – Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Kentucky** – Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**Louisiana** – Any person who knowingly presents 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.

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

**Maryland** – 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.

**Minnesota** – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Jersey** – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** – **ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FAUDULENT 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.**

**New York** – 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 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.

**Ohio** – 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.

**Oklahoma** – 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.

**Pennsylvania** – 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.

**Rhode Island** – 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.

**Tennessee** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the Company. Penalties include imprisonment, fines and denial of coverage.

**Texas** – Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

**Vermont** – Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia** – 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.

**Washington** – 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.

**West Virginia** – 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.