

## SPECIAL RISK QUESTIONNAIRE

It is important that this form be completed in full and signed. Failure to complete and sign it could delay the requested coverage.

### 1 | Definition of special risk

A person covered under your benefit plan (including employees, their dependents, retirees, former employees on COBRA, or any person being newly enrolled or re-enrolled in your plan after prior exhaustion of their benefits under it) is considered a special risk if he or she meets any of the following criteria:

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

- Confined to a medical facility (acute, skilled or rehabilitation); or
- On a left ventricular assist device (LVAD), ventricular assist device (VAD), or ventilator dependent; or
- Experiencing a high risk pregnancy as determined by your pre-certification, case management or pregnancy management vendor; or
- Currently receiving dialysis or has been diagnosed with end stage renal disease; or
- Not actively at work due to disability or is working reduced hours due to illness or injury; or
- An employee who is not actively at work due to disability, or who has been absent from work more than 10 consecutive days within the past 12 months, or who is working reduced hours due to illness or injury.

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

ICD-9	ICD-10	Diagnosis
V42.xx	Z48.22-Z48.288	Transplants
042-044	B20	HIV
140-199	C00.00-C80.0	Malignant Neoplasm/Carcinoma
200-208	C83.30-C95.00	Lymphoma/Leukemia
253.2-253.3	E23.0	Growth Hormone Deficiency
272.7	E75.21-E75.6	Gaucher's Disease
277	E84.9	Cystic Fibrosis
286-286.5	D66-D68.31	Hemophilia
335.2	G12.21	Amyotrophic Lateral Sclerosis (ALS)
340	G35	Multiple Sclerosis
342-344	G81.00-G82.50	Cerebrovascular Diseases/Stroke
393-429, 518	I09.2-I51.4, J98.11-J98.19	Heart/Lung Disease
430-436	I60.0-I67.8	Cerebrovascular Diseases/Stroke

ICD-9	ICD-10	Diagnosis
570-573	K72.00-K76.1	Chronic Liver Disease
577-577.1	K85.0-K86.10	Acute Chronic Pancreatitis
584-587	N17.1-N26.9	Acute/Chronic Renal Failure
651	O30.009	Multiple Gestation
758-779	Q90.0-P90	Neonatal (High Risk Infants)
800-804	S02.0XXA-S02.91XA	Intracranial Injury
805-806	S12.9XXA-S12.000A	Spinal Cord Injury
850.4-854	S06.0X64-S06.890A	Intracranial Injury
860-869	S27.0XXA-S36.4X4S	Major Trauma
874, 875, 879	S11.019A, S21, 101A, S21.001A	Major Trauma
900-909	S15.009A-T36.4X4S	Major Trauma
940-949	T26.50XA-T30.4	Severe Burns
952-953	S14.101A-S14.2XXA	Spinal Cord Injury

## 2 | Disclosure of special risk(s)

There are two ways to disclose an individual who is a special risk.

1. You may disclose an individual who is a special risk by providing one or more of the following reports. Please check "Yes" or "No" to indicate whether the report is being provided, list the report date, and attach a copy of the report.

Report	Provided	Report Date
Trigger Diagnosis report	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pending/denied claims reports with diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subrogated claims report	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-certification reports with diagnosis within the last 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Report listing any plan participant who has incurred or is expected to incur medical expenses (including drug expenses) greater than 50% of the specific benefit deductible or \$50,000, whichever is less	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. You may also disclose an individual who is a special risk on the following chart. Please attach additional pages as needed. If there are no individuals to report, please write "None to Report" in the first row of the chart.

Individual's name or member identification number	Category	Date of birth or age	Gender	Diagnosis/Medical condition	Date of Diagnosis or Disability, if known	Date expected to return to work, if applicable
	E=Employee D=Dependent R=Retiree C=COBRA F=FMLA O=Other continuee					

### 3 | Acknowledgment and signature

In accordance with our policy, if you fail to disclose an individual who should be disclosed as a special risk, we have the right to revise premium rates, deductibles, deductible factors, and other terms and conditions of the policy, according to our underwriting practices, retroactive to the policy's original effective date.

**Your signature on this form represents to us that you or your authorized representative have:**

1. Consulted with your pre-certification, utilization review and case management vendors, to obtain information
2. Consulted with your Human Resources department to identify employees on FMLA, extended sick leave, leave of absence, or short- or long-term disability.
3. Disclosed each individual covered under your benefit plan who is, or may be, a special risk as of the date you signed this form.

Legal name	Effective date of coverage
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Name of authorized representative of plan sponsor (please print)	Title
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Signature X	Date
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