



Plan Sponsor Disclosure Statement

Any person who knowingly and with intent to injure, defraud, or deceive submits this Disclosure Statement containing any false, incomplete, or misleading information may be guilty of a felony. Penalties may include imprisonment, fines, denial of benefits, and civil damages.

Name of Employer: _____

Key Contact: _____

Phone: _____ Email: _____

Employer Address: _____

Prior Carrier: _____ Type of Coverage: _____

Before Allstate Benefits issues a stop-loss policy on behalf of _____, Allstate Benefits requires _____ to complete the following questions to the best of your knowledge for all eligible employees and dependents, including any COBRA beneficiary:

- 1) Have any employees or dependents, including those on COBRA, been hospitalized, had surgery, or had more than \$10,000 in medical expenses, whether paid or not, in the last 12 months? ☐ Yes ☐ No
- 2) Are any employees or dependents currently pregnant? ☐ Yes ☐ No
- 3) Have any employees or dependents, including those on COBRA, been advised that hospitalization or surgery will be necessary in the next 12 months? ☐ Yes ☐ No
- 4) Is there a covered person for whom a Prior Authorization, a Pre-Certification, or a Step Therapy Request for any Gene Therapy treatment, or is any covered persons expected to initiate or complete such treatment including but not limited to Kymriah, Yecarta, or Zolgensma? ☐ Yes ☐ No
- 5) Within the past 2 years, has any employee or dependent, including those on COBRA, received or been scheduled to receive treatment for any of the following disorders or conditions?
 - ☐ Cancer
 - ☐ End-Stage Renal Disease
 - ☐ Injectable Medications
 - ☐ Transplant

If you answered "Yes" to any question above please provide the following details: (If needed, please include an additional page)



Question	Employee/Dependent/COBRA	Age	Condition	Type of treatment	Prescribed Rx	Date last treated

As the representative of the above named Employer I attest that the above information is true, complete, and accurate to the best of my knowledge. I acknowledge that any false, or inaccurate statement or material misrepresentation in the Disclosure Statement may result in claim denial, a change in rates, or other changes to the terms and conditions for coverage hereunder. I further understand that if Allstate Benefits becomes aware of information, which if known prior to the effective date of this policy would have affected the rates, deductibles, terms or conditions for coverage hereunder, Allstate Benefits has the right to revise the rates, deductibles, terms, or conditions as of the effective date. I further agree that in order to complete this Disclosure Statement I have consulted with the Carrier, Third Party Administrator, Broker, Human Resources Department, Pre-Certification Vendor, Large Case Management Vendor, Disease Management Vendor and Utilization Review Vendor to ensure that the information provided in this Disclosure Statement is accurate and complete. I acknowledge and agree that previously or subsequently submitted documentation (e.g., a “claims exceeding \$10,000” or claim filing) does not satisfy or alter the need to complete this Disclosure Statement or the consequences of failing to disclose a Covered Person that should have been listed on this form. I understand that [Allstate Benefits] has the right to revise rates retrospectively or prospectively for the stop-loss insurance contract if false, incomplete, or misleading information is provided on this form.

Employer Representative Signature: _____

Date: _____

The Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered. National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation are rated “A+” (Superior) by A.M. Best.