Disclosure Form

Risk Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Term Date	Diagnosis	Most Recent Date of Service	Expenses Incurred This Plan Year

he Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic risks in accordance with the instructions attached to this rm and that it is the result of a diligent search in accordance with those instructions. **If there are no risks to report, which meet the disclosure criteria above, ease check this box.** ☐

an Sponsor:_____ Claims Administrator:_____ Agent/Broker:_____

gnature:_____ Signature:_____ Signature:_____

ame:_____ Name:_____ Name:_____

tle:_____ Title:_____ Title:_____

ate:_____ Date:_____ Date:_____