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**Potential Specific Benefit Claim Notification**

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| **POLICYHOLDER** |       |
| **Policy #** |       | **Policy Year** |       |
| **Specific Ded.** |       | **Contract Basis**  |       |
|  |  |  |  |
| Employee: |       | Covered Person:  |       |
| Date of Birth: |       | Date of Birth: |       |
| Hire Date: |       | Relationship to EE: |       |
| Effective Date: |       | Effective Date: |       |
| Termination Date: |       | Termination Date:  |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Other Coverage: | [ ]  Medicaid | [ ]  Spouse’s Plan | Eff Date |       | Carrier  |       |
|  | [ ]  Medicare | Parts Elected |       | Eff Date |       |
| Present EE Status | [ ]  Active | [ ]  FMLA/LOA/STD/LTD | [ ]  Retired | Retirement Date |       |
| Last Date Worked |       | FMLA Date |       | to |       |
| LOA/STD/LTD Date |       | To |       | COBRA Eff Date |       |

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| **CLAIM INFORMATION**  |
| Diagnosis (ICD 10) |       |
| Onset Date |       | Prognosis  |       |
| Accidental Injury?  | [ ] Yes [ ]  No | Date of Injury |       | Place of Injury |       |
| How did injury occurred?  |       |
| Attending Physician |       | Phone #  |       |
| Hospital  |       | Phone #  |       |
| [ ]  Claimant is hospitalized | [ ]  Claimant is continuing treatment  |
| [ ]  ESRD |  1st Date of Dialysis  |       |
| Has Large Case Management been implemented | [ ]  Yes [ ]  No |
| Case Mgmt Co |       | Phone #  |       |
| Claims Paid YTD |       | Claims Pending YTD |       |
| Estimates of future expenses:  |
| [ ]  Less than $50K | [ ]  $50K-$100K | [ ]  $100K-$150K | [ ]  $150K-$200K | [ ]  Other $      |

|  |  |
| --- | --- |
| Claims Administrator  |       |
| Address |       |
| City |       | State |       | Zip |       |
| Phone |       | Email  |       |
| Completed By |       | Date |       |

BHSI Potential Specific Benefit Claim Notification Form 08/2016 \*\*\*\* CONFIDENTIAL \*\*\*\*