

**SPECIFIC ADVANCE REIMBURSEMENT FORM**

SLG Benefits is pleased to offer advance reimbursement of Specific Stop-Loss claims. Please use this form with each advance reimbursement request.

Name of Policyholder \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Covered Person \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Claimant \_\_\_\_\_ Social Security # \_\_\_\_\_

Total Eligible Stop-Loss Claim: \$ \_\_\_\_\_

Less Specific Deductible: \$ \_\_\_\_\_

Advance Reimbursement Requested Amount: \$ \_\_\_\_\_

**ADVANCE REIMBURSEMENT REQUEST**

SLG Benefits and Insurance may consider, at our discretion, paying any Specific Stop-Loss claim, relating to the above Claimant and Policyholder, at the same time that expenses are paid by the Plan.

For us to consider advancing reimbursement, the following conditions must be satisfied:

- 1.) The Claim Administrator prior to the expiration of the Specific Excess Contract has processed all eligible bills relating to this Advance Reimbursement request.
- 2.) Checks totaling at least the amount of the Specific Attachment Point have been processed, paid and released to the indicated providers prior to the expiration of the Specific Contract, or prior to this request, whichever is earlier.
- 3.) Premium has been paid through the month in which the claim is submitted.
- 4.) Advance Reimbursement requests **will not** be accepted if received within (30) thirty days of the date of the Policy's cancellation or early termination.
- 5.) All eligible Expenses must be immediately released to providers upon our payment of the claim.
- 6.) The claim request for Advance Reimbursement must be greater than \$1,000.
- 7.) This form must be completed and submitted with each Specific Claim Advance Reimbursement request.

**The Advance Reimbursement is a value added service that can be changed or withdrawn at our discretion without prior notice. SLG Benefits & Insurance, LLC must receive written notice of Advance Reimbursement requests no more than (7) seven calendar days after the expiration date of the Excess Loss Insurance Policy in order for the Plan Sponsor to be excused from actual payment according to the terms of the Policy. Any special exceptions must be submitted in writing to SLG Benefits prior to the end of the (7) seven day period after the expiration date of the Policy.**

By signing this form, You or Your TPA on behalf of Your Plan, represent to us (1) that the information stated herein is correct; (2) that the claim has been processed and is eligible in accordance with the Plan Sponsor Benefit Plan; and (3) that all indicated expenses have actually been unconditionally paid by, or on behalf of the Plan as required by the Stop Loss contract, except as specifically disclosed in the Specific Advance Reimbursement Section.

Name of person completing this form \_\_\_\_\_ Title \_\_\_\_\_

Signature of Plan Sponsor or TPA \_\_\_\_\_ Date \_\_\_\_\_