



**GREENWOOD INTERNATIONAL  
INSURANCE SERVICES, INC**

225 Franklin Street  
Suite 1201  
Boston, MA 02110

P: 617.502.3000  
F: 617.728.8268  
www.gwigroup.com

## Specific Stop Loss Claim Form

<b>Employer Name</b>			
<b>Policy Number:</b>		<b>Plan Year/Type</b>	
<b>Employee Name:</b>		<b>SSN:</b>	
<b>EE Effective Date</b>		<b>EE Hire Date:</b>	
<b>Last Day Worked:</b>		<b>Termination Date:</b>	
<b>Claimant Name:</b>		<b>COBRA Effective Date:</b>	
<b>Claimant DOB:</b>		<b>Diagnosis/ICD9:</b>	
<b>Relationship:</b>		<b>Prognosis:</b>	
<b>Lifetime Max:</b>			
<b>PTD:</b>			

<b>Total Eligible Benefits this Submission</b>	\$	
<b>Less Specific Deductible</b>	\$	
<b>Reimbursement Requested:</b>	\$	
<b>Estimated Future Liability:</b>	\$	

**YOUR REIMBURSEMENT REQUEST SHOULD INCLUDE THE FOLLOWING INFORMATION (if applicable):**

***Copies Of:***

Employment Form/Documentation of Continuing Eligibility  
Employee Claim Form/Current  
COBRA Election Form/Payments  
Medicare Election Form  
EOB's/Claim Checks/Registers  
Itemized Bills  
Deductible/Coinsurance Proof  
Pre-certification Form  
Hospital Records/Audits/Reviews  
R&C Calculations

***Investigation Materials For:***

COB  
Full Time Student Status  
Pre-Existing  
Large Case Management Reports  
Physician's Statements  
Subrogation (accident detail/police report)  
Workers' Compensation

<b>TPA Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Submitted by (PRINT):</b>	
<b>Title:</b>	
<b>Date:</b>	
<b>Send to:</b>	

**Please remit form by regular mail to:**

**GreenWood International Insurance Services, Inc.  
225 Franklin Street, Suite 1201  
Boston, MA 02110**