

EMPLOYER DISCLOSURE STATEMENT

Employer Name: Williamson County

Proposed Effective Date: November 01, 2012

The Employer, no earlier than 15 days prior to the proposed effective date and no later than 15 days past the proposed effective date must complete this form, the Employer Disclosure Statement. The completed form must be returned to Arbor Benefit Group, L.P. on behalf of Fidelity Security Life Insurance Company (referred herein as "Company") within 5 days of completion by the Employer. If the original signed Employer Disclosure Statement is not completed and returned to the Company within 30 days of the proposed effective date, coverage will automatically be rescinded. The Company will be obligated to respond in writing to the Producer no more than 20 days following the receipt of the original Employer Disclosure Statement and receipt of required reports through the proposed effective date. Disclosure requirements of potential known claimants will remain open until the company, original Employer Disclosure Statement and required reports through the proposed effective date are received and approved by the Company. Continued negotiation of the offered terms up to or past the effective date will cause the disclosure requirements to remain open until the date written acceptance is received. All information provided will be kept in the strictest of confidence by the Company.

In signing the Employer Disclosure Statement, the Employer is assuming complete and final responsibility that all known potential large claimants have been disclosed. This Employer responsibility cannot be transferred. A claim will not be considered eligible under the Excess Loss contract if it is determined that an individual was not disclosed who met any of the criteria described in the Employer Disclosure Statement. To assist in identifying individuals who satisfy any of the criteria noted in this document, the employer assumes responsibility for obtaining and analyzing without limitation pending claim reports, denied claim reports, pre certification, large case management and other utilization review reports, subrogation reports, employee attendance reports, sick leave and disability reports.

In order for the Company to allow for coverage for a non-disclosed individual, it will be necessary to re-underwrite the contract terms. In re-underwriting the Excess Loss contract, the Company may apply a higher Specific Deductible to the Non-Disclosed Claimant, and/or revise the specific rates for the Employer.

Should you require additional space to complete this form, please use the reverse side of this form or attach a separate sheet of paper. If a field does not apply please initial the appropriate box indicating none apply.

1. List those employees who are currently not actively-at-work due to disability, sick time, Family Medical Leave or scheduled Leave of Absence and/or will not be actively-at work on the coverage date or in the case of dependents, those who are unable to perform the normal function of a person of like sex and age. Any individual on temporary, short-term or long-term disability should be included. Any individual covered by the prior fully insured contract for extended benefits should be included, as well as those employees that are within their COBRA election period or have elected COBRA.

If none, please initial this box.

Employee Name	Claimant Name	Claimant DOB	Date Last Worked	Diagnosis	Current Status	Claims Paid	Claims Pending	Claims Denied

Employer: _____ Date Signed by Employer: _____
 (Signature and Title)

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2. List all covered individuals who are currently hospital confined, hospital confined on multiple occasions during the preceding 12 months or confined for more than three consecutive days, and/or have requested certification for a hospital, SNF, rehab or other medical facility admission 90 days prior to the proposed effective date, including active employees, COBRA and COBRA eligible individuals, covered retirees, and all their dependents who are eligible for coverage.

If none, please initial this box.

Employee Name	Claimant Name	Claimant DOB	Date Last Worked	Diagnosis	Current Status	Claims Paid	Claims Pending	Claims Denied
See Attached								
Large Claim								
Review Analysis								

3. Please review Trigger Diagnosis listing on pages 2 thru 6 of the Employer Disclosure Statement. This is an illustrative listing and not intended to be complete. The Trigger Diagnosis listing is intended to assist the named insured in their disclosure review. List all individuals with a history or current diagnosis of any of the conditions listed under Trigger Diagnosis, including active employees, COBRA and COBRA eligible individuals, FMLA, covered retirees, and all their dependents who are eligible for coverage.

If none, please initial this box.

Employee Name	Claimant Name	Claimant DOB	Date Last Worked	Diagnosis	Current Status	Claims Paid	Claims Pending	Claims Denied
See Attached								
Large Claim								
Review Analysis								

4. Other than those individuals listed above, please list any other covered person for which medical expenses have been incurred, pending, denied or paid and are expected to reach or exceed the lesser of \$20,000 or 50% of the current specific deductible, including active employees, COBRA FMLA, and COBRA eligible individuals, covered retirees, individuals not actively at work and all their dependents who are eligible for coverage. Please list any individual currently eligible for the Plan who has met 50% of their Benefit Plan Maximum since their initial effective date.

If none, please initial this box.

Employee Name	Claimant Name	Claimant DOB	Date Last Worked	Diagnosis	Current Status	Claims Paid	Claims Pending	Claims Denied
See Attached								
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TRIGGER DIAGNOSIS – Any covered individual that has a history or current diagnosis of one or more of the following diagnosis should be listed in Section 4 of the Employer Disclosure Statement.

ICD-9 Code Guide	Description
010 - 016.3	Tuberculosis
020 - 020.9	Zoonotic bacterial diseases
038 - 042	Other bacterial diseases / HIV
045 - 047	Pollmyelitis and other non-arthropod-borne viral diseases of central nervous system
049 - 079.6	Other non-arthropod-borne viral diseases of central nervous system / other diseases due to viruses and chlamydiae
090 - 095	Syphilis and other venereal diseases
112.4	Mycoses
130 - 130.9	Other infectious and parasitic diseases
135	Sarcoidosis
137 - 165.9	Late effects of infectious and parasitic diseases / Malignant neoplasm of respiratory and intrathoracic organs
170 - 172.9	Malignant neoplasm of bone, connective tissue, skin, and breast
174 - 176.9	Malignant neoplasm of bone, connective tissue, skin, and breast
179 - 209.30	Malignant neoplasm of genitourinary organs / Malignant neoplasm of lymphatic and hematopoietic tissue
230 - 239.9	Carcinoma in SITU / Neoplasms of unspecified nature
249.3 - 250.93	Disorders of thyroid gland / Diseases of other endocrine glands
252 - 253.8	Diseases of other endocrine glands
255.2	Diseases of other endocrine glands
259.2 - 359.8	Diseases of other endocrine glands
261	Nutritional deficiencies
270	Other metabolic and immunity disorders
271.0	Glycogenosis (Pompe Disease)
272.7	Lipidoses
273 - 273.9	Other metabolic and immunity disorders
275 - 279.9	Other metabolic and immunity disorders
281 - 289.84	Diseases of the blood and blood-forming organs
291 - 291.2	Psychoses
304 - 307.51	Neurotic disorders, personality disorders and other nonpsychotic mental disorders
320 - 326	Inflammatory diseases of the central nervous system
330 - 335.20	Hereditary and degenerative diseases of the central

ICD-9 Code Guide	Description
356 - 358.1	Disorders of the peripheral nervous system
376 - 376.03	Disorders of the eye and adnexa
389 - 389.2	Diseases of the ear and mastoid process
396 - 396.9	Chronic rheumatic heart disease
401.1 - 404.03	Hypertensive disease
410 - 414.19	Ischemic heart disease
415 - 417.1	Diseases of pulmonary circulation
420 - 438.53	Other forms of heart disease / cerebrovascular disease
440 - 446.6	Diseases of arteries, arterioles, and capillaries
451.0 - 457.0	Diseases of veins and lymphatics, and other diseases of circulatory system
480 - 486	Pneumonia and influenza
491 - 496	Chronic obstructive pulmonary disease and allied conditions
500 - 508.1	Pneumoconioses and other lung disease due to external agents
511.81 - 519.09	Other diseases of respiratory system
526.3 - 529.0	Diseases of oral cavity, salivary glands, and jaws
530 - 536.49	Diseases of esophagus, stomach and duodenum
555 - 558.42	Noninfectious enteritis and colitis
560 - 569.9	Other diseases of intestines and peritoneum
570 - 579.9	Other diseases of digestive system
580 - 588.9	Nephritis, Nephrotic syndrome, and nephrosis
590 - 592.9	Other diseases of urinary system
607.84 - 611.83	Disorders of breast
612 - 616.4	Inflammatory disease of female pelvic organs
622.5 - 629.81	Other disorders of female genital tract
632 - 633.91	Ectopic and molar pregnancy
634.3 - 638	Other pregnancy with abortive outcome
640 - 649.73	Complications mainly related to pregnancy
651 - 659.9	Normal delivery and tohr indications for care in pregnancy labor and delivery
884 - 887.7	open wound of upper limb

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895 - 897.7	open wound of lower limb
925 - 929	crushing injury
949 - 949.5	Burns
952 - 953	injury to nerves and spinal cord
965 - 965.09	Poisoning by drugs, medicinal and biological substances
980 - 982	Toxic effects of substances chiefly nonmedicinal as to source
991	other and unspecified effects of external causes
996 - 999.8	complications of surgical and medical care, not elsewhere classified
V07.3 - V09.91	Persons with need for isolation, other potential health hazards and prophylactic measures
V10 - V15.3	Persons with potential health hazards related to personal and family history
V21.3 - V29	Persons encountering health services in circumstances related to reproduction and development
V31 - V37	Liveborn infants according to type of birth
V42 - V49.83	Persons with a condition influencing their health status
V50.4 - V59.6	Persons encountering health services for specific procedures and aftercare
V66 - V67.2	Persons encountering health services in other circumstances
V72.8 - V76.0	Persons without reported diagnosis encountered during examination and investigation of individuals and populations
V83.0 - V84.04	Genetics
V86 - V89.03	estrogen receptor status

340 - 349.81	nervous system
660 - 669	Other disorders of the central nervous system
673 - 679.14	Complications occurring mainly in the course of labor and delivery
681 - 682.9	Complications of the puerperium
695.3 - 695.5	Infections of skin and subcutaneous tissue
707 - 707.9	Lupus erythematosus
710 - 715.9	Other diseases of skin and subcutaneous tissue
721 - 724.4	Arthropathies and related disorders
728.2 - 729.30	Dorsopathies
730 - 737.39	Rheumatism, Excluding the back
740 - 759.9	Osteopathies, chondropathies, and acquired musculoskeletal deformities
760 - 763.84	Congenital anomalies
764 - 779.5	Maternal causes of perinatal morbidity and mortality
780 - 789.5	Other conditions originating in the perinatal period
790.7 - 795.89	Symptoms
799 - 799.1	Nonspecific abnormal findings
800 - 804.9	Ill-defined and unknown causes of morbidity and mortality
805 - 806.9	fracture of skull
828 - 828.1	fracture of neck and trunk
836 - 836.2	fracture of lower limb
852 - 854.1	Dislocation
861 - 869.1	Intracranial injury, excluding those with skull fracture
	internal injury of thorax, abdomen and pelvis

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We agree the proposed coverage is subject to the terms and provisions of the Company's contract. We have listed above all individuals identified as requested, as of the signature date. The total of claims paid are noted for each individual along with their current status. After diligent review, we represent that the above information is complete and accurate.

We acknowledge that the Company, retains the right to re-underwrite any individual whose actual claims (paid or pending) are greater than the amounts reported (above or previously) to the Company by more than \$10,000 as of the signature date below or whose information is incorrect or incomplete. We further acknowledge, understand and agree that this information may be used by the Company in evaluating and determining the acceptability of the risk and that acceptance of this form can not be construed in any manner as to bind coverage. Any attempt to knowingly provide inaccurate information may result in the termination of the Excess Loss Policy retroactively to the policy effective date. In addition, we understand that no coverage shall be provided for above listed persons unless specifically agreed to in writing by the Company.

TPA: _____
(Signature and Title)

Date Signed by TPA: _____

Producer: 

Date Signed by Producer: 9/30/12

Employer: _____
(Signature and Title)

Date Signed by Employer: _____