Swiss Re
Corporate Solutions

EMPLOYEE ELIGIBILITY VERIFICATION FOR STOP LOSS CLAIMS FORM

Employer / Group: ______________________________ Plan Year: ____________

Employee Name: ______________________________

Date of Hire: __________

Original Effective Date of Coverage: __________

1. What is the employment status of this person? Please check all that apply:

☐ Actively Working

☐ Terminated Termination Date: ____________

☐ Retired Retirement Date: ____________

☐ Medical Leave of Absence from: __________ to: __________

☐ FMLA from: __________ to: __________

☐ Other Leave Describe type of leave used: ______________________________

From: __________ to: __________

2. Please provide the employee's last day worked and return to work date for all absences during the above referenced plan year. Please indicate (in the Time Used column below) how coverage for medical benefits was continued during the absences:
S (sick time); **V** (vacation time); **P** (paid leave); **U** (unpaid leave w/employee contributions continued)

a. Last Day Worked: ________ Returned to work: ________ Time Used: ______

b. Last Day Worked: ________ Returned to work: ________ Time Used: ______

c. Last Day Worked: ________ Returned to work: ________ Time Used: ______

3. If the employee has not returned to work, what is the expected return to work date?

____

4. If coverage terminated has COBRA been elected?

☐ No ☐ Yes Effective Date: ________ (provide copy of COBRA election form and proof of COBRA premium payments through current month)

Length of COBRA coverage: ☐ 18 months ☐ 29 months ☐ 36 months

5. Is the employee covered under Medicare? ☐ No ☐ Yes (If yes, provide copy of Medicare card)

6. How did the employee qualify for Medicare? ☐ Age ☐ Disability ☐ ESRD

Completed By: ______________________________

Company Name: ______________________________

Title: ______________________________ Date: __________

Westport Insurance Corporation - A Swiss Re Company

One Kansas City Place • 1200 Main Street • Kansas City, MO 64105 • (913) 676-5200 • Facsimile (913) 676-5221