Swiss Re
Corporate Solutions

Notification Form

Policyholder:

Specific Deductible: **Contract:** **Policy Year:**

Insured: **Insured D.O.B:** **Insured SS#:**

Claimant: **Relationship to insured:** **Claimant D.O.B:**

Active: ☐ Yes ☐ No **If "No" termination date:**

COBRA: ☐ Yes ☐ No **If "Yes" effective date:**

Retiree: ☐ Yes ☐ No **If "Yes" effective date:**

Medicare: ☐ Yes ☐ No **If "Yes" effective date:**

Is the claimant covered under any other Insurance? ☐ Yes ☐ No

If yes, please describe:

Date claim incurred: **Subrogation applicable?** ☐ Yes ☐ No

If injury, please describe:

Has Large Case Management been initiated?: ☐ Yes ☐ No

Name of LCM Firm:

Primary Diagnosis Code:

Secondary Diagnosis Code:

Prognosis:

Total Claims Paid to Date: **Estimated Future Claims:**

Is the provider in a Network? ☐ Yes ☐ No **Network:**

Additional Comments:

TPA/Company Name:

Address:

Telephone: **Ext:**

Email address: **Fax:**

Signature: **Date:**

Title:

This form may be used for trigger diagnosis, early/potential notices, or 50% notices.
Any questions regarding the use of this form please call:
(877) 392-3770 ext. 147
Please send to: RS notifications@swissre.com