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Notification of Claim

EARLY IDENTIFICATION AND NOTIFICATION OF POTENTIALLY CATASTROPHIC CLAIMS IS ESSENTIAL TO PROVIDING QUALITY CLAIMS MANAGEMENT SERVICES.

National Risk Transfer needs **YOUR** help in identifying potentially catastrophic claims. Timely notification ensures the implementation of **LARGE CASE MANAGEMENT** and other **COST CONTAINMENT STRATEGIES**, which can be mutually beneficial to all parties by preserving Plan benefits and saving claims dollars.

NRT requires notice of any claim with **POTENTIAL** of reaching or exceeding 50% of the Specific Retention Amount, whether or not bills have been received or payments made. Many Third Party Administrators are notified of serious claims through the pre-certification and/or utilization review process. ***Once you have been alerted of a serious claim or when you have referred a claimant to Large Case Management, please take the next step and notify NRT by submitting a 50% Notification of Claim form, yours or ours.***

The following list of conditions require ***IMMEDIATE NOTIFICATION***:

- ***HEAD INJURIES***
- ***SPINAL CORD INJURIES, PARAPLEGIA, QUADRIPLEGIA***
- ***SEVERE TRAUMA, MOTOR VEHICLE ACCIDENTS***
- ***HIGH RISK PREGNANCY, PREMATURE BIRTHS***
- ***CONGENITAL ANOMALIES***
- ***ACQUIRED IMMUNE DEFICIENCY SYNDROME***
- ***SEVERE STROKES***
- ***CANCER***
- ***SEVERE BURNS, MULTIPLE FRACTURES***
- ***BONE MARROW AND ORGAN TRANSPLANTS***

Notification of Claim should be directed to:

Vice President of Claims & Medical Management
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.claims@nrtmgu.com

Initial Specific Claim Filing Directions

A **Specific claim** occurs when benefits have been paid for a covered individual in excess of the **Specific Retention Amount**. To request reimbursement, please complete a 50% NOTIFICATION/CLAIM REIMBURSEMENT REQUEST form, yours or ours. This form must be completed each time you request a reimbursement.

THE INITIAL CLAIM SUBMISSION REQUIRES THE FOLLOWING DOCUMENTATION:

- ***AN ENROLLMENT FORM***, which indicates the Employee's original effective date of coverage under the Employer's Group Health Plan, types of coverage elected, and names of covered dependents.
- ***A CERTIFICATE OF CREDITABLE COVERAGE*** or verification of a pre-existing condition investigation, if applicable.
- ***COBRA DOCUMENTATION***: the COBRA Notification, which includes the qualifying event and date of the qualifying event, the COBRA Election Form, and verification of COBRA premium payments, if applicable.
- ***VERIFICATION OF NO OTHER INSURANCE COVERAGE***, for a spouse or dependent: A Medical Claim form completed, signed and dated by the claimant within the last twelve months, which indicates whether or not other insurance coverage is or was available.
- ***SUBROGATION DOCUMENTATION***, for accident related claims: a police and/or accident report, a signed subrogation agreement and any attorney correspondence, if applicable.
- ***ITEMIZED PROVIDER BILLS*** attached to each corresponding ***EOB*** and ***benefit check***.
- ***LARGE CASE MANAGEMENT*** reports, operative reports, and medical reports.
- ***PROGNOSIS***, future treatment plan, and estimation of projected expenses, as well as paid and pending amounts.

Subsequent Specific Claim Filing Directions

SUBSEQUENT SPECIFIC CLAIM SUBMISSIONS REQUIRE ONLY THE FOLLOWING:

- ***ITEMIZED PROVIDER BILLS*** attached to each corresponding ***EOB*** and ***benefit check***.
- ***LARGE CASE MANAGEMENT*** reports, operative reports, and medical reports.
- ***PROGNOSIS***, future treatment plan, and estimation of projected expenses, as well as paid and pending amounts.

Specific claim reimbursement requests should be directed to:

Vice President of Claims & Medical Management
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.claims@nrtmgu.com

We acknowledge every claim received. If you do not receive an acknowledgement within a reasonable amount of time, please contact our office.

Reimbursement checks are made payable to the Policyholder and mailed to the Claims Administrator, unless otherwise directed.

50% Notification/Specific Claim Reimbursement Request

Policyholder: _____ Policy Year: _____
Employee Name: _____ Employee's SSN: _____
Claimant Name: _____ Relationship: _____ DOB: _____ Sex: _____
Diagnosis: _____ Date of Onset: _____
Prognosis: _____

If Accident, Please Include Accident Details

Attending Physician: _____ Telephone: _____
First Date of Service: _____ Last Date of Service: _____
Total Claims Paid to Date: \$ _____ Total Claims Pending In-house: \$ _____

Comments about Pre-Screening, Auditing, Bill Negotiation and/or Large Case Management:

REQUEST FOR REIMBURSEMENT

Total Benefits Paid: \$ _____
Less Specific Retention Amount: (\$ _____)
Reimbursement Requested: \$ _____
Estimated Future Expenses: \$ _____

Please include legible copies of the following:

- 1) Original Enrollment Form with Effective Date of Coverage, Proof of Creditable Coverage and COBRA Documentation.
- 2) Itemized Provider Billings Attached to each corresponding EOB and Benefit check.
- 3) Proof of no other Insurance Coverage, if claimant is a dependent.

Submitted by: _____ Title: _____
TPA Name: _____ Telephone: _____
Address: _____ Facsimile: _____
City: _____ State: _____ Zip: _____ Email Address: _____
Prepared Date: _____ Notes: _____

National Risk Transfer, 111 Boston Post Road, Suite 210, Sudbury, Massachusetts 01776
Telephone: (978) 443-7890 Facsimile: (978) 443-7024 Email: nrt.claims@nrtmgu.com

Low Documentation Specific Claim Submission Guidelines and Criteria

Low Documentation or “Low Doc” is National Risk Transfer’s innovative program for saving time, money and effort in submitting Specific Claims for reimbursement. With “Low Doc” claim submissions you need only submit a detailed paid claims report and claim eligibility documentation. No need to send Provider Bills and EOBs.

Approval for submitting “Low Doc” claims is granted when certain standards and criteria are met and are determined on an individual basis. Basic criteria are:

- Satisfactory onsite TPA audit has been performed by NRT granting approval for “Low Doc” program.
- Timely submission of Notification of potential catastrophic claims, or claims at 50% of the Specific Retention Amount.
- Desk audit of claims submitted over a period of time has shown an error rate of less than 5%.
- Corrections of any errors can be made easily without reference to provider bills.
- Automated claims adjudication system which can determine covered benefits, benefits payable, calculate reasonable and customary fees, verify eligibility, check for duplicate claims, flag for Pre-Ex and COB, is able to sort by incurred and paid dates and is adjusted for voids/refunds/adjustments.
- Ability to produce a single report which contains the following information:

- | | |
|-------------------------|----------------------------------|
| ✓ <i>Employee name</i> | ✓ <i>Total billed</i> |
| ✓ <i>Claimant Name</i> | ✓ <i>Ineligible amounts</i> |
| ✓ <i>Incurred Dates</i> | ✓ <i>Deductibles and Co-Pays</i> |
| ✓ <i>Service Code</i> | ✓ <i>Benefit Paid</i> |
| ✓ <i>Provider Name</i> | ✓ <i>Date Paid</i> |
| ✓ <i>Diagnosis</i> | ✓ <i>Check Number</i> |

With NRT’s “Low Doc” program we perform periodic TPA audits to verify continuing accuracy rate of 95% or higher for claim submissions. This efficient way of submitting claims can dramatically cut costs and simplify your work. **It is an advantage we want to share with approved Claim Administrators.**

Monthly Aggregate Claim Reporting

National Risk Transfer requires Monthly Aggregate Claim Reporting, by the 15th of each Policy month, for any Policyholder who has purchased Aggregate coverage. Monthly Aggregate Claim Reporting assists NRT in documenting and monitoring potential Aggregate claims.

Please include the following with your Monthly Aggregate Claim Reporting:

- A completed Monthly Aggregate Reporting and Claim Reimbursement form, yours or ours, which includes the number of Covered Units by coverage type for each Policy month, as well as your deductions for ineligible claim payments, such as Specific claims, voids and/or refunds and extra-contractual benefit payments.

Monthly Aggregate Reporting should be directed to:

Manager, Claims Auditing
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.claims@nrtmgu.com

Aggregate Claim Filing Directions

An Aggregate claim occurs when benefits for the entire Plan have been paid in excess of the Aggregate Retention Amount. Aggregate claims are filed after the Aggregate Excess Policy Year has expired and the total eligible benefits can be determined.

Please include the following with your Aggregate claim reimbursement request:

- A completed Monthly Aggregate Reporting and Claim Reimbursement form, yours or ours.
- A detailed paid claims report run on the Policy Terms of the Aggregate Coverage, which provides year to date totals by claimant and grand total. *If the Policy Terms for the Specific Coverage are different than the Aggregate, please include a detailed claims report run on the Policy Terms of the Specific Coverage as well.*
- A census or eligibility listing of all employees covered at any time during the Policy Year, including COBRA participants, which includes effective dates, termination dates and types of coverage.
- A report of claims paid by benefit code.

In order to expedite an on-site audit, the following items may also be attached to your Aggregate claim reimbursement request:

- Itemized Premium Billing Statements for each month of the Policy Year, including the three months prior and three months after.
- Copies of the Excess Risk Premium Remittance forms.
- Check Registers for the Policy year.
- A list of voids, refunds, credits and/or reversals for the Policy Year, including all months after.
- Copies of the itemized prescription drug card invoices and proof of funding, if the Aggregate Coverage includes prescription drug card expenses.

Please note, any of the reports requested above may be provided in hard copy or on diskette in print, spool, TXT, SDF, or formatted text files form.

The Aggregate claim audit will be conducted at your facility or ours depending on our review of the above documentation.

Monthly Aggregate Claim Filing Directions

Monthly Aggregate claim filing is available to any Policyholder who has purchased the Monthly Aggregate option.

A request for reimbursement of a Monthly Aggregate claim may be made after the end of the fourth month of coverage and monthly thereafter, if cumulative Plan Payments exceed the cumulative Aggregate Retention Amount. National Risk Transfer will advance to the Policyholder, as a loan, Monthly Aggregate claims of \$1,000.00 or more. Any advances must be repaid during any subsequent months to the extent that Plan Payments are less than the Monthly Aggregate Retention Amount.

The Monthly Aggregate Retention Amount is calculated by using the greater of:

- A. The total number of Covered Units for a Policy month multiplied by the corresponding Covered Unit's Monthly Aggregate Retention Factor; or
- B. The amount equal to one twelfth of the Minimum Aggregate Retention Amount shown in the Policy Schedule.

Please include the following with your Monthly Aggregate claim reimbursement request:

- A completed Monthly Aggregate Reporting and Claim Reimbursement form, yours or ours, which includes deductions for ineligible claim payments, such as Specific claims, voids and/or refunds and extra-contractual benefit payments.

Please note, we do not require a paid claim listing for Monthly Aggregate claim requests.

Aggregate claim reimbursement requests should be directed to:

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National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.claims@nrtmgu.com

Electronic Claim Filing

National Risk Transfer offers easy online electronic claim filing, for our approved Claims Administrators, via the NRT website at www.nrtmgu.com. However, NRT is flexible in accepting your Specific and Aggregate claim submissions and will work with you to custom tailor an electronic claim filing transaction, which suits your needs.

For more information on Electronic Claim Filing, please contact:

Manager, Claims Auditing
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.claims@nrtmgu.com

Cost Containment

Hospital Bill Audits

We encourage you to conduct pre-screening of hospital bills, if room and board charges are less than 40% of the total bill. The fee for hospital bill audits will be included as part of the Specific claim.

In order to be eligible for reimbursement, claims must exceed the Specific Retention Amount and must be paid within the Contract Terms. If it is not possible to complete the audit within that period, we will consider providing an extension for the charges being audited. You should request written acknowledgement from NRT, which indicates we are aware of the outstanding audit and have agreed to provide an extension.

Prompt Payment Discounts

Since hospital bill audits have not resulted in the level of savings previously achieved another alternative is to try and negotiate a prompt pay discount in lieu of audit. Providers may be willing to negotiate to obtain payment without waiting for the completion of audits. Negotiating of prompt payment discounts has demonstrated Plan savings equal to or greater than those found through auditing. We encourage you to pursue these negotiations as actively as possible.

Out-of-Network Provider Fee Negotiation

Prospective and retrospective reviews by a vendor can be an effective way to negotiate fees with out-of-network providers. Significant savings can be achieved by the negotiation of hospital fees, physician fees, home care, pharmacy and durable medical equipment. Vendors of these services normally charge a percentage of savings averaging 30% or less. We recommend negotiating a fee CAP, which is reasonable to the service being provided. For example: 25% to 30% of savings to a limit of \$3,000.00. Vendors do not normally charge if they are unsuccessful in negotiations.

Subrogation Recovery

All efforts should be made to investigate possible third party recovery for injuries or illnesses caused by accidents. Any claim exceeding the Specific Retention Amount and has potential for recovery will be referred to our vendor for subrogation management to represent the Reinsurers and Policyholder's interest. We will work with the Plan Administrator and coordinate with their subrogation recovery efforts.

In today's competitive medical market, it is important to utilize all Cost Containment strategies available to us. Please contact us prior to paying large claims to discuss possible negotiation options. We will be happy to provide you with a list of quality independent vendors from which to choose.

Large Case Management

Large Case Management (LCM) services provide ongoing management of serious illness or injury by coordinating appropriate, cost effective treatment.

The Case Management Society of America defines case management as, “a collaborative process which assesses, plans, implements coordinates, monitors communications and available resources to promote quality cost-effective outcomes”. It is the personal involvement of a case manager with a seriously ill or injured individual and his or her family and their health care providers. The goal of case management is to assist an individual to his or her highest level of functioning by assuring coordination of appropriate quality care.

National Risk Transfer encourages the utilization of LCM services. A notification of claim is screened to evaluate the need for implementation of services. Our Vice President of Claims and Medical Management is available to discuss with you whether a claimant meets the criteria for referral.

We will implement LCM services for claims exceeding or with the potential to exceed the Specific Retention Amount. We will either work with your Case Managers or refer to an NRT approved LCM vendor. Vendors have been chosen for their quality services and clinical specialties. NRT will pay for the cost of LCM services referred to our vendor or will reimburse LCM costs as part of the Specific claim.

In order to be eligible for reimbursement, we require ongoing communication, both verbal and written, with the case managers. Their reports should include; claimant status, treatment plan, expected outcome, results of negotiations and case management short and long term goals. ***LCM fees will not be reimbursed unless reports are included with the Specific claim submission.***

Our objective is to work cooperatively with you to implement timely and effective LCM services. To discuss a particular claim or for information regarding our LCM program, you may contact our Vice President of Claims and Medical Management directly, by sending a Large Case Management Referral form to:

Jeannine Lavoie, RN, CCM
Vice President of Claims & Medical Management
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: jeannine.lavoie@nrtmgu.com

Large Case Management Referral

DATE: _____

Number of Pages: _____
(Including Cover Sheet)

TO: Jeannine Lavoie, RN, CCM
Vice President, Claims & Medical Management
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: jeannine.lavoie@nrtmgu.com

FROM: _____
Title: _____
TPA Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Facsimile: _____
Email: _____

Policyholder Name: _____ Policy Number: _____

Policy Year: _____ Policy Terms: _____ Specific Deductible: _____

Employee Name: _____ Employee's SSN: _____

Claimant Name: _____ Relationship: _____ DOB: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Email: _____

Diagnosis: _____ Date of Onset: _____

Physician Name: _____

Hospital Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Telephone: _____

Facsimile: _____

Facsimile: _____

Email: _____

Email: _____

Case Management Company: _____

Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Email: _____

COMMENTS: _____

National Risk Transfer, 111 Boston Post Road, Suite 210, Sudbury, Massachusetts 01776
Telephone: (978) 443-7890 Facsimile: (978) 443-7024 Email: nrt.claims@nrtmgu.com

Extra-Contractual Benefits

Extra-Contractual Benefits are payments for services not covered under the Employer's Group Health Plan. National Risk Transfer is aware that, from time to time, it is in the best interest of all parties to allow payments outside of the Plan.

Consideration should be given to these requests when a non-covered service would provide medically necessary treatment and replaces a more expensive covered expense. For example, confinement in a rehabilitation facility may not be covered by the Plan but could provide quality, medically approved care, at less cost than continued acute care. It makes good sense to approve such Extra-Contractual Benefits.

We will provide information and resources to assist the Plan Administrator in making their approval decision, based on the benefits and expected outcome of going outside the Plan.

The Plan Administrator must verify that the Extra-Contractual Benefit is medically necessary, not for custodial care or assistance in activities of daily living and is for active medical treatment provided by clinically licensed professionals.

A specific treatment plan should be obtained from the treating physician and should include: Recommended treatment plan; Expected length of treatment; Expected outcome; Provide cost comparison of requested services vs. alternative options; and Confirm medical necessity of proposed treatment.

Since various options and resources are available for continued treatment, comparing options helps to determine appropriateness and cost effectiveness. The Plan Administrator, in conjunction with a case manager, should obtain and compare options from various resources, inpatient and outpatient, to aid in the determination of the Extra-Contractual Benefits.

Our goal is to help ensure the most appropriate care for the patient, while keeping in mind that the Plan Administrator, as a Fiduciary, must make all such decisions according to the interests of all the Plan participants. Selective approval of Extra-Contractual Benefits can be a win-win situation for all parties.

Extra-Contractual Benefit requests should be directed to:

Vice President of Claims & Medical Management
National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.claims@nrtmgu.com

Pre-Adjudication

Pre-Adjudication is a rapid reimbursement option, which protects a Policyholder's cash flow in the event of a large Specific claim.

Often your small or medium sized clients are interested in the Self-Funded concept, but may be apprehensive about the reimbursement contract offered by Stop Loss carriers. The Policyholder realizes that, even though the amount of a claim in excess of the Specific Retention Amount will be reimbursed, he may have to fund the entire amount of the claim until that reimbursement is received. The actual claim may be ten or fifteen times the Specific Retention Amount selected by the Policyholder as an appropriate amount of risk for its company.

National Risk Transfer attempts to pay all Specific claims in less than fourteen days as a service to all our clients. We also offer an option we call Pre-Adjudication on particularly large claims, which would present a cash flow burden to our clients. The Claims Administrator can request Pre-Adjudication for Specific claims over \$10,000.00 by following this process:

- The TPA adjudicates the claim and forwards all of the usual proof of loss information required to request reimbursement prior to actually releasing the check(s) to the provider(s).
- The TPA must clearly identify the request for Pre-Adjudication at the time of the claim submission.
- NRT's Claims Department will evaluate the information and notify the TPA when proof of loss has been accepted.
- The TPA should release the claim check(s) and should immediately fax a copy to NRT's Claims Department to confirm check(s) have been released to the Provider(s).
- NRT will Priority mail the reimbursement check immediately upon receipt of the check copies.
- **Proof of Loss for Pre-Adjudication claims must be received by NRT no less than 14 days before the end of the Specific Policy Terms. Any claims requests submitted after that date must be fully funded by the Policyholder.**

All Excess Loss Policy Provisions apply to the Pre-Adjudication of claims, including the following:

- The Policyholder must have funded and released claims up to the Specific Retention Amount.
- The month in which a Specific claim is received by NRT will be considered the month the claim is paid. If a claim is received by NRT in the new Policy Year, the claim will be considered in the new Policy Year and will be subject to a new Specific Retention Amount.
- The Policyholder's Premium payments must be current.
- The Excess Loss Insurance Policy must be in force. Requests made after the Policy has terminated will be deemed not paid and will be denied.

Pre-Adjudication can provide peace of mind for your client at the time of the Excess Loss Policy sale and cash flow advantages at the time of a large claim. National Risk Transfer offers this option at no additional charge to our Stop Loss clients. It is just one more way to offer you the best products available and the highest service standards in the industry.

Monthly Premium Reporting

Premium reporting forms are provided for your convenience in reporting monthly enrollment and calculating premium payments due. These forms are pre-printed with the name of the Policyholder, Third Party Administrator, Policy number, coverage types, and rates by which premium due should be calculated.

Premium payments are due in advance on the first of each month. Checks should be made payable to National Risk Transfer. If payments are not received by the thirtieth of the month, all coverage automatically terminates as of the premium due date.

Stop Loss premium due is calculated by multiplying the rate shown by the number of enrollees for the current month. Adjustments are calculated by multiplying the rate by the number of enrollees. Combine the total amount due for the current month and the amount due or, the amount to be credited for adjustments. Commissions may be calculated and deducted and net premium submitted, or gross premium may be paid and commission checks will be paid monthly to the broker of record.

Please be sure to sign the reporting form and to include your telephone number so we may call you directly if necessary.

Any questions concerning coverage, rates, premium to be paid, or to obtain a supply of pre-printed forms please contact:

National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.ma@nrtmgu.com

Monthly Premium Reporting Form

POLICYHOLDER: _____

POLICY NO.: _____

CLAIMS ADMINISTRATOR: _____

EXPIRATION DATE: _____

FOR THE MONTH OF: _____

Coverage	CURRENT MONTH			ADJUSTMENTS			Gross Due	COMMISSION		Amount Remitted
	Rate	Lives/ Volume	Amount Due	Rate	Lives/ Volume	Amount Due		%	Amount	
Single Specific	\$00.00							00.00%		
Family Specific	\$00.00							00.00%		
Other Specific	\$00.00							00.00%		
Aggregate	\$00.00							00.00%		
Occup.Acc. (24 Hour)	\$00.00							00.00%		
OT Only	\$00.00							00.00%		
Life	\$00.00							GROSS PREMIUM MUST BE SUBMITTED FOR ALL LIFE COVERAGE TYPES		
Supplemental Life	\$00.00									
Dependent Life	\$00.00									
AD & D	\$00.00									
Other	\$00.00									
Sub Total:										
Other Adjustment(s), please explain:										
TOTAL										

Authorized Signature: _____ Date: _____ Telephone: _____

Mail this Form with Premium to: **NATIONAL RISK TRANSFER**
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776

Premium Payments: Premiums are due in advance on the first of each month. If premium payments are not received by the thirtieth of the month, all coverage automatically terminates as of the premium due date.

THIS FORM MUST BE RETURNED WITH THE MONTHLY PREMIUM PAYMENT

IRS Form 5500

National Risk Transfer provides Third Party Administrators with an insurance information form, which provides the data necessary for completing Schedule A (IRS FORM 5500). This information is mailed from our corporate office in Sudbury, Massachusetts approximately 90 days after the Policy expiration date.

This information is available at any time upon request to us at:

National Risk Transfer
111 Boston Post Road, Suite 210
Sudbury, Massachusetts 01776
Telephone: (978) 443-7890
Facsimile: (978) 443-7024
Email: nrt.ma@nrtmgu.com