

THIRD PARTY ADMINISTRATOR MANUAL



FOCUSING ON YOUR NEEDS

www.bestre.net

Effective 02/07/2008



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CHAPTER I INFORMATION

This manual serves as a general overview of BEST Re's procedures. If there are any differences between this manual and our Contract or Contract Amendments, the Contract and Amendments take precedence.

Section A General Information

1 About BEST Re

BEST Re is a member of the BEST Life family of companies. As a full service managing general underwriter, we provide medical stop loss insurance for employer groups through qualified third party administrators and brokers. BEST Re has responsibility for administration, claims and underwriting decisions pertaining to our medical stop loss program. Our staffing resources include actuarial, administration, claim, legal, marketing and underwriting professionals. Our staff works in concert to deliver financially viable stop loss products.

BEST Re offers

- Direct access to our senior underwriters and claims personnel
- Responsive and competitive underwriting
- Full range of stop loss products
- Accurate and prompt claim reimbursements
- Financial stability with multiple carriers

2 Carriers Represented

BEST Re has access to paper in all states.

BEST Re issues contracts on behalf of the following carriers:

(click on carrier to link to the specimen policy)

[<American National Insurance Company, Best's Rating A+>](#)

[<American National Life Insurance Co. of Texas, Best's Rating A+>](#)

[<Standard Life and Accident Insurance Co., Best's Rating A>](#)

[<United States Fire Insurance Company, Best's Rating A->](#)

[<Best Life and Health Insurance Company, Best's Rating B+>](#)

3 Contact Us

Principal Executive and Claims Office Address:

2505 McCabe Way, Irvine, CA 92614

Principal Executive and Claims Mailing Address:

P.O. Box 19721, Irvine, CA 92623-9721

(877) 868-5775 business

(949) 222-1004 fax

Premium Accounting Department

Contact: Paula Knox

Phone: (877) 868-5775 ext 612

Fax: (949) 724-1603

Email: BestRePremium@bestre.net

Claim Department

Contact: Gerald Addy

Phone: (949) 222 2152

Fax: (949) 222-1004

Email: BestReClaims@bestre.net

Quote Submissions

Contact: Terri Limbert

Phone: (877) 868-5775 ext 209

Fax: (949) 222-1004

Email: BestRe@bestre.net

Underwriting Department

Contact: Ken Hockaday

Phone: (888)893-5041 (Toll Free)

(208)893-5041 (Local/Direct)

Fax: (208)893-5040

Email: Khockaday@bestre.net

Address: PO Box 726

Meridian, ID 83680-0726

Sales & Marketing Department

Contact: Mike De Angelo

Phone: (949)222-2111

Fax: (949)222-1004

Email: BestReSales@bestre.net

4 TPA Approval Process

Our TPA approval process consists of two steps: provisional approval and final approval.

1. Provisional Approval

Provisional Status is intended as an interim step prior to final approval, enabling both BEST Re and the TPA to secure relevant information about each other while allowing the TPA to procure medical stop loss quotes from BEST Re.

The following documents must be completed and returned to BEST Re before proposals can be quoted. To download them just click on the link.

- a. [<SIIA TPA Questionnaire with Attachments>](#)
- b. [<Signed HIPAA Business Associate Agreement>](#)

2. Final Approval

Final approval of a TPA takes place either after a predetermined time, activity or pending sold case. Final approval is subject to the review of the Claim, Underwriting and Marketing Departments and the TPA must have completed and submitted to BEST Re all of the following items. To download them just click on the link.

- a. [<SIIA TPA Questionnaire with Attachments>](#)
- b. [<Signed HIPAA Business Associate Agreement>](#)
- c. [<Commission Agreement>](#)
- d. A copy of E&O insurance and fidelity bond
- e. [<Agent Appointment>](#)

Please mail or email all of the above to:

BEST Re

Attention: Underwriting

PO Box 19721

Irvine, CA, 92623-9721

BestRe@bestre.net

Section B Product Information

1 Underwriting

1) General Guidelines

- Employer-Employee groups only
- Minimum number of employees: 50
- Specific deductibles available: \$15,000 - \$500,000
- Maximum specific reimbursement: \$1 million, alternative maximums on request
- Maximum aggregate reimbursement: \$1 million
- Mandatory hospital pre-certification
- Minimum employer participation:
 - Non-contributory plans – 100%
 - Contributory plans – 75%
 - Competing HMO plan – 60%
- No indemnity plans
- 10% minimum steerage between PPO
- Commission compensation ranges between 0% to 15%

2) Product Options

- Specific Claim Advancement and Monthly Aggregate Advancement available for smaller groups (See Chapter V Section F #3 and #5 for more details)
- Single, family, composite or tiered rates and factors
- Terminal liability option for specific and aggregate contracts
- Group life, AD&D, supplemental, and dependent life available upon request

3) The following industries require additional review. BEST Re will consider reviewing these for underwriting on a case-by-case basis.

- All healthcare related industries and all municipalities
 - 3 years of current experience and minimum specific deductible of \$50,000
 - Additional requirement for hospitals – domestic charges may be limited up to 70% of eligible billed charges
- Mining
- Oil and Gas extraction
- Meat Packing Plants
- Tobacco Products
- Trucking, except local (Less than 250 miles, no overnight trips)
- Air transportation (Unscheduled)
- Non-profits
- Membership organizations

2 Contract Types

Our Stop Loss Contract has six (6) standard contract types for specific and aggregate coverage.

Incurred and Paid Basis Contracts

1. 12/12
 - a. Incurred during the policy period AND
 - b. Paid during the policy period
2. 12/15 (*Note A*)
 - a. Incurred during the policy period AND
 - b. Paid during the policy period or within three months thereafter
3. 12/18 (*Note B*)
 - a. Incurred during the policy period AND
 - b. Paid during the policy period or within six months thereafter
4. 15/12
 - a. Incurred during the policy period or within three months prior to the beginning of the policy period AND
 - b. Paid during the policy period
5. 18/12
 - a. Incurred during the policy period or within six months prior to the beginning of the policy period AND
 - b. Paid during the policy period
6. 24/12
 - a. Incurred during the policy period or within twelve months prior to the beginning of the policy period AND
 - b. Paid during the policy period

Notes

A. A 12/15 aggregate must be accompanied with a 12/15 specific.

B. A 12/18 aggregate must be accompanied with a 12/18 specific.

3 Terminal Liability Option

- a. Terminal Specific Liability Option
 - Option for 12/12, 15/12, 18/12 and 24/12 contracts.
 - This option covers all claims incurred during a Policy period and paid during a three month run-out period.
 - Must be elected on the case's original effective date (not at renewal).
 - Other Requirements
 - Minimum specific deductible \$25,000
 - 125 employees or more
 - Minimum 2 years self funded
 - Terminating policyholders must return to a fully insured arrangement to enact this coverage.
 - If the plan terminates prior to the completion of the twelve (12) month policy period, this provision would not apply.
 - See underwriter for further details.

- b. Terminal Aggregate Liability Option
 - Option for 12/12, 15/12, 18/12 and 24/12 contracts.
 - Provides three (3) months of paid claim run-out protection for those claims incurred during the current Policy period before termination.
 - Must be elected on the case's original effective date (not at renewal).
 - In conjunction with this extended coverage, the annual aggregate deductible is increased by a factor of 1.25.
 - Terminating policyholders must return to a fully insured arrangement to enact this coverage.
 - If the plan terminates prior to the completion of the twelve (12) month policy period, this provision would not apply.
 - See underwriter for further details.

CHAPTER II UNDERWRITING

This manual serves as a general overview of BEST Re's procedures. If there are any differences between this manual and our Contract or Contract Amendments, the Contract and Amendments take precedence.

Section C Request for Quote (RFQ)

1 Underwriting Information

Please email or fax quote submissions to:

BEST Re

Quote Submissions

Phone: (877) 868-5775 ext 254

Fax: (949) 222-1004

Email: BestRe@bestre.net

[<Request For Quote Form>](#)

BEST Re may be able to provide you with a quote if some of the information below is missing. However, the more information we receive, the more competitive our quote will be.

The following information is required for a quote.

1. Firm information – company name, industry type (SIC) and headquarters location
2. Census (preferably in Excel) including date of birth, sex and dependent status and employment status: active, disabled, retired or COBRA participation. If there are HMO participants, the same information is needed.
3. Plan document or booklet and HMO schedule of benefits as well when applicable
4. Multi-location groups: number of employees at each location with zip codes
5. Large Claim Information
6. The employer's contribution level
7. PPO network information

Employer groups under 200 employees,

1. Currently Fully Insured

- a. Carrier history for the past three years
- b. Premium rates currently in force and renewal rates; This is critical if there is no claims experience available
- c. Plan changes for the past three years, please list and give effective dates
- d. Average number of employee/single/dependent/family enrollment for the past three years
- e. Claims activity (if available) for the past three years
- f. Total health premium paid by year for the last three complete years

2. Currently Self-Insured

- a. Carrier history for the past three years
- b. Current excess loss rates, deductible levels, factors and contract basis
- c. Enrollment and paid claims by month for the past three years. If there are multiple benefits, please provide information broken down by benefit type. Experience should be the most recent available and must be no “older” than three months from the proposed effective date.

Employer groups over 200 employees,

1. Currently Fully Insured

- a. Carrier history for the past three years
- b. Premium rates for the past three years
- c. Total health premium paid by year for the past three years
- d. Plan changes for the past three years, please list and give effective dates
- e. Enrollment and paid claims by month, if possible, for the past three years and within three months of the proposed effective date.
- f. Highlight the “Extension of Benefits” provision in the plan document which details coverage provided after the master contract terminates for the totally disabled

2. Currently Self-Insured

- a. Stop loss carrier history for the past three years including TPA history
- b. Current TPA, specific deductible, rates, factor(s) and stop loss contract insuring basis and renewal information if available
- c. Claims and enrollment data by month for the most current three years. If there are multiple benefits, please provide this information broken down by benefit type.

2 Large Claim Information

BEST Re requires large claim information to underwrite.

Large claims are defined as follows:

1. All Ongoing Claims AND
2. Prior Shock Claims

The following is the large claim information that must be provided for All Ongoing Claims:

1. Social security number of claimant
2. Age, sex and dependent status
3. Total claims paid, pending, denied and processed to date
4. Date of onset and date last claim received
5. Diagnosis
6. Prognosis
7. Current status of claimant: active, disabled, terminated, retired or COBRA participant

BEST Re defines Ongoing Claims as follows:

1. Any claim in excess of 50% of the lowest requested specific deductible for the last three years OR
2. Any potential claim of a serious medical nature including but not limited to the Major Catastrophic conditions below.
 - Renal Failure
 - Major Organ Transplants (including stem cell or bone marrow)
 - Heart Surgery
 - Eating disorders (anorexia, bulimia)
 - Diabetes
 - Serious burns, (10% of the body with third degree or 20% of the body with second degree burns)
 - HIV/AIDS and related conditions
 - Serious Psychoneurotic Impairment
 - Multiple or Serious Fractures
 - Spinal Cord Injuries
 - Premature birth or significant congenital defects
 - Chronic Medical Conditions (requiring long term treatment or rehabilitation)
 - Cerebral Vascular Accidents
 - High Risk Pregnancies
 - Head Traumas or Brain Injuries
 - Amputations or permanent loss of limb(s)
 - Chronic blood disorders
 - Cancers
 - Neonatal High Risk Infants
 - Crushing or Massive Internal Injuries
 - Hospitalizations of more than 15 days and multiple hospital confinements
 - Loss of sight or hearing
 - Infusion Therapies

- All other injuries or sickness which may, in the opinion of the administrator, reach the Specific Deductible

Prior Shock Claims Information

For Prior Shock Claims, we want to know the following:

1. Amount of claim(s) and date(s) paid
2. Current status of claimant; active, disabled, terminated, retired or COBRA participants

Section D Sold Case Requirements

1 Application

When an underwriter receives notification that a client has accepted our quote, BEST Re will prepare and send the following to the Producer / TPA:

1. A Formal Application
2. A New Case (or Renewal) Transmittal Form
3. A Plan Disclosure Statement
4. Licensing or Appointment Documents (if not already appointed or approved)

These documents contain an overview of the coverage being sold, provisional rates, coverage levels and other conditions under which final underwriting will proceed.

Please complete and return to BEST Re the following:

1. The Application
 - Must be signed by an authorized official of the Plan Sponsor AND
 - Must be signed by a licensed agent who is the “Agent of Record”
 - Returned within 14 days from the Contract effective date
2. Plan Disclosure Statement
 - Purpose is to reveal plan participants who have incurred or have potential to incur claims in excess of 50% of specific deductible and identify all employees whether actively at work or not.
 - Must include employees, dependents, retirees and COBRA participants
 - Please submit within seven days prior to the effective date
3. Signed Plan Document
 - Signed by the authorized agent of the Plan Sponsor
 - Returned within 90 days of the Contract effective date
 - Premium Deposit Check & [<Premium Remittance Spreadsheet>](#) Returned within 14 days from the Contract effective date
4. Licensing or Appointment Documents
 - [<Agent appointment>](#) - This is necessary if not previously appointed or your appointment has changed.
 - Administrative Agreement
5. Census based on actual enrollment, by location
6. Any Underwriting requirements or required Claim Details including Attending Physician Statements (APS) as outlined in the quote.

BEST Re

Attention: Underwriting Department

PO Box 19721

Irvine, CA, 92623-9721

2 Licensing

All TPAs, Broker firms or Individuals that handle policy service or earn commission on business with BEST Re are required to submit the following information to the Underwriting Department.

1. Agency & Agent Licenses

Required for both the entity and an employed individual of the entity (preferably an officer), in both their resident states and the account's state.

2. <Agent Appointment>

Verifies the office location where the appointment is required and who will receive commissions, if applicable.

In addition to the above, BEST Re also requires a copy of the Administrative Agreement between the Plan Sponsor and the TPA.

BEST Re

Attention: Underwriting Department

PO Box 19721

Irvine, CA, 92623-9721

3 Bound

To issue the final rates, factors and terms of the Contract, BEST Re must receive the following:

- Signed Application
- Signed Disclosure Statement
- Signed Plan Document
- Premium Deposit Check & [<Premium Remittance Spreadsheet>](#)
- All Licensing Requirements

Rates and factors are subject to possible revision based upon receipt and review of the following:

1. Final census as of the effective date – Rates and factors may change if the census varies by more than +/- 10% from that quoted
2. Claims experience to the effective date including monthly enrollment information.
3. Large Claim Information (See Large Claim Information in Underwriting Section)
4. Final Plan Document with signature page
5. Any other information as required by the Underwriter

BEST Re

Attention: Underwriting Department

PO Box 19721

Irvine, CA, 92623-9721

CHAPTER III PREMIUM ACCOUNTING

This manual serves as a general overview of BEST Re's procedures. If there are any differences between this manual and our Contract or Contract Amendments, the Contract and Amendments take precedence.

Section E Premium Accounting & Commission Payments

1 Premium Payments

Our policies are on a self-bill basis. Billing statements are not sent. Premium payments are due on the first of the month. Payment should be submitted along with the [<Premium Remittance Excel Spreadsheet>](#). This spreadsheet can be downloaded from our website. Customized worksheets are permitted, as long as the worksheet includes the following information.

1. Month for which payment being made is applicable
2. Group name and policy number
3. Listing of rates being remitted (must document whether or not rates are on a gross or net basis)
4. Enrollment counts for the month being remitted and adjustments must be documented
5. Calculation of total monthly premium
6. Life Premium payment must include items 1 to 5 plus the volume of coverage for each life product if applicable. (Group life, AD&D, supplemental, dependent, etc.)

Download the Premium Remittance Spreadsheet by clicking on the link below.

[<Premium Remittance Spreadsheet>](#)

All Premium payments should be made payable to BEST Re Incorporated and sent to:

BEST Re

Attention: BEST Re Premium Accounting

PO Box 19721

Irvine, California, 92623-9721

2 Late Premium Procedures

A Premium is considered past due if not received by the end of the Grace Period established in the Contract (normally 31 days). Premiums received after the 14th are considered Late Payments. BEST Re will notify all TPAs of the Policyholders whose premium have not been received by the 15th. This notice informs the TPA that premium has not been received and that it is due before the end of the Grace Period. If premium has not been received by the end of the Grace Period, termination or rescission of the Contract will take place without further notice. Receipt of payment extensions after the Grace Period is granted at the sole discretion of BEST Re.

3 Variances in Premium Remittances

When the premium paid does not match the actual amount due, we will send a discrepancy worksheet. The variance may be credited or the additional payment can be made in the following month's billing statement. If the discrepancy amount due is more than one thousand dollars, we require the additional premium to be paid within five business days upon notification.

4 Enrollment Standards

Changes of more than 15% from the effective date of the coverage must be reported to BEST Re immediately. BEST Re has the right to change rates and/or factors in order to adjust for changes in plan participation. Termination of the Contract may result if the total enrollment drops below a preset minimum number of lives outlined within the Contract.

5 Terminations

The following includes some conditions that will result in termination of coverage.

1. Enrollment & Plan Participation

Failure by the Employer to maintain these Contract requirements will result in action defined by the Contract, including termination.

2. Premium Non-Payment

The Policyholder may be considered terminated without further notice if the premium due is not received within the grace period outlined in the terms of the Contract.

3. Returned & Unpaid Check

The premium due must be express mailed in the form of a certified check or money order and received within three (3) business days in order to prevent termination for non-payment of premium. If this happens again within the Contract year, termination or rescission occurs automatically.

4. Third Party Administrator Change

BEST Re will terminate the stop loss coverage on the date the Plan Sponsor terminates the administration unless BEST Re gives written approval of the change. At the sole discretion of BEST Re, the Contract may be transferred over. The new administrator must be "Approved" by BEST Re.

5. Policyholder's Request to Terminate

Upon written request to BEST Re, the Policyholder may effect termination. No refunds will be recoverable.

6 Reinstatements

Reinstatement is at the sole discretion of BEST Re and varies case by case.

7 Rescissions

Upon rescission, all premium received by BEST Re will be refunded directly to the Policyholder along with the rescission notice.

Some of the reasons why Contract coverage may be rescinded are:

1. The required documents are not received within the required time
2. Misrepresentations

8 Commissions

All producers, regardless of whether the premiums are remitted gross or net, must be licensed and appointed by our carrier(s). Commissions may be deducted prior to submission of premium (net basis). An alternative, you may choose to submit the gross premium to BEST Re and receive the commission from BEST Re (gross basis).

CHAPTER IV CLAIMS

This manual serves as a general overview of BEST Re's procedures. If there are any differences between this manual and our Contract or Contract Amendments, the Contract and Amendments take precedence.

Section F Claim Procedures

1 Specific Claim Submission Procedures

Our Claim Department's primary goal is to process your claims quickly and accurately. You can help us by including the following material with both new or supplemental specific excess reimbursement and advance requests:

- A BEST Re Specific Coverage Verification and Claims Calculation form, completed and signed
- A copy of Employee's signed and dated enrollment form and all other information related to the participant's eligibility or coverage continuation such as COBRA election forms, COB documentation, Creditable Coverage forms etc.
- Claim calculation worksheets/explanation of benefits (EOB)
- Copies of the original claim checks or other specific deductible fund verification
- A copy of the Employee's completed claim form or similar documentation showing dependent's employment status or other insurance coverage status
- Copies of any applicable investigation documents, medical records, case management notes, accident reports, subrogation/recovery details, eligibility determinations, and HIPAA certifications or pre-ex investigations.
- Copies of all itemized bills that are greater than \$1,000.00.
- [<Specific Loss Eligibility Sheet>](#)
- [<Specific Request Form>](#)

2 Notification of Catastrophic Claim Requirement

Written notice must be given to BEST Re when an Individual Specific Claim has reached 50% of the Specific Attachment Point, or immediately upon the Administrator's notification of a claimant diagnosed with any of the catastrophic medical conditions outlined below, regardless of the Specific Attachment Point or question of coverage. The following diagnosis and/or guidelines represent potential high cost/catastrophic cases for which case management should also be utilized:

- Renal Failure
- Major Organ Transplants (including stem cell or bone marrow)
- Heart Surgery
- Diabetes
- Serious burns, (10% of the body with third degree or 20% of the body with second degree burns)
- HIV/AIDS and related conditions
- Serious Psychoneurotic Impairment
- Multiple or Serious Fractures
- Eating disorders (anorexia, bulimia)
- Spinal Cord Injuries
- Premature birth or significant congenital defects
- Chronic Medical Conditions (requiring long term treatment or rehabilitation)
- Cerebral Vascular Accidents
- High Risk Pregnancies
- Head Traumas or Brain Injuries
- Amputations or permanent loss of limb(s)
- Chronic blood disorders
- Cancers
- Neonatal High Risk Infants
- Crushing or Massive Internal Injuries
- Hospitalizations of more than 15 days and multiple hospital confinements
- Loss of sight or hearing
- Infusion Therapies
- All other injuries or sickness which may, in the opinion of the administrator, develop sufficient loss to reach the Specific Deductible

3 Specific Claim Advance Provision

Although the stop-loss policy is a reimbursement policy and is not to be deemed “insurance,” Specific Advance Funding is a standard feature of every Excess Risk Reimbursement Contract we issue. BEST Re will honor specific advance funding requests on an administrative basis. This administrative provision is designed to provide the employer with funding assistance for large claim payments.

When requesting specific advance funding on behalf of your client, the administrator must agree to the following terms and conditions:

- The specific deductible must be paid prior to any advance.
- Checks issued by the Plan, which accumulate towards the employer’s specific deductible, must be released to the payees prior to requesting an advance.
- All claims in excess of the specific deductible, which are submitted for advance funding, must be identified as such.
- A list of payments to which the advance applies must be provided with your request.
- Advanced funds must be paid directly to the payee for whom the advance payment was requested.
- Once the advance is received and claims are paid, the check numbers, dates and amounts, if not previously provided, must be reported to BEST Re.
- It is imperative that administrator checks, which have been issued for the claims in which the advance request is made, can be verified.
- The Administrator will provide all services and satisfy all reporting requirements as if the claim has been funded/paid.
- Requests for an advance must be made no later than 30 days after expiration of the time period specified in the Stop-Loss Contract for payment of plan benefits.

Do not hesitate to contact the Best Re Claim Department if you have any questions concerning Advance Funding or any other provision of the Excess Risk Policy.

4 Aggregate Claim Submission Provision

Submit the following when requesting a Year-End Aggregate Reimbursement.

- A completed and signed Reimbursement Request.
- A Paid Claims Report or a list of paid claims for the reporting period which includes:
 - a. Name of employee/participant
 - b. Name of patient
 - c. Incurred dates of service for each payment
 - d. Accumulated total for each individual.
- A Check Register which includes:
 - a. Check numbers
 - b. Amount of each check
 - c. Date of payment
 - d. Name of Payee
- A complete Census Report for the excess Contract year
- An Aggregate Excess Loss Report
- Copies of the Prescription Card Program invoice statements (if your Contract covers prescription card service or similar drug coverage)
- Identify administrative fees, non-contractual payments and any exception payments made by the plan
- A listing/report that indicates voids and refunds for the contract year.

BEST Re may request employer-funding verification. We may also schedule an on-site audit. If such a field audit is determined to be necessary, BEST Re will contact you personally with further instructions.

5 Aggregate Accommodation Option

Although, the Stop-loss Contract is a reimbursement contract and is not to be deemed “insurance,” Aggregate Advance Funding is an optional feature that can be added to the Excess Risk Reimbursement Contract we issue. This option is designed to provide the employer with funding assistance, subject to premiums being current and to the appropriate pro-rated aggregate retention amount.

When requesting an aggregate advance on behalf of your client, the administrator must agree to the following terms and conditions:

- Only one advance can be made per calendar month and will be subject to a minimum of \$5,000.
- The aggregate retention must be paid prior to any advance.
- Checks issued by the Plan, which accumulate towards the employer’s aggregate retention, must be released to the payees prior to requesting an advance.
- All claims submitted for advance funding, must be identified as such.
- A list of payments to which the advance applies must be provided with your request.
- Advanced funds must be paid directly to the payees for which the advance payment was requested.
- Once the advance is received and claims are paid, the check numbers, dates and amounts, if not previously provided, must be reported to BEST Re.
- It is imperative that administrator checks, which have been issued for the claims in which the advance request is made, can be verified.
- The Administrator will provide all services and satisfy all reporting requirements as if the claim has been funded/paid.
- Requests for an advance must be made no later than 20 days after the month for which the advance is being requested
- Provide all documents required with a year-end request.

CHAPTER V FORMS

This manual serves as a general overview of BEST Re's procedures. If there are any differences between this manual and our Contract or Contract Amendments, the Contract and Amendments take precedence.

Section G FORMS

1 TPA Approval Forms

Provisional Approval

- [<SIIA TPA Questionnaire with Attachments>](#)
- [<Signed HIPAA Business Associate Agreement>](#)

Final Approval

- [<Commission Agreement>](#)
- [<Agent Appointment>](#)

Please return by mail, fax or email TPA approval information to:

BEST Re

Attention: Underwriting Department

PO Box 19721

Irvine, CA, 92623-9721

(877) 868-5775 business

(949) 222-1004 fax

BestRe@bestre.net

2 Request for Quote Forms

- [<Request for Stop Loss Quotation>](#)

Please return by mail, fax or email quote submissions to:

BEST Re

Attention: Underwriting Department

PO Box 19721

Irvine, CA, 92623-9721

(877) 868-5775 business

(949) 222-1004 fax

BestRe@bestre.net

3 Licensing and Agent Appointment Forms

- [<Agent Appointment>](#)
- [<Commission Agreement>](#)

Please return by mail to:

BEST Re

Attention: Underwriting Department

PO Box 19721

Irvine, CA, 92623-9721

(877) 868-5775 business

(949) 222-1004 fax

BestRe@bestre.net

4 Premium Accounting Worksheet

- [<Premium Remittance Spreadsheet>](#)

Please return by mail to:

BEST Re

Attention: Premium Accounting Department

PO Box 19721

Irvine, CA, 92623-9721

(877) 868-5775 business extension 612

(949) 724-1603 fax

BestRePremium@bestre.net

5 Claim Forms

Please use the following forms for claims.

- [<Monthly Aggregate Stop Loss>](#)
- [<Specific Request Form>](#)
- [<Aggregate Request Form>](#)
- [<Specific Loss Eligibility Sheet>](#)
- [<Specific Excess Risk Payment Sheet>](#)
- [<Notification of Catastrophic Claim>](#)

Please return by mail, fax or email to:

BEST Re

Attention: Claim Department

PO Box 19721

Irvine, CA, 92623-9721

(877) 868-5775 business extension 152

(949) 222-1004 fax

BestReClaims@bestre.net

6 Contracts

The following are copies of our contracts.

- [<American National Insurance Company, Best's Rating A+>](#)
- [<American National Life Insurance Co. of Texas, Best's Rating A+>](#)
- [<Standard Life and Accident Insurance Co., Best's Rating A>](#)
- [<Best Life and Health Insurance Company, Best's Rating B+>](#)
- [<United States Fire Insurance Company, Best's Rating A->](#)